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CHALLENGE TB

Challenge TB - East Africa Region Year 2 Quarterly Monitoring Report October-December 2015



What does Challenge TB do?

Challenge TB contributes to the WHO End TB Strategy targets:

Vision: A world free of TB
Goal: To end the global TB epidemic
By 2025: A 75% reduction in TB deaths (compared with 2015) and less than 50 cases per 100,000 population.

Global Fund:

Challenge TB assists countries with the full Global Fund life cycle, from epi-analysis and national strategic plans to concept notes and full implementation.

Overarching:

Challenge TB is a cost-effective and efficient mechanism with a particular emphasis on reaching out to vulnerable communities. It assists countries to move towards universal access through a patient-centered approach that identifies and addresses the needs of all patients including women and children.



**CHALLENGE TB
EAST AFRICA REGION**

Where Does Challenge TB Work?

Asia	Africa
Afghanistan	Botswana
Bangladesh	DR Congo
Burma	East Africa Region
Cambodia	Ethiopia
India	Malawi
Indonesia	Mozambique
Kyrgyzstan	Namibia
Tajikistan	Nigeria
Ukraine	South Sudan
Uzbekistan	Tanzania
Vietnam	Zimbabwe

Contact Details

For more information on the Challenge TB East Africa Regional Project visit our website:

www.challengetb.org

You can also contact:

Dr. Victor Ombeka East Africa Regional Representative Phone: +254 728 562519 Email: victor.ombeka@kncvbc.org	Marten van Cleeff Challenge TB Project Director Phone: +31 (0) 70 416 72 22 E-mail: maarten.vandeeff@kncvbc.org
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Cover photo: The recently released Challenge TB East Africa Region project brochure.

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1. Quarterly Overview

Country	East Africa Region
Lead Partner	KNCV Tuberculosis Foundation
Other coalition partners	MSH, The UNION
Local partners	ECSA-HC, SNRL Uganda, CoE Rwanda
Work plan timeframe	May 2015 – February 2016
Reporting period	October - December 2015

Most significant achievements:

Staffing and operations

1. After the approval of APA 1 work plan in May 2015, we started recruitment for the positions of Regional Project Coordinator, Finance and Admin Officer and Monitoring and Evaluation Officer to be stationed in the Nairobi office. The Project Coordinator will start working on January 1st 2016 and the Finance and Administrative and Monitoring and Evaluation officers will start work by the end of January 2016..
2. In December, the implementing co-partners ECSA-HC and SNRL Uganda signed their sub-agreements after they were approved by USAID Washington. They immediately started implementation of the planned activities.
3. The project developed a brochure for prospective clients and stakeholders in the East Africa region, which was approved on the 20th of January (see cover photo).
4. Through the Challenge TB East Africa project, the ECSA-HC representative took part in the 62nd ECSA Health Ministers Conference, Regional TB Experts and Global Fund TB Laboratory Project Initiation Preconference meeting held in 28th – 29th November 2015 in Mauritius. In total 16 countries out of 18 attended this meeting.

Objectives of the meeting were: (1) Understand Specific Project support to the countries; (2) Review the Costed annual work plan/Activities; (3) Review the Country specific MOUs; (4) Share experiences & Lessons Learnt in the GF regional Project and other regional initiatives on laboratory strengthening. (5) Update participants of other regional projects (Challenge TB and IOM-Lab project).

Presentations were given on the CTB EAR project and also by MSH on the regional medicines Dashboard. The Global Fund project work plan and targets and indicators were approved. It was agreed that the individual National reference laboratories sign MOUs with the SNRL by March 2016, map all other regional Initiatives on TB and create synergies by June 2016. ECSA-HC was asked to mobilize more resources for implementation of the Strategy and Plan of Action on TB Commodity and build on the achievements of USAID funded TB CARE I Project and the Challenge TB Project by supporting implementation.

Participants agreed on the following next steps: (1) Review and endorse: the various project targets and indicators, work plans and Memorandums of Understanding; (2) Map regional initiatives on TB and create synergies; (3) Mobilize resources for implementation of the Strategy and Plan of Action on TB Commodity & Data Management; (4) build on the achievements of USAID funded TB CARE I Project and the Challenge TB Project.

Provider side: Patient centered approach integrated into routine TB services for all care providers for a supportive environment

5. A draft operational guide for cross-border TB control was finalized in December 2015. This guide will be shared with the NTPs for input before it is finalized for implementation.

Bio-safety measures in laboratories ensured

6. The translation into Somali language of the SOPs on TB-IC for Somalia was conducted and a first draft developed in December 2015. This was sent to the Somalia laboratory teams who were involved in the development of the SOPS for their review and input. Their comments will be consolidated and finalized before the next quarter.

Qualified staff available and supportive supervisory systems in place

7. The advertisement for a consultancy firm to develop a business plan for the Rwanda CoE for PMDT was posted on KNCV webpage and two local Rwanda newspapers (“Imvaho Nshya” and “New Times”). Applications were received and one consultancy firm was selected in December for the work and will commence in the next quarter.
8. A design (course framework) document for the online MDR-TB in children course was developed by The Union.
9. A draft facilitators’ guide for face-to-face training on “Childhood TB for Healthcare Workers: An online course was completed by The Union and currently is under revision by stakeholders.
10. A trainer-of-trainer course on childhood TB was conducted in Hargeisa, Somalia. 14 physicians were trained. An action plan was developed for course participants to disseminate the training to their zones along with the Childhood TB Handbook.

Technical/administrative challenges and actions to overcome them:

KNCV HQ has been following up on the registration of the East Africa Regional office in Nairobi. The registration is delayed due to the NGO’s board registration regulations. The formal approval by the NGOs Board is still pending. This resulted in the delay of the recruitment of office staff. It has eventually been resolved by offering the new hires a contract with Central Office and hosts them in the FHI360 offices.

Another challenge encountered was the late approval of the three sub-agreements (ECSA-HC, SNRL and CoE) to which much of the work is tied. They had limited time for implementation as the approval came when most of the partners were breaking for holidays.

2. Year 2 activity progress

Sub-objective 1. Enabling environment1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Oct-Dec 2015		
Implementation of an effective patient referral and transfer system across three countries in the region (Ke, SOM and TZ)	1.4.1			Launch of the Strategy on Cross Border and Regional Programming in TB Control (Print 150 copies, Banners, Launch activities)		Patient referral tools from the countries and region collected for collation, and developed into one harmonized tool. Tool was shared with NTPs for input and feedback. Implementation will begin in the next quarter.	Partially met	ECSA-HC was to host the regional coordination of the referrals. The sub-agreement was approved late. Actual implementation of the referral system will begin in the next quarter.
Operationalize cross-border planning in 4 high volume border areas including horn of Africa (KE/SOM, TZ/UG, KE/UG, SOM/ET)	1.4.2	Development of scope, work and ToRs for cross-border committees/ members				A draft operational guide was developed. It will be shared with countries for input before implementation.	Partially met	The Kenya NTP has already identified the counties to begin implementation. It is expected to have input from the NTPs and finalize by end of February.
Operationalize cross-border planning in 4 high volume border areas including horn of Africa (KE/SOM, TZ/UG, KE/UG, SOM/ET)	1.4.3		Hold a cross-border program planning meetings in Arusha for NTPs. Meeting reports with outcomes	Map health facilities at border areas and their use by mobile/immigrant populations for TB services		Will be done in the next quarter after the operational guide is adopted.	Partially met	This was postponed until the operational guide is finalized.

			and next steps will be developed.	Hold a bi-annual cross-border program planning meetings (at local level) in each border area (to operationalize national level strategies. Meeting reports with outcomes and next steps will be developed.				
Develop a regional coordination system to enhance networking and multi-country partnerships for cross-border TB control	1.4.4		Identify a regional focal point	TA for review of algorithms for migrant screening and their harmonization		ECSA has designated a focal person. The TA was deferred to the next quarter.	Partially met	

Sub-objective 2. Comprehensive, high quality diagnostics2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Oct-Dec 2015		
Support to the SNRL in Uganda for recurrent costs and salaries in the interim period	2.7.1		Salary and recurrent costs for part of the staff			Sub-agreement with the SNRL was signed for the retention of 3 staff (SNRL Manager,	Met	

						Lab manager and a Microbiologist.		
Provide TA to Somalia for laboratory biosafety implementation	2.7.2		TA to Somalia Translate the SOPs into Somali language Print SOPs as booklets– 300copies	Print & Disseminate Disseminate the SOPs to all laboratories in Somalia Monitor implementation of SOPs (by SNRL) – 3 one week missions by SNRL/KNCV		The translation was done and a first draft sent in December 2015. Feedback is awaited on the first draft from the Somalia laboratory focal persons before the SOPs are finalized, as planned by the end of APA1. Mission will take place when SOPS will be translated and ready to be implemented in the identified laboratory.	Partially met	The TA missions to Somalia has not been done since the SOPs translation has not been completed Was the TA to Somalia done? Any explanation on the delay would be helpful.

Sub-objective 3. Patient-centered care and treatment3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Oct-Dec 2015		
Strengthening PMDT	3.2.1	-	-	Support endorsement of policy X/MDR TB policy at ECSA-HC health ministers conference (HMC) Print the policy (50 copies) and		Criteria for identifying the country for implementation of a pilot/demonstration site on managing the failures including palliative care have been developed by KNCV technical staff and have to be discussed and streamlined with NTP and selected facility management.	Partially met	Endorsement of the policy was deferred to the next HMC as the sub agreement approvals delayed. The demonstration site for MDR-TB failures will be fast tracked in the next 2 quarters.

				<p>e-copies</p> <p>Sponsor session on palliative care and latest developments on new regimens at HMC.</p> <p>Document the MDR-TB failures in the ECSA-HC region and identify a country for demonstration site for implementing palliative care/new drugs containing regimen.</p> <p>Collaborate with available palliative care experts (of other disease programs) in each country to adapt</p>				
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				palliative care/ training to X/MDR-TB and failures				
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Sub-objective 9. Drug and commodity management systems9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Maintenance of regional drug management Dashboard	9.1.1	Identify countries which are not implementing QuanTB and advocate for buy-in among stakeholders	Identify and contact persons in each country in the region responsible for QuanTB and reporting/posting of stocks to ECSA-HC on dashboard (monthly/quarterly basis)		TA from MSH to maintain dashboard	Communication towards the TA initiated	Partially met	<ul style="list-style-type: none"> •Reactivation of the supply chain portal and initial communication with Kenya, Uganda, Tanzania regarding the activities •Conference calls with ECSA and NTLT Tanzania for the collection of commodities data •Revision of data sets for stock information to be included into the dashboard •Defining reporting requirements and reporting levels i.e. to what level of logistics network (regional., national, district or health facilities) reports will be collected •TDY preparations by Luiz Fernando Avelino Reciolino
Training in QuanTB	9.1.2		Organize training in QuanTB for identified countries			The focus now is to first work with those NTPs which already are using QUANTB_Kenya, Tanzania and Uganda and then scale up in year	Partially met	It was found necessary to first pilot with the 3 countries which have been using QuanTB for some time and do any revisions before it is scaled up

						2.		
ECSA secretariat	9.1.3		ECSA-HC secretariat to support the system and provide technical input. (LoE 0,5 fte) with clear ToRs and expected deliverables, reporting lines and deadlines			Sub-agreement signed with ECSA and now actively involved in the finalization of the dashboard.	Partially met	The ToRs and expected deliverables, reporting lines and deadlines will be finalized during the TA by MSH.

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Oct-Dec 2015		
Support COE to get regional accreditation	11.1.1	-	Identify consultancy firm for Business plan development	Development of Business plan		The consultancy firm "Blue Edge" was identified and will start work in the next quarter.	Partially met	
Establish a Regional Training Corridor	11.1.2	-	-	Map the existing training organizations and trainings		Mapping tool and TORS for CoEs and Technical Collaboration centers adapted/ developed by KNCV.	Partially met	Draft is shared with ECSA-HC for revision. It has to be discussed and harmonized with NTPs.
Create a regional NETWORK of TB/MDR-TB Pediatric experts	11.1.4	-		1. E-learning course: Childhood MDR-TB - Development		Draft facilitator guide and design document for the online MDR-TB course ready. These are being reviewed by	Partially met	Framework- design of the course was planned to be developed in Q3 APA1. The course itself is planned to be developed and piloted in

				<p>t of a design document for the online MDR-TB in children course.</p> <p>2. Facilitator guide for the 'Childhood TB for healthcare workers'- Completion of a draft facilitators' guide for face-to-face training on "Childhood TB for Healthcare Workers: An online course"</p> <p>3. ToT on Childhood TB</p>		<p>external reviewers.</p> <p>Trainer-of-Trainers course on Childhood TB – Training was completed in Hargeisa, Somalia</p>		APA2.
Operationalize the Pre-service Competency Based TB Curriculum for Nursing	11.1.5	-	-	<p>-Identify one institution</p> <p>-Up-date tutors from pre-service nursing schools on TB</p>		Ministry of Health and Social Welfare Tanzania is in the process of finalizing the revision of the nursing curriculum.	Partially met	Follow up is being done to earmark the piloting institution in Tanzania.

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The regional global fund to support SNRL Uganda activities was signed on the 27th October 2015 with a view to having the project start in November 2015. The project was launched during the 62nd ECSA-HC Health Ministers conference. The opportunity was also used to have the work plans, targets and indicators approved by the NTPs in the region. CTB as a regional partner has continued to provide input in the application process.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

4. Success Stories – Planning and Development

Planned success story title:	Identification of childhood TB management challenges
Sub-objective of story:	11. Human resource development11. Human resource development
Intervention area of story:	1.1. Provision of services according to national guidelines for all care providers and risk groups1.1. Provision of services according to national guidelines for all care providers and risk groups
Brief description of story idea:	As part of the various training initiatives, we have identified various health worker challenges around the care and management of children with TB. These can give rise to the development of new tools and resources (e.g., job aids) which can assist further in care, and supplement the current tools being develop.
Status update:	Findings from the Somalia trainer-of-trainers course as well as the key informant interviews for the development of the online course on MDR-TB in children can be shared as a brief report in the next quarter.

5. Challenge TB Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q4					
1	KNCV	Ieva Leimane		Q2			Project start up meeting	Complete	31 July 2015	5	PO replaced the Technical advisor
2	KNCV	Ieva Leimane			Q3		CoE Support	Pending		7	Delayed sub-agreement signing
3	KNCV	Ieva Leimane				Q4	CoE support	Pending		7	Delayed sub-agreement signing
4	KNCV	Mischa Heeger			Q3		Management support	Complete	31 July 2015	5	In Q2 the Portfolio manager, together with the Project officer attended the Stakeholders meeting in Nairobi.
5	KNCV	Victor Ombeka			Q3		Attend Country Directors meeting	Complete	5 June 2015	6	Hague
6	KNCV	Victor Ombeka			Q3		EAR project presentation to ECSA	Complete	25 June 2015	2	Arusha
7	KNCV	Victor Ombeka			Q3		Meeting-IMW	Complete	25 September 2015	6	Hague
8	KNCV	Various			Q3		Workshop for development and harmonization of a recognized cross referral tool and universal registration system	Pending		3	Delayed sub agreement
9	KNCV	ECSA			Q3		Map TB health facilities for border areas	Pending		28	Delayed signing of sub agreement with ECSA
10	KNCV	Various				Q4	Annual review meetings	Pending		16	To take place in Arusha- Delayed sub agreement
11	KNCV	Victor Ombeka				Q4	UNION Conference	Complete	8 December 2015	5	Cape town

12	KNCV	TBD				Q4	QUANTB training	Pending		7	
13	KNCV	Ieva Leimane				Q3	COE, NTPs in a Region	Pending		7	Delayed BP and action plan development for COE, Rwanda, due to not signed subcontract.
14	KNCV	Project officer				Q3	CoE Su contract	Pending		12	Delayed awaiting sub-agreement approval and signing with CoE, delayed sub-contract agreement with consultancy firm 'Blue Edge' to develop BP for COE
15	MSH	Luiz Fernando Avelino Reciolino				Q4	Support regional medicines dashboard	Pending		14	Scheduled for Q4
16	KNCV	1 SNRL person				Q4	Lab biosafety implementation-Somalia	Pending		14	Scheduled for Q4
17	KNCV	1 SNRL person				Q4	Lab biosafety implementation-Somalia	Pending		14	Translation of SOPs delayed. Deferred/Scheduled for Q4
Total number of visits conducted (cumulative for fiscal year)										6	
Total number of visits planned in approved work plan										17	
Percent of planned international consultant visits conducted										35%	

6. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.4.1. #/% of TB cases (all forms) notified that were referred via cross-border patient referral and transfer system	Country	annually	0	100	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.7.1. #/% of laboratories implementing national biosafety standards (stratified by laboratories performing culture, DST and Xpert)	Country	annually	1 lab	3 labs	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.2.1 # of demonstration sites ready for implementing palliative care in TB	Country	annually	0%	0%	Measured annually	
3.2.2 # of new and ancillary drug regimens that have become available in country since the start of					Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Challenge TB						

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. # of stock outs per [year] of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	Country	annually	0	<90%	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	NA	quarterly	0	14		

