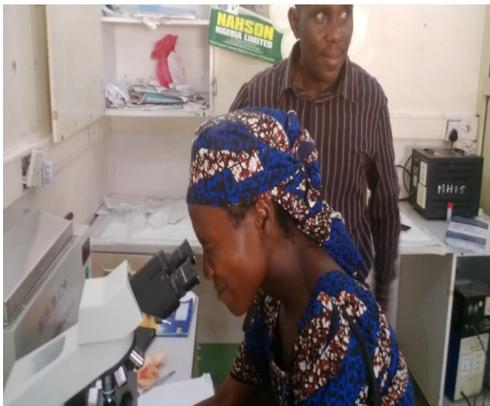




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**CHALLENGE TB**



## **Challenge TB - Nigeria**

**Year 2**

# **Quarterly Monitoring Report October-December 2015**

**Submission date: January 30, 2016**

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### *Cover photo:*

Photograph 1: Ex-TB patient addressing the public during a community outreach program in Ondo State (Credit: Chidubem Ogbudebe)

Photograph 2: General Health Care Worker during AFB training (Credit: Opeyemi Emmanuel)

Photograph 3: CTB staff and state Team at Operation Plan Development workshop for Osun and Ondo states (Credit: Jumoke Onazi)

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### **Disclaimer**

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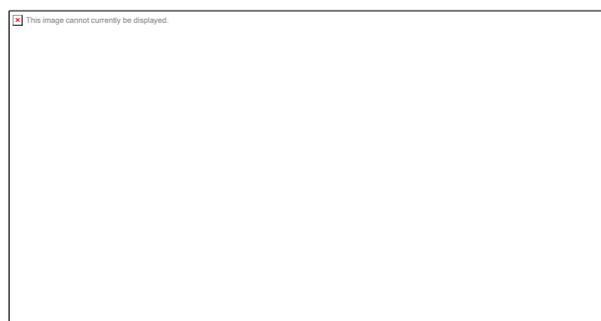
## 1. Quarterly Overview

Country	Nigeria
Lead Partner	KNCV Tuberculosis Foundation
Other partners	NA
Work plan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

**Most significant achievements:** *(Max 5 achievements)*

In the first full quarter of CTB implementation in Nigeria, the project team was able to commence most work plan activities. This included intensified demand creation efforts to raise public awareness of TB and prompt action; mentoring of State TB teams on effective supervision; revitalization and expansion of diagnostic capacity; expansion of community-based care for DR-TB; and action to improve data quality and reporting.

**Demand creation and outreach.** During this quarter continued to explore ways to improve the awareness and utilization of the Call Center established last quarter. CTB Country Representative Dr. Gidado Mustapha appeared several times on Abuja’s most popular radio talk-show, “Breketete Family” to talk about TB and broadcast the Call Center number. The program is aired weekday mornings and is listened to by thousands of households in Abuja and the surrounding States. His appearances on Breketete radio has increased calls to the toll-free number from **179** monthly calls when the Centre commenced in October 2015 to **1,071** calls as at end of December 2015.



Community members undergoing screening at a community outreach program at Ife , Osun State.

As part of the case finding strategies, the CTB team at the state level embarked on community outreach visits in in 4 states of Akwa Ibom, Benue Cross Rivers and Osun states. Using existing community gatherings such as market days and festivals, awareness was created in the communities by engaging former TB patients as spokespeople. In all, **753** persons (M=398; F=355) were sensitized, **153** samples from people with symptoms (20%) were examined using AFB microcopy, and **22** smear-positive TB cases (14% of symptomatic) were detected and commenced on treatment.

**Improving program quality through rigorous supervision.**

CTB, NTP, and State TB program staff visited six supported States (Benue, Niger, Cross River, Rivers, Ondo and Kano) to assess implementation of CTB activities and review program data to identify needed performance improvements. The visits demonstrated the potential of effective supervision to improve program performance rapidly. For example, supervision at a high-HIV-burden general hospital revealed that they were not making use of the GeneXpert machine at the facility. The supervisory team conducted on-the-job training for seven of the laboratory staff on the operation and use of GeneXpert as well as the R&R tools. Of four



On the job mentoring on new R&R tools at BHC Saminaka, Niger state

available sputum samples tested with GeneXpert at the time of the training, three were MTB-positive and patients were then able to commence treatment rapidly. Similarly in another LGA, a TB and Leprosy Supervisor (TBLs) had submitted samples to the GeneXpert site but failed to follow up on collection of results. This was followed up by the supervision team. Of the 16 samples submitted, 7 were MTB-positive. The State team was then charged with follow-up to ensure that the patients were put on treatment.

**Expanding access to diagnosis and TB care services.** The availability of diagnostic services is central to finding TB cases. Leveraging on the pool of laboratory experts in-country, visits were conducted to identify states for site assessments and installation of GeneXpert during the quarter. In total, **29** sites were assessed and **22** GeneXpert machines were installed across CTB-supported states. To complement this process, visits were conducted to existing laboratory sites to assess their functionality. In all, **75** non-functional microscopic sites were identified during the quarter and **33** (44%) were re-activated. Similarly, **35** (27%) DOTs sites were visited and reactivated during the quarter.

**Expanding community-based care for DR-TB.** CTB enrolled a total of **64** DR-TB patients (M46; F18) on treatment at the community level during the quarter. Cumulatively, support is being provided for a total of **184** patients receiving treatment in the community including those discharged from treatment facilities during the quarter.

**Technical/administrative challenges and actions to overcome them:**

In the North region, inadequate human resources for laboratory & DOTS sites inhibit CTB's ability to expand activities as described in the work plan. CTB will continue to actively engage State governments to ensure adequate staffing. In Lagos specifically, the ongoing need of local government officials for strict control over all activities hinders the smooth implementation of the program. CTB will continue to build trust and negotiate with Lagos officials to improve the speed of implementation.

Procurement approval delays are slowing the pace of conduct of certain activities. CTB has established three regional offices that provide oversight of CTB-supported states within each region. Without approval for procurement of a vehicle, currently all three regions are constrained due to non-provision (Kano region) and inadequate provision of project vehicle (Akwa Ibom and Lagos regions) making coordination and implementation difficult. In the meantime, CTB has made funds available for car hire but this is an expensive solution in the long term. There is need to hasten the procurement approval for the delivery of project vehicle. In addition, the project continues to await approval for the procurement of microscopes, which has delayed diagnostic expansion activities.

A major challenge faced is the incessant delay in the release of funds by the Global Fund to enable the conduct of state quarterly review meetings across the country. The meeting serves as the platform for the validation and collation of data by each state, without which effective data validation and analysis for program improvement cannot be accomplished.

## 2. Year 2 activity progress

Sub-objective 1. 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.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015			
Retain local CBOs to provide community education and outreach for case finding and treatment support in hard-to-reach areas (4 states: Akwa Ibom, Benue, Cross River and Osun)	1.2.1	24 outreach activities conducted (6 per state)	24 outreach activities conducted (6 per state)	24 outreach activities conducted (6 per state)	96 outreach activities conducted (24 per state)	CTB engaged community CBOs to conduct outreach activities in the identified hard-to-reach areas in 4 states of Akwa Ibom, Benue Cross Rivers and Osun states. In addition, outreach was conducted in Lagos, Ondo and Rivers states. <ul style="list-style-type: none"> <li>• <b>20</b> outreach activities to intensify case finding were held.</li> <li>• <b>753</b> persons (M398; F355) were reached</li> <li>• <b>153</b> samples were examined using AFB microcopy and Gene xpert</li> <li>• <b>22</b> TB cases were detected and commenced on treatment.</li> </ul>		Partially met	Outreach activities will continue next quarter
Continuation of context-specific outreach to increase public awareness of TB symptoms and where to seek care (12 states)	1.3.1	Evaluation of radio and IEC completed and adapted <ul style="list-style-type: none"> <li>• Monthly radio messages aired, IEC materials distributed</li> <li>• Call center sustained</li> </ul>	Monthly radio messages aired, IEC materials distributed <ul style="list-style-type: none"> <li>• Call center sustained</li> </ul>	Monthly radio messages aired, IEC materials distributed <ul style="list-style-type: none"> <li>• Call center sustained</li> </ul>	144 monthly radio messages aired <ul style="list-style-type: none"> <li>• 1,300,000 IEC materials distributed</li> <li>• Call center sustained</li> </ul>	The radio jingles and IEC materials were completed and adapted to states (particularly in appropriate translation). CTB continued to create awareness on TB , signs and symptoms and on availability of treatment services in 11 states through radio jingles aired in different languages (with the exception of Lagos State). <ul style="list-style-type: none"> <li>• <b>930</b> radio jingles were aired including complementary slots provided by the radio stations. In addition, CTB was able to leverage on the</li> </ul>		Met	Activity will continue in the coming quarters

						<p>radio jingles patronage to radio stations to anchor phone-in programs on Tuberculosis awareness.</p> <ul style="list-style-type: none"> <li>• <b>750</b> T-shirts with messages on TB were distributed.</li> <li>• <b>6,612</b> copies of IEC materials were distributed during the quarter.</li> </ul>		
Sensitize HCWs to increase their awareness of TB symptoms and distribute SOPs on intensified case-finding (12 states)	1.3.2	<p>HCWs of 96 facilities sensitized and SOPs distributed</p> <ul style="list-style-type: none"> <li>•96 supervisory visits conducted</li> <li>•12 seminars conducted</li> </ul>	<p>HCWs of 96 facilities sensitized and SOPs distributed</p> <ul style="list-style-type: none"> <li>•96 supervisory visits conducted</li> <li>•12 seminars conducted</li> </ul>	<p>HCWs of 96 facilities sensitized and SOPs distributed</p> <ul style="list-style-type: none"> <li>•96 supervisory visits conducted</li> <li>•12 seminars conducted</li> </ul>	<p>HCWs of 384 facilities sensitized and SOPs distributed</p> <ul style="list-style-type: none"> <li>•384 supervisory visits conducted</li> <li>•48 seminars conducted</li> </ul>	<p>Health facilities were sensitized on signs, symptoms, diagnosis and how to identify presumptive TB patients across all service points at the facilities. TB/HIV issues were also discussed during each of the sessions and the capacity of facility staff built in data management and on facilities-specific problem-solving skills.</p> <ul style="list-style-type: none"> <li>• <b>1,067</b> (554M; 513F) health care workers (HCWs) were sensitized</li> <li>• <b>282 health facilities sensitized</b></li> <li>• <b>905</b> SOPs were distributed to further reinforce the during the sensitization trainings.</li> <li>• The 12 seminars were held during the sensitization meetings</li> </ul>	Met	Activity will continue in the coming quarters
Update, print and distribute directories of local diagnostic sites to all health facilities in the state (12 states)	1.3.3	<p>6,606 functional TB service delivery points stratified by LGAs printed and distributed</p>	<p>An updated directory of 6,700 functional TB service delivery points stratified by LGAs printed and distributed</p> <ul style="list-style-type: none"> <li>• 600 state</li> </ul>	<p>An updated directory of 6,750 functional TB service delivery points stratified by LGAs printed</p>	<p>26,900 TB service delivery points by LGAs printed and distributed</p> <ul style="list-style-type: none"> <li>• 600 state directories distributed</li> </ul>	<p>No printing of directory was done during the reporting quarter. It is expected that the directories will be updated every 6 months to incorporate newly established GeneXpert, AFB and DOTS service sites. However, <b>253</b> DOTS directories were distributed to identified health facilities from previously printed materials</p>	Partially met	The printings are done periodically

			directories distributed	and distributed				
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**Sub-objective 2. 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.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Assess factors related to non-performance of microscopy centers and institute appropriate actions to revitalize or replace those centers	2.1.1	75 sites assessed • Faulty microscopes repaired • 40 sites reactivated • Minor renovation of 25 sites completed	Faulty microscopes repaired • 35 sites reactivated		75 sites assessed. • Faulty microscopes repaired • 75 sites reactivated • Minor renovation of 25 sites completed.	In line with the Fix, Expand, Ensure Quality and Demand creation (FEED) strategy of CTB Nigeria, non-functioning DOTS and microscopy sites were assessed during the quarter to ascertain reason for non-functionality with the aim of addressing them where possible. • <b>75</b> facilities were assessed • <b>33 (44%)</b> laboratories were re-activated by CTB during the quarter. • During the assessment where found, faulty microscopes were also repaired	Partially met	
Expand microscopy sites in low-coverage LGAs	2.1.2	35 labs Microscopy sites established • Orient. of lab staff for 35 sites conducted • 35 labs upgraded • 3,819 biosafety bags distributed • #MDU • 193	36 labs Microscopy sites established • Orient. of lab staff for 36 sites conducted • 36 labs upgraded • 3,819 biosafety bags distributed • #MDU • 193	3,819 biosafety bags distributed • 193 biohazard bags for DR patients	71 labs Microscopy sites established • Orient. of lab staff for 71 sites conducted • 71 labs upgraded • 15,276 biosafety bags distributed • 7MDU • 777	• <b>9</b> microscopy sites established and provided with necessary equipment and supplies • <b>50</b> laboratory staff (34 males; 16 females) trained • <b>22</b> existing laboratory sites renovated • <b>16,200</b> bio-safety bag procured and <b>2400</b> distributed	Partially met	Delays in approval of microscope procurement have prevented the project from meeting the target.

		biohazard bags for DR patients	biohazard bags for DR patients		biohazard bags for DR patients			
Procure additional GeneXpert instruments for priority areas not covered by GF and Provide technical assistance for installation of GeneXpert machines procured through Global Fund, and support maintenance activities	2.4.1	4 sites upgraded • 4 GeneXpert instruments & accessories installed	NA	NA	4 sites upgraded • 4 GeneXpert instruments & accessories installed	The capacity of laboratory staff in the health facilities were built on the use of GeneXpert assay to detect MTB and Rifampicin resistant TB (including operations, sample processing and cartridge inoculation, all levels of maintenance and troubleshooting). Additionally, health facility and peripheral staff within the LGAs were sensitized. The sensitizations were aimed at educating health care workers on the diagnostic algorithms for GeneXpert assay, recording and reporting tools available for the management of DR-TB cases amongst others	Met	Activity completed
PEPFAR: Procure additional GeneXpert instruments for priority areas not covered by GF and Provide technical assistance for installation of GeneXpert machines procured through Global Fund, procure additional cartridges, and support maintenance activities	2.4.2	10 sites upgraded • 10 GeneXpert instruments & accessories installed	NA	NA	10 sites upgraded • 10 GeneXpert instruments & accessories installed	<ul style="list-style-type: none"> <li>• <b>29</b> sites were assessed for GeneXpert installation.</li> <li>• <b>22</b> GeneXpert machines were installed during the quarter (12 for CTB and 10 for PEPFAR).</li> <li>• <b>95</b> laboratory staff (43M; 52F) were trained.</li> </ul>	Met	Activity completed
Develop sputum transport and GeneXpert result reporting systems for suspected DR-TB (11 states with the exception of Cross River -	2.6.1	9,225 sputa transported and results retrieved.	9,225 sputa transported and results retrieved.	9,225 sputa transported and results retrieved.	36,900 sputa transported and results retrieved.	Consequent to the identification and development of comprehensive lists of GeneXpert hub and spoke directory linking AFB sites in Osun, Lagos and Ondo states to the GeneXpert sites, the transportation of sputum and result retrieval / linkage within the hub	Partially met	Activity will expand in subsequent quarters from 3 states to 11 states

culture lab)						and spoke sites commenced within the period under review. Currently, the log books have been disseminated across all the Genexpert sites within the KNCV/CTB supported LGAs, and efforts are in place to disseminate widely to the entire Genexpert sites within each state. Additionally, <b>74</b> cool boxes were procured and distribution is ongoing in the region as sites are identified. In all a total of <b>1,811</b> sputa were transported to GeneXpert sites		
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### Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Integrate and link 5 selected pediatric service delivery points in each state for intensified case-finding (in 12 states) in collaboration with other USAID partners in Benue, Bauchi & Kano.	3.1.1	30 Facilities sensitized • 500 copies of Pediatric desk guides re-printed and distributed • National tools (GeneXpert algorithm and R & R tools) distributed	NA	NA	30 Facilities sensitized • 500 copies of Pediatric desk guides re-printed and distributed • National tools (GeneXpert algorithm and R & R tools) distributed	Following the mapping of high load pediatric sites, identification and engagement of pediatricians in states trained by NTBLCP, a 3-day sensitization of Clinicians at selected pediatric services delivery points were held across the states (5 each in Lagos, Ondo & Osun states). The sensitization meetings were aimed at integrating and linking high load pediatric service delivery points in each state to intensify TB case-finding in children. <ul style="list-style-type: none"> <li>• <b>15</b> pediatric sites linked for intensified case finding</li> <li>• <b>219</b> Clinicians (<b>88</b> M; <b>131F</b>) were sensitized on childhood TB services</li> <li>• Relevant NTP R&amp;R tools were also provided to the</li> </ul>	Partially met	The desk guides are yet to be printed because there is need for a review and update of the guide by the NTP. See activity 10.1.3 for part National tools printed

						facilities. Thereafter, joint follow-up supervision is planned to these 15 pediatric service sites in collaboration with the pediatric consultants.		
Work in collaboration with other PEPFAR/USG Implementing Partners (IPs) to integrate TB screening into Orphans & Vulnerable Children (OVC) programs in 8 states (Akwa Ibom, Lagos, Katsina, Bauchi, Kano, Niger, Enugu, Benue) KNCV 8 states	3.1.2	MoU with Implementing Partners (IPs) established in each state	NA	NA		Orphans and Vulnerable Children (OVCs) care in Lagos state is implemented by several partners. Since August 2014, approximately 32,000 OVCs have been enrolled across 12,500 households and 5 CBOs currently support activities in these LGAs in Lagos State. KNCV through CTB project developed and shared with stakeholders a detailed step-by-step approach and screening tool/ questionnaire for the screening of all enrolled OVCs. Consequently, within the period, screening of children at correctional / child welfare centers commenced during the planned HCT carried out by CDC/APIN at these centers. Samples obtained from symptomatic OVCs (Presumptive TB cases) were transported to nearest GeneXpert site for investigations. Data is yet to be compiled. Similarly in Akwa Ibom region, 4 CBOs were identified and engaged. Outreach activities among the children are yet to commence.	Partially met	This activity was planned in CTB Nigeria Period 1 budget and scheduled for Q4 and recruitment of staff was only completed in August. CTB KNCV deferred the activity to Q1.
Link health services of large companies with NTBLCP structures in 5 states (Lagos, Rivers, Akwa Ibom, Kano and Cross River) KNCV 5 states	3.1.3	Large companies mapped and health services assessed	NA	NA		In continuation of linkage of services of large health companies to NTBLCP structures within the States, an advocacy visit was paid to Shell and Mobil oil companies. The visit was aimed at assessing TB diagnostic and screening services in the Company's Community health program and to sensitize the Community Health department on	Partially met	This activity was planned in CTB Nigeria Period 1 budget and scheduled for Q4 and recruitment of staff was only completed in August. CTB KNCV deferred the

						the need for inclusion of TB diagnostic and treatment services into the company health unit. At the end of the visit, the Regional Manager expressed a willingness to partner with the CTB project. From the visit, screening for latent TB was part of the pre-employment policy for the organization. They however also have a non-disclosure policy for staff which will prevent them sharing such information with the TB program at the state level		activity to Q1.
A) Conduct assessments of high-volume ART/TB sites and mentor staff to implement the FAST strategy (3 states) Lagos Akwa Ibom, Benue)	3.1.4	A). 9 facility staff trained to establish FAST A). 150 facility staff orientated on FAST A). 15 facilities provided w/ supervision & mentoring	A). 15 monthly mentoring visits conducted	A). 15 monthly mentoring visits conducted	A). 9 facility staff trained to establish FAST A). 150 facility staff orientated on FAST A). 60 facilities provided w/ supervision & mentoring	Technical assistance visit was provided by Dr Max Meis to a) update the FAST strategy guidelines to include lessons learned from the pilot study; b) mentor KNCV and NTP staff on implementation of the FAST strategy.  <ul style="list-style-type: none"> <li>• <b>9</b> persons (M7; F2) were trained on FAST</li> <li>• <b>17</b> Lagos State University health care workers were sensitized on FAST strategy.</li> <li>• Benue state was able to commence the implementation of FAST strategy in General Hospital Otukpo and;</li> <li>• <b>13</b> participants (3 females: 10 males) were sensitized on FAST strategy.</li> <li>• The average time to diagnoses and treatment was greater than <b>5</b> days. CTB hopes to improve on these in the coming quarters.</li> </ul>	Partially met	The activity will expand in the subsequent quarters in other sites identified
Identify key private and public sector facilities	3.2.1	Orientation & mentoring	Orientation & mentoring	Orientation & mentoring	Orientation & mentoring	As part of the support towards the infrastructural upgrade of DOTS facilities,	Partially met	The activity is yet to take off fully in all states due

and expand DOTS to additional locations in 12 states		for HCWs conducted at 50 HF.	for HCWs conducted at 50 HF.	g for HCWs conducted at 51 HF.	for HCWs conducted at 151 HF	<ul style="list-style-type: none"> <li>• <b>5</b> DOTS facilities were renovated during the quarter.</li> <li>• <b>6</b> DOTS sites were established during the quarter.</li> <li>• <b>29</b> persons (M16; F13) were trained to provide TB services. CTB team ensured that the facilities were provided and mentored on the NTP recording and reporting materials.</li> </ul>		partially to the microscopes shipment that is being awaited as some sites might require diagnostic services
Engage patent medicine vendors (PMVs) in community outreach, case finding, and treatment support in 5 states (Cross River, Lagos, Rivers, Kano & Katsina)	3.2.2	One-day orientation conducted <ul style="list-style-type: none"> <li>• R&amp;R tools and TB directory distributed to all PMVs.</li> <li>• 9 one-day monthly mtgs conducted across 5 states</li> </ul>	9 one-day monthly mtgs conducted across 5 states	9 one-day monthly mtgs conducted across 5 states	One-day orientation conducted <ul style="list-style-type: none"> <li>• R&amp;R tools and TB directory distributed.</li> <li>• 36 one-day monthly mtgs conducted across 5 states.</li> </ul>		Not met	The mapping of the PMVs is yet to commence in the states. The procedure for engagement of PMV yet to be clearly defined
Establish and or Scale up ambulatory DR-TB care, including patient treatment adherence support (baseline investigation, auxiliary drugs, prevention and management of Adverse Drug Reactions) to 10 states. Lagos and Kano	3.2.3	Support provided for existing and enrollment of new DR-TB patients	Support provided for existing and enrollment of new DR-TB patients	Support provided for existing and enrollment of new DR-TB patients	Support provided for existing and enrollment of new DR-TB patients	The support for PMDT was taken over by KNCV Challenge TB in Lagos, Cross Rivers and Kano states from FHI 360 starting from 1st December, 2015. From the briefing, there were 165 diagnosed MDR-TB patients in Lagos State with support from FHI 360 while 26 were awaiting baseline investigation and 16 awaiting commencement of treatment. Consequently, CTB project facilitated the baseline investigation for 13 that could be traced out of the 26 by end of	Partially met	Activity will continue in subsequent quarters

are covered by USAID through FHI360.						<p>December, 2015. Similar activities were done in the other two states. Efforts are on top gear to ensure baseline investigations for the remaining 13 patients are done. Similarly in the other states efforts were geared towards the enrolment of patients during the quarter.</p> <ul style="list-style-type: none"> <li>In all a total of <b>64</b> (M46; F18) patients were enrolled on treatment during the quarter at the community level.</li> <li><b>184</b> DR -TB patients are provided support in communities across the 12 states.</li> </ul>		
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Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Implement contact tracing for bacteriologically positive pulmonary TB cases in 12 states	4.1.1.	150 sputum transport boxes provided • HCWs supported with transport or telephone vouchers	150 sputum transport boxes provided • HCWs supported with transport or telephone vouchers	150 sputum transport boxes provided • HCWs supported with transport or telephone vouchers	605 sputum transport boxes provided • HCWs supported with 6,240 transport or telephone vouchers	As part of activities to engage and implement contact tracing for bacteriologically diagnosed pulmonary TB patients, <b>7</b> female health workers were sensitized and provided SOPs, contact tracing registers and cool boxes for sputum transport. The sensitization was aimed at enabling the HCWs increase their awareness on contact tracing, as well as enable them utilize appropriate tools to monitor	Partially met	The system has just been introduced in others. The activity will expand in next quarter

						<p>implementation.</p> <ul style="list-style-type: none"> <li>• <b>7</b> households were visited within the LGAs,</li> <li>• <b>6</b> sputum samples were collected and none was smear-positive. The visits also provided opportunity to provide TB education to household members.</li> </ul>		
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Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Review and finalize state-specific operational plans through technical assistance to local teams (in GF co-located states, this is a joint activity covered under CTB funding) in 12 states	7.1.1	Stakeholders meeting held • Draft of 6 states' operational plan finalized	Advocacy visits conducted to 6 states • operational plan of 6 states approved & implemented		Advocacy visits conducted to 6 states • operational plan of 6 states approved & implemented	CTB during the quarter supported six states in the development of state Strategic plans from 14th - 18th December, 2015. The plan will also serve as a means for resource mobilization from both government and partners. • <b>6</b> zero draft of each state operational plan was developed and shared	Partially met	The CTB country office team will work with the consultants to finalize the plans
Organize and conduct baseline assessment in 4 Band 3 states	7.1.2	NA	NA	Baseline assessment conducted	Baseline assessment conducted	The three additional states to be provided support by CTB were recently identified. The states are Nasarawa, Abia and Enugu states. The State control officers for the 3 states will participate in the work plan development process next quarter. The baseline assessments for the states will be conducted next quarter	NA	

Technical assistance to state teams for effective planning, supervision and data reviews for all 12 states	7.2.1	Technical assistance provided to states • 151 LGA supervisors trained on electronic data management systems	Technical assistance provided to states	Technical assistance provided to states	Technical assistance provided to states • 151 LGA supervisors trained on electronic data management systems	Supervision & mentoring visits to DOTS, TB microscopy and GeneXpert sites were carried out during the quarter to all the states by the CTB team. In all, a total of <b>125</b> supervisory visits were planned during the quarter and <b>84</b> were conducted. The visits were to DOTS, Laboratory and GeneXpert sites across the states. Some of the key achievements of the visits include: on-the-job training of HCWs to address gaps on TB management and enhanced service delivery; replacement of old R&R tools across facilities visited; review and update of documentation on recording and reporting materials and mentoring of HCWs on data recording; as well as provision and posting of NTP SOPs and algorithms in appropriate places at health facilities.	Partially met	The electronic data management system I yet to be scaled up across states by GF grant. The activity is postponed till when GF releases fund
Provide a long term Technical Assistance to NTP on quality planning, implementation, M&E and partners coordination for all interventions (National level-WHO Leads)	7.2.2					A part of upstream support, KNCV within the period, supported the planning and implementation of states quarterly review meetings across the CTB supported states. The meetings were aimed at collating and validating statistical data, review of program performance, providing updates. The meetings provided opportunity to share information on Challenge TB activities carried out within the states and region, key achievements, challenges and planned line of activities and next steps for implementation of CTB project.	Partially met	
Organize quarterly a 1 day partner's	7.2.3	State partners	State partners	State partners	State partners		Not met	

forum meeting in 12 states		forum meeting held	forum meeting held	forum meeting held	forum meeting held			
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**Sub-objective 10. Quality data, surveillance and M&E**

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.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Integrate data quality variables into the supervisory checklist and assess data quality bi-annually for 12 states -	10.1.1	Mentoring to facilities conducted	Mentoring to facilities conducted	Mentoring to facilities conducted	Mentoring to 1,341 facilities conducted		Not met	The NTP is presently piloting the use of e-tb manager for susceptible TB. Activity is put on hold so emerging issues from e-tb manager pilot can be incorporated into the checklist
Continuation of the inventory assessment for TB services to evaluate the extent of under-notification of diagnosed cases of TB in Lagos State	10.1.2	Assessment and inventory conducted	Assessment and inventory conducted	Data analyzed	Assessment and inventory conducted • Data analyzed • Report written		Not met	Activity is planned for next quarter. Ellen Mitchell's visit to the country is slated for the third week in January for the assessment visit.
Print all program recording and reporting tools (25% of estimated need in CTB project area)	10.1.3	Documents printed	NA	NA	Documents printed	During the quarter CTB provided upstream support in the printing of the National TBL and Buruli Ulcer Management guideline. The manuals will aid GCHWs and stakeholders alike in the management and implementation of strategies for the control of TB, Leprosy and Buruli. • <b>700</b> copies of the manual were printed	Partially met	

						<ul style="list-style-type: none"> <li>• <b>528</b> manuals have been distributed to CTB supported states and identified stakeholders.</li> </ul>		
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<b>Sub-objective:12</b>		<b>Technical Supervision</b>							
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone, actions to address challenges, etc.)	
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015			
Technical supervision - KNCV	12.1.1	NA	TA Visit	NA	TA Visit	Technical assistance visit was conducted during the quarter to Nigeria by core management team - Kelly Schut, Ellen-Jane Burgrust, Jerod Scholten and Jan Willem Dogger from The Hague during the quarter. The purpose of the visit was to 1) ascertain the functionality of the decentralization of organizational management structure and; 2) to review and discuss financial issues, give support and instructions on financial matters and check the financial systems and internal control procedures. Findings from the visit reveal that all field offices are in operation and functional. SOPs for decentralized approach (e.g. security manual, communication manual, procurement SOP, financial SOP) have been made and distributed to field offices. There are however some challenges such as the mobility of the Program Officers in the field and the high level of bureaucracy in Lagos which requires that USAID sign an MOU for all supported projects in the area.		Partially met	5 of the 8 planned visits have been completed.

### 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)
IHVN	A1	A1	\$35.2Million	\$27.6 Million	NA
ARFH	B1	B1	\$95.1Million	\$91.8 Million	NA

\* Since January 2010. The rating provided for ARFH was from the presentation made by during work plan meeting in Jan 2016 not Aidspan

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

- The Global Fund (PR - ARFH) in country received approval for the implementation of "Investing for impact against Tuberculosis and HIV" which is expected to commence from July 2015 to December 2017 for the scale up of comprehensive TB in 22 priority states and 15 maintenance states. Key areas of intervention will be on active case search in a total of 365 intervention sites comprising slums, IDPs and nomadic population. Others areas of focus for the grant include DOTS expansion with emphasis on ART, HCT sites integration; AFB microscopy expansion including public and private facilities; TB/HIV Activities; Paediatric Diagnosis amongst others. Some of the current challenges which may impede the smooth intervention include the non-availability of costed plan for private sector engagement; weak supervision at the state and LGA level- coupled with weak human resource capacity at the LGA and facility levels.
- For the MDR-TB grant implemented by IHVN also operating for the same period July 2015 to December 2017, the approval is yet to be granted however, there was a concessional approval for a one-year transition period (July 2015 -June 2016) to give room for conclusion of the NFM grant implementation arrangements. Thus far Expressions of Interest (EOI) was advertised on the 27<sup>th</sup> of October 2015. Proposals received are currently being evaluated

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

- CTB continues to participate in PR/SR meetings where grants grant progress is discussed and action plans developed. This also provides an opportunity to update PRs and SRs on CTB activities to avoid duplication of effort and ensure coordinated action in co-located States. In collaboration with the Global Fund, CTB also supported the NTBLCP in the conduct of the GLC mission as well as the immediate interventions to respond to the findings of the mission.

## 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	<b><u>Community engagement yields surprising benefits</u></b>
<b>Sub-objective of story:</b>	3. Patient-centered care and treatment
<b>Intervention area of story:</b>	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
<b>Brief description of story idea:</b>	<div style="display: flex; justify-content: space-around;"> <div data-bbox="584 443 1151 836" style="text-align: center;">  <p data-bbox="584 778 1151 836">Renovated Bateriko Health Center</p> </div> <div data-bbox="1218 395 1944 836" style="text-align: center;">  <p data-bbox="1218 762 1944 836">Elders and health workers at Bateriko Primary Health Care Center</p> </div> </div> <p data-bbox="539 890 2085 1150">       The primary health centre in Bateriko in the Boki LGA of Cross River State had been inactive and not functioning for over 40 years. As part of CTB’s mandate to enhance access to services, CTB worked with Cross River State staff to give a new lease on life to the health center. A joint assessment to identify needed renovations and costs was carried out, but the amount exceeded that stipulated in the budget. Through active community engagement and in a show of support, members of the community offered to contribute to the renovations, as they understood the importance of having a functional TB health facility in the area. The residents of Bateriko, peasant farmers with meagre income, donated a whopping sum of NGN 376,000 (a third of the total cost) towards the refurbishment of the health center. In addition to the generous contributions, local businessmen with ties to the community also promised to provide the facility with constant electricity to ensure its sustainability and maintenance.     </p> <p data-bbox="539 1187 2085 1278">       This joint effort, which has already seen 4 DR-TB patients registered, is guaranteed to increase TB case notifications. All kudos to the villagers of Bateriko, who through their resolve, commitment and donations brought their facility to life. This proved that with proper engagement, communities can contribute in many different ways towards effective TB prevention, diagnosis, and treatment.     </p>
<b>Status update:</b> A draft	

<b>Planned success story title:</b>	<b><u>Having TB and HIV Is Not a Death Sentence After All</u></b>
<b>Sub-objective of story:</b>	3. Patient-centered care and treatment
<b>Intervention area of story:</b>	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
<b>Brief description of story idea:</b>	 <p data-bbox="548 624 1234 703">Mr. Asinyang at his home with a TB health worker</p> <p data-bbox="548 715 2101 810">Sixty year old Aniefok Asinyang is a husband and father of four children. As the bread winner of his family, he was a petty trader who was constantly on the move. However, in early 2015 he became very ill: his joints ached profusely; he began coughing up blood and ultimately stopped walking. As he described it, “My legs became weak and eventually failed me.” He was quickly referred to the primary health center in Nung Udoe, Akwa-Ibom, where a trained health worker quickly attended to him. His sputum was collected and sent to the lab and he was provided HIV counselling and Testing. He was later informed that he not only had TB, but he also had HIV. Mr. Asinyang thought his life was over and wept as he received the sad news. The trained health worker comforted the father of four, assuring him that his TB was curable and his HIV could be treated. She described the free TB treatment he would receive from the health facility as well as benefits from the community-based support system, which guarantees that patients like him are visited and receive treatment in the comfort of their homes.</p> <p data-bbox="548 842 2101 970">Mr Asinyang began treatment in September, 2015 and in just three months, he has improved significantly. “I am grateful that my body pains have ceased and most importantly, I have stopped coughing up blood”. Although he is currently using a walking stick, Mr. Asinyang can travel short distances without assistance. For Mr. Asinyang, the miracle is that he is still alive, because he had thought having TB and HIV was a death sentence.</p>
<b>Status update: A draft</b>	

## 5. Quarterly reporting on key mandatory indicators

**Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)**

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	21	23	The Nigeria GeneXpert algorithm states that once rifampicin resistance is detected, the patient is enrolled on treatment pending a DST culture result for confirmation. Data reported for DR-TB cases detected for 2010-2013 is obtained from WHO TB Global Report while for 2014 is from NTP 2014 annual Report. All data on number put on treatment is from NTP. Data for July –Sept 2015 is not yet fully available as state review meetings are ongoing. However in the CTB supported state 77 rifampicin-resistant TB cases were detected during the quarter while 47 were enrolled into community care with the support of CTB.
Total 2011	95	39	
Total 2012	107	225	
Total 2013	669	432	
Total 2014	798	423	
Jan-Mar 2015	270	110	
Apr-Jun 2015	304	164	
Jul-Sep 2015	77 (CTB)	47 (CTB)	
Oct-Dec 2015			
Total 2015			

**Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)**

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below - i.e. Province)</i>						The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)						
% of national cases notified in CTB geographic areas							
Intervention (setting/population/approach)							
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

## 6. 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)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Dr Max Meis	x				Patient Centered Care and treatment	Complete	13/11/2015	5 days	FAST Strategy Implementation
2	KNCV	Dr Victor Ombeka	x				Patient Centered Care and treatment	Pending			Community PMDT
3	KNCV	Ellen Mitchell	x				Quality data, surveillance & M&E	Pending			Assessment of TB Services
4	KNCV	Kelly Schut	x				Technical Supervision	Complete	13/11/2015	9days	Back stop Project officer
5	KNCV	Jan Willem Dogger	x				Technical Supervision	Complete	13/11/2015	9days	Back stop Project Management
6	KNCV	Ellen Jane-Burgrust			x		Technical Supervision	Complete	13/11/2015	9days	Back stop Finance
7	KNCV	Dr Jerod Scholten	x					Complete			Technical backstop
8	KNCV	Dr Jerod Scholten			x			Pending			Technical backstop
9	KNCV	D'Arcy Richardson						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
10	KNCV	Donna Bjerregaard						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
11	KNCV	Dr Chishala Chabala						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
12	KNCV	Dr Gunta Dravniece						Complete	27/11/2015		PMDT and introduction of new regimens and drugs
Total number of visits conducted (cumulative for fiscal year)								9			
Total number of visits planned in approved work plan								12			
Percent of planned international consultant visits conducted								75%			

## 7. 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
1.2.3 NIGERIA SPECIFIC: # presumptive TB cases identified by CBOs in hard to reach areas	NA	Quarterly	NA	NA	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
1.2.4 # TB cases notified through CBOs in hard to reach areas	NA	Quarterly	NA	NA	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
1.3.3 NIGERIA SPECIFIC: Number of presumptive TB cases tested	NA	Quarterly	FY 14 Total Presumptive TB cases =172,040	F Y 16 Total Presumptive TB cases = 242,72	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.1 # of laboratories performing microscopy (stratified by LED florescence, Ziehl-Neelsen)	stratified by LED florescence, Ziehl-Neelsen)	Annually	In 2014, 387 laboratories in the 12 states	Additional 96 microscopy sites established. Total labs = 507	Measured annually	
2.1.2 A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	NA	Annually	TBD	NA	Measured annually	
2.2.2 #/% of laboratories showing adequate performance in external	NA	Quarterly	CTB states: 97% concordance rate (2014)	95% is benchmark for national, so same as target	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
quality assurance for smear microscopy						collated.
2.2.6 Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	NA	Annually	National: 3 of the 6 NRLS functioning well	NA	Measured annually	6 are functioning a at Dec 2015
2.2.7 Number of GII-approved TB microscopy network standards met	NA	Annually	TBD	NA	Measured annually	
2.4.1 GeneXpert machine coverage per population (stratified by Challenge TB, other)	CTB States	Quarterly	CTB: 23 Xpert machines in 12 states (2014) 2015 = 31	27 additional Xpert machines + existing 31 machines = 58 total Xpert machines in 12 states.	22 machines installed this quarter. Cumulatively, 47 machines across the 12 supported states.	This figure include the 12 machines procured through PEPFAR fund
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other)	CTB States	Annually	100%	100%	Measured annually	
2.4.3. MTB positivity rate of Xpert test results	CTB States	Quarterly	FY 15 baseline	100%	Data not yet available	
2.4.4. Rifampicin resistance rate of Xpert test results	CTB States	Quarterly	FY 15 baseline	NA	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
2.4.5. % unsuccessful Xpert tests	CTB State	Quarterly	FY 15 baseline	Below 3.5%	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
2.4.7. % of labs using WHO approved rapid diagnostic tools	CTB State	Quarterly	25 (FY 15 baseline)	NA for LPA CTB: Gene Xpert = 58	There are currently 47 GeneXpert machines installed in CTB supported LGA	

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
(disaggregated by type: Xpert MTB/RIF, LPA, etc)						
2.4.8 NIGERIA SPECIFIC: Number of Xpert MTB/RIF assays performed	CTB States	Quarterly	FY 15 baseline	350 * quarter (4) * 58 machines = 81,200 tests	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
2.6.7. NIGERIA SPECIFIC: # of sputum samples transported to GeneXpert sites with documented results	CTB States	Quarterly	FY 15 baseline	75 samples/month	1,811 samples were transported to Gene Xpert sites during the quarter	
2.3.1 Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result	CTB States	Quarterly	TBD	CTB LGAs 95%	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.)	NA	Quarterly	Total TB cases notified (all forms) = 17,204 (baseline for 151 LGAs 2014 )	FY 16 Total TB cases notified - Annual (all forms) in 2016 = 24,273	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
3.1.2. #/% of cases notified (new confirmed)	CTB states	Quarterly	92% of 17,204 = 15,828	92% of 24,273 = 22,331	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
3.1.3. Case notification rate	CTB states	Annually	National = 52/100,000 (2014) CNR for assigned LGAs	CNR for assigned LGAs = 63	Measured annually	

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
			(CTB): 45/100,000			
3.1.4 # of MDR-TB cases detected	National and CTB states	quarterly	Total FY 15 = 237	Total FY 16 = 1,191 (	77 (CTB)	
3.1.7. Childhood TB approach implemented	CTB states	Annually	NA	3	Measured annually	To be reported annually
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	CTB states	Quarterly	10%	10%	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
3.2.1 Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	National and CTB states	Annually	Total FY 15 = 91%	Total FY 16 = 94%	Measured annually	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
3.2.3. #/% of HFs with TB services/DOTS	CTB states	annually	FY 15 = 1,190 existing DOTS centers/CTB and 2,307 for the whole states	FY 16 - Additional 151 new sites + existing 1,190 = 1,341 for only CTB LGAs	Measured annually	
3.2.4 Number of MDR-TB cases initiating second-line treatment	National and CTB states	quarterly	Total FY 15 = 226	Total FY 16 = 1,132	47 (CTB)	
3.2.7. Number and percent of MDR-TB cases successfully treated	National and CTB states	annually	61%	65%	Measured annually	
3.2.9. % of MDR-TB patients still on treatment and culture negative 6 months after starting MDR-TB treatment	CTB states	annually	baseline as at Q1 2014, Community PMDT = 68.5%	Maintain Community PMDT = 70%	Measured annually	
3.2.11. % of HIV+	CTB states	quarterly	National: 87% tested	100%	Data not yet available	The GF is yet to disburse fund to State

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
registered TB patients given or continued on CPT during TB treatment			for HIV - (2013) CTB assigned LGAs: 73.2%			for the statutory quarterly review meeting where data is submitted and collated.
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB states	quarterly	National: 67% (2013) CTB assigned LGAs : 60.6% (2014)	100%	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB states	quarterly	National: 88% tested for HIV - (2013) CTB assigned LGAs: 82.2%	100%	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
3.2.22. #/% of TB patients followed by community-based workers/volunteers during at least the intensive phase of treatment	CTB states	quarterly	National: 56% of enrolled patients managed by a TS (treatment supporter) (2013) CTB: TBD	70%	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and collated.
3.2.24 % MDR patients who receive social or economic benefits	CTB states	annually	100%	100%	Measured annually	To be reported Annually

<b>Sub-objective:</b>	<b>4. Targeted screening for active TB</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
4.1.2. #/% of children (under the age of five) who are contacts of	CTB states	quarterly	TBD	CTB Target TBD after baseline is set	Data not yet available	The GF is yet to disburse fund to State for the statutory quarterly review meeting where data is submitted and

<b>Sub-objective:</b>	<b>4. Targeted screening for active TB</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
bacteriologically-confirmed TB cases that are screened for TB						collated.

<b>Sub-objective:</b>	<b>7. Political commitment and leadership</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
7.1.1. % of the national TB strategic plan that is funded (from government funds, Global Fund grants, donors, etc.)	CTB states	annually	TBD	CTB target TBD after the baseline	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	National	annually	TBD	N/A	Measured annually	

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
10.1.4 Status of electronic recording and reporting system	National and CTB States	quarterly	Currently only DR TB is reported electronically; e-TB manager has been adapted for electronic R&R to be roll out	CTB Target TBD after baseline is set		The NTP is currently piloting the e-tb manager for susceptible TB in 4 states (Lagos, Ondo, Ogun and Oyo states). This activity will be scaled up in the new GF grant to the remaining states
10.2.2. Prevalence survey conducted/completed in the last three years	National	annually	Most recent prevalence survey conducted in 2012.	N/A	Measured annually	
10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years	National	annually	Most recent DR-TB surveillance survey conducted in 2012.	N/A	Measured annually	
10.2.5. # of successful approaches identified to	CTB states	annually	N/A	N/A for APA1 or APA2. A review of approaches	Measured annually	

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
improve TB diagnosis and treatment				will be done using program implementation evidence.		
10.2.4. #/% of operations research, evaluation or epidemiological assessment study results disseminated (stratified by level of dissemination: report, presentation, publication)	CTB states	annually	NA	OR on inventory studies disseminated	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	National	annually	TBD	TBD	Measured annually	
10.2.6 % of operations research project funding provided to local partner (provide % for each OR project)	CTB states	annually	TBD	TBD	Measured annually	
10.2.7 Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National	annually	TBD	TBD	Measured annually	

Are these two indicators missing:

11.1.3. Number of healthcare workers trained, by gender and technical area

11.1.5. % of USAID TB funding directed to local partners



