



Challenge TB – South Sudan

Year 2

Quarterly Monitoring Report

October-December 2015

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Cover photo: TB patient (L) receiving his treatment from the newly established TB treatment center in Pageri PHCC Eastern Equatoria State. Photography: Lodu Moses

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Disclaimer

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List of Abbreviations and Acronyms

AAA	Arkangelo Ali Association
CBO	Community Based Organization
CCM	Country Coordination Mechanism
CHD	County Health Department
CTRL	Central TB Reference Laboratory
DOTS	Directly Observed Treatment Short-course
DR-TB	Drug Resistant TB
DST	Drug Susceptibility Test
EPI	Epidemiological analysis
EQA	External Quality Assurance
GDF	Global Drug Facility
GF	Global Fund
HCW	Health care workers
HIV	Human Immunodeficiency Virus
IC	Infection Control
IDP	Internally Displaced Persons
IPT	Isoniazid Preventive Therapy
KNCV	KNCV Tuberculosis Foundation
M&E	Monitoring and Evaluation
MDR-TB	Multi Drug Resistant Tuberculosis
MOH	Ministry of Health
MSH	Management Sciences for Health
NFM	New Funding Model
NGO	Non-governmental Organization
NSP	National Strategic Plan
NTP	National TB Program
OR	Operational Research
PHCC	Primary Health Care Center
TB	Tuberculosis
TFM	Transition Funding Mechanism
TOT	Training of Trainers
USAID	United States Agency for International Development
WHO	World Health Organization

1. Quarterly Overview

Country	South Sudan
Lead Partner	MSH
Other partners	
Work plan timeframe	October 2015–September 2016
Reporting period	October-December 2015

Most significant achievements:

Contact Investigation in Yei, Morobo and Lainya Counties

Contact investigation was initiated in July 2015 in Lainya, Yei River and Morobo Counties in Central Equatoria State and was retrospectively conducted for cases enrolled in TBMU since 2013. This activity continued in Year 2. From October – December 2015, a total of 149 smear positive index cases were identified, of whom 52/149 were visited at home by trained community mobilizers. The contacts were screened using standard tools and forms and presumptive TB patients were referred for diagnosis. The findings are shown in the table below. Over 15% (62/416) of contacts screened were referred for TB microscopy out of which 19.4% (12/62) were bacteriologically confirmed through smear microscopy. This activity was interrupted by insecurity especially in Lainya County which prevented community mobilizers from moving in the community.

Isoniazid Preventive Therapy (IPT) for children under the age of 5 is not routinely reported and data is not available for analysis.

Table 1: Summary data on contact investigation in Yei, Morobo and Lainya Counties, July – December 2015

S/N	VARIABLE	Jul - Sep 2015	Oct - Dec 2015
1	Number of HFs implementing contact tracing	3 (Yei, Lainya and Morobo)	3 (Yei, Lainya and Morobo)
2	Number of Index SS positive cases diagnosed and registered	892	149
3	Number of index cases households (HH) visited and contact screened for TB	107	52
4	Number of HH contacts registered and screened	853	416
5	Number of HH contacts registered and screened for TB who are 0-14 years	69	21
6	Number of contacts identified with presumptive TB all ages	182	62
7	Percentage and number of HH contacts with presumptive TB all ages	23% (182/853)	15% (62/416)
8	Percentage and number of HH contacts with presumptive TB 0-14 years	6% (11/182)	5% (3/62)
9	Number of SM + TB cases identified among the contacts.	28	12
10	Percentage and number of smear positive PTB cases among contacts with presumptive TB, all ages	15.4% (28/182)	19.4% (12/62)

11	Percentage and number of <u>all forms of TB</u> among contacts with presumptive TB, all ages	24.7% (45/182)	33.9% (21/62)
12	Percentage and number of all forms of TB among contacts with presumptive TB, 0-14 years	1.6% (3/182)	8.1% % (5/62)
13	Number of children contacts 0-14 years without active TB	8	16
14	IPT initiated among eligible contacts 0-14 years (%)	Data not available	Data not available

Development of Job Aides to Support Community TB Services

Challenge TB (CTB) continued to support the revision of the Home Health Promoters (HHP) *manual*, *flip chart* and *brochure*. On December 8, 2015, CTB conducted a one day Behavior Change and Communication Technical Working Group (TWG) meeting chaired by the Director of Health Education and Promotion in the Ministry of Health. The TWG reviewed and finalized the documents. The HHP Manual has been developed in line with the overall Ministry of Health Strategy of the Boma Health Initiative. The purpose of the manual is to deliver a basic TB and TB/HIV package to families and communities through community health action. HHPs will be trained on the use of this manual as a reference tool in carrying out effective TB and TB/HIV service delivery at the community and household level. The flip chart is designed to support the HHP to effectively deliver information on TB and HIV to the community through health education sessions. The brochure has been designed to help TB patients and their families get basic information about TB and HIV.

Integration of TB Services into General Health Care Facilities (PHCCs/PHCUs)

CTB supports the National TB Program (NTP) to improve access to TB treatment by integrating TB services into the general primary health care facilities. By September 2015, CTB expanded TB treatment centers from 10 to 22 in Central Equatoria State (CES). During October–December 2015, an additional 9 TB treatment centers were established, bringing the total number of TB treatment centers to 31. The 9 health facilities include Nyori PHCU, Rubeke PHCU and Ombasi PHCC in Yei River County with a referral link to Yei County Hospital TBMU; Gumbo PHCC, Rajaf PHCU, Rock city PHCU with a referral link to Kator PHCC TBMU in Juba County; Loa Mission PHCC, Pageri PHCC and Moli PHCU with a referral link to Nimule County Hospital TBMU in Magwi County Eastern Equatoria State. In order to ensure that the patients are well managed and monitored closely, 17 (12 male, 7 female) health care workers from these health facilities were trained on-the-job and provided with job aids. As a result 40 (23 male, 17 female) TB patients were linked to newly established TB treatment centers to receive TB treatment and support. This linkage has reduced the distance, cost and time for the patients to access TB care, and will enhance adherence and reduce the number of patients lost to follow-up.

Involving the Private Sector in the Delivery of TB Services

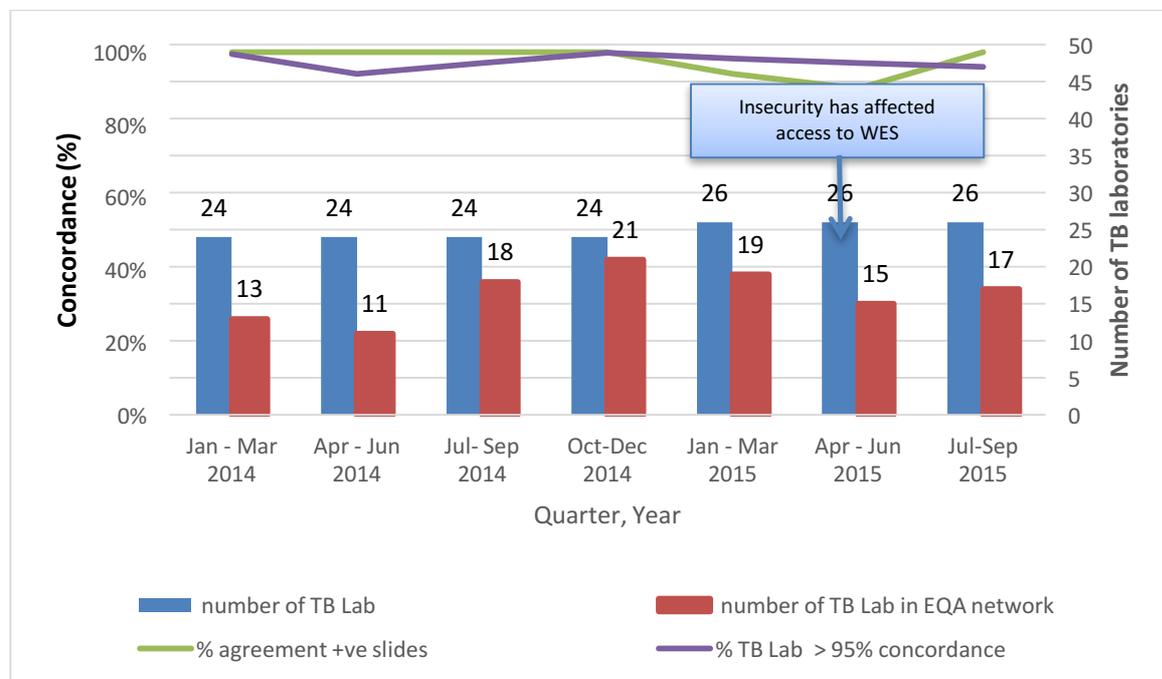
Private Health Facilities (PHF) play major roles in health service delivery in South Sudan. There are missed opportunities among patients who seek health services in the private sector. The 2015-2019 South Sudan National Strategic Plan (NSP) underlines the importance of involving the private sector in the delivery of TB services. CTB, in collaboration with the National TB Program (NTP), State TB program in CES and County Health Department (CHD) in Juba County, mapped 26 private health facilities in Juba City during the reporting period; and willingness to include TB services was high. The key issues include a lack of awareness on TB among the health workers in the private sector and a lack of information on how the private sector can approach the NTP for support. CTB has developed a roadmap to ensure that the private sector is involved in the delivery of TB services. Through the support of Short Term Technical Assistance (STTA), a consultative meeting will be

conducted in the coming quarters and will be followed by a training on TB prevention, diagnosis, treatment, care and support for health providers in the private sector.

Increasing Coverage of External Quality Assurance by blinded rechecking in Targeted State

A total of 35 laboratories have been enrolled in the EQA network in South Sudan. About 74% (26/35) are located in the CTB geographical focus area. Of these 26 laboratories, 96% scored above 95% concordance for the period of July–September 2015. The TB laboratories that participated in the EQA have 100% true positives (see the table below). EQA supervisory visits and mentorships for facilities out of Juba was a challenge due to the deteriorating security situation in Central, Western and Eastern Equatoria States. The plan is to decentralize EQA activities to at least one laboratory for each of the Central, Eastern and Western Equatoria states and across the country; improve laboratory networking and transportation of sampled slides from peripheral laboratories to the EQA central point; and establish and build the capacity of the county TB focal person to integrate EQA activities in the routine supervision of TB activities.

Figure 1 EQA performance for the labs in Central, Western and Eastern Equatoria States from Jan 2014 – Sep 2015



Utilization of GeneXpert Technology

CTB has continued to support the transportation of sputum samples from the peripheral health facilities to the GeneXpert site in the Juba Public Health Laboratory. The mode of transport for the sputum samples for Xpert testing is motor bike, locally known as “Boda Boda” which has been outsourced locally. Samples collected from the 3 laboratories in Juba are collected in a cool box with ice packs, placed in the transportation box mounted on the “boda boda”. These samples are delivered with a delivery log sheet, detailing time of collection from Health facility and time samples are received at TB Ref Lab. Those involved sign the log sheet for each collection and delivery. The following day the transporter delivers results of previous day samples to the concerned facility when collecting new samples to the TB Ref Lab. Samples from far distance are usually collected into falcon tubes and packed into triple packaging containers before being transported by air or land to the TB

Ref Laboratory. Health care workers and the transporters were sensitized with basic knowledge about TB and on how to handle the sputum samples. In addition, the health care workers were trained on the use of the GeneXpert algorithm. The GeneXpert is used according to the South Sudan algorithm which include screening of TB among PLHIV, Re-treatment cases, Failure of treatment at 5 and 6 months, MDR suspects and MDR contacts. During the period of October–December 2015, 146 specimens were identified as MTB+ with 8 Rifampicin Resistance cases using the GeneXpert from 491 samples transported for testing (See Table 2). Since January 2015, cumulatively, 892 samples have been tested, out of which 858 had valid tests. Among the valid tests, 34.6% (297/858) were MTB positive with 1.7% (15/297) identified as Rifampicin resistant.

Table 2: Summary report on GeneXpert testing in in Juba from January – December 2015

Category	Jan-Sep	Oct-Dec	Total	%
GeneXpert tests	491	401	892	100.0%
Error/Invalid	14	20	34	3.8%
Valid tests	477	381	858	96.2%
MTB +ve	151	146	297	34.6%
MTB +ve with Rifampicin Resistance	8	7	15	1.7%
MTB Not detected	326	235	561	65.4%

Initiation of LED Microscopy in South Sudan

CTB procured 30 LED microscopes and starter kits during the first year of implementation. Training of laboratory technicians on the use of LED microscopy has been ongoing and was followed by microscope distribution and on-the-job mentoring. A total of 19 lab technicians (16 male, 3 female) have been trained on the use and maintenance of LED microscopes. Currently, 13 laboratories are using LED microscopes for smear microscopy. Training will continue in the second quarter of Year 2 and an improvement in case finding will be measured in the subsequent quarter.

Upgrading the TB Spreadsheet Database into National Standard DHIS2

The national-MoH DHIS2 database was set up in October 2015 with technical assistance from DHIS2 East Africa Community. DHIS2 is a web-based database that helps to improve timely reporting, availability and accessibility of information at all levels, consistency of data and information sharing with stakeholders. The NTP, through technical support from MSH, was able to capture TB quarter three reports (July-September 2015) in DHIS2 for case finding, sputum conversion, treatment outcomes, suspects and contacts management. Plans are underway to upload data from 2008 until 2015 Q2 in DHIS2.

Technical/Administrative Challenges and Actions to Overcome Them:

Challenges	Actions
<ul style="list-style-type: none"> The on-going political crisis has increased insecurity in the relatively stable states of Central and Western Equatoria Increased banditry on the roads is restricting movement. This might continue to affect the implementation of activities in the Year 2 work plan 	<ul style="list-style-type: none"> Seek security advice and clearance from UNDSS before traveling to the field Staff must adhere to MSH security procedures Use of flights to areas where access by roads is considered to be insecure Maximize the use of the CBOs on the ground
<ul style="list-style-type: none"> The local currency (SSP) has devaluated against US dollar (more than 6 times). This has affected the cost of commodities, supplies and operations. 	<ul style="list-style-type: none"> Discuss the possibility of realigning the Year 2 budget and re-prioritizing activities with USAID

<ul style="list-style-type: none"> • The creation of 28 states may most likely affect administrative management of health services and geographical boundaries 	<ul style="list-style-type: none"> • Seek advice /directives from the MOH
<ul style="list-style-type: none"> • High turnover of trained TB community mobilizers which might continue affecting contact investigation exercises in Yei, Morobo and Lainya counties 	<ul style="list-style-type: none"> • Strengthen community involvement and participation through CBOs engagement
<ul style="list-style-type: none"> • Health facilities reporting rate has deteriorated as compared to previous quarter due to insecurity in most of the CTB intervention areas. Also, untrained new TB management unit focal persons contribute to poor reporting 	<ul style="list-style-type: none"> • Train the new TB focal persons
<ul style="list-style-type: none"> • Poor recording of TB suspected cases referred by TB community Mobilizers in the Laboratory and TBMU registers 	<ul style="list-style-type: none"> • NTP/State MOH/CHD need to enforce integration policy for TB services accommodation
<ul style="list-style-type: none"> • Poor integration of TB services in to public health facilities 	
<ul style="list-style-type: none"> • Difficulties in accessing facilities involved in External Quality Assessment (EQA) 	<ul style="list-style-type: none"> • State TB coordinators' participation in sampling slides for EQA during supervisory visits

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		
Endorsement and dissemination of finalized national documents (NSP, annual plan, guidelines, manuals, SOPs)	1.1.1	Validation workshop	Validation completed NTP documents printed and disseminated			National Strategic Plan (NSP) has been forwarded to the undersecretary for endorsement. Draft of the National TB guidelines has been developed and will be validated in January 2016. The planned workshop is moved to Q2.	Partially met	MSH will engage the NTP to take the lead to conduct the validation workshop in quarter 2. CTB will provide the venue and meals for the participants.
Develop implementation plan for the NSP	1.1.2	Consultant recruited, consultative meeting conducted	Finalized and disseminated implementation plan			This activity is linked to the endorsement of the NSP. Consulted with NTP in regard to the STTA for this activity and waiting for feedback.	Partially met	Delayed response from the NTP. Waiting for NSF endorsement

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		
Develop a National TB Laboratory Strategic Plan 2015 – 2019 (aligned to the broader TB NSP)	2.1.1	Consultative and TWG meetings conducted	NTLSP finalized, validated, finalized, printed and disseminated			Consultation regarding availability of external consultant has been made. TOR have been developed.	Partially met	The consultant is not available during the scheduled time. This activity is planned to take place by the third week of March 2016. Copy of LSP will be shared with PMU once finalized.

Annual action plan for laboratory developed for the period 2016 -- 2017	2.1.2		Lab annual plan developed, printed and disseminated			Consultation regarding the availability of external consultant has been made.	N/A	The consultant is not available during the scheduled time. This activity is planned to take place by third week of March 2016. Operational plan will be shared with PMU once ready.
Integrate TB laboratory services into the functional Primary Health Care Centers (PHCCs)	2.1.3	Health facilities identified, Solar system installed	LED microscopes procured, lab training conducted	30 support supervision conducted	30 support supervision conducted	Out of 12 PHCCs assessed, 10 functional labs at PHCC level in CES have been assessed for the integration of TB diagnostic services. Ten TB diagnostic starter kits will be distributed and on-the-job training will be conducted in third week of January 2016.	Partially met	NTP and state MOH will be approached to provide a list of those that would benefit from solar system units before the procurement and installation commence.
Peripheral lab staff and county focal person trained on EQA and sampling of slides respectively	2.2.1	30 lab technicians trained, 25 county focal persons trained	25 support supervision conducted	25 support supervision conducted	25 support supervision conducted		Not met	Delayed due to overlap of routine laboratory activities during the reporting quarter. This has been rescheduled for the first week of April 2016
Quarterly review meetings for laboratory personnel and country focal persons conducted	2.2.2	3 quarterly review meetings conducted	3 quarterly review meetings conducted	3 quarterly review meetings conducted	3 quarterly review meetings conducted (12 meeting in total for the year)	Discussions were held with the NTP and the state TB coordinators. The first round of meetings is planned for quarter two. The meeting for CES has been scheduled to take place in January 2016.	Not met	Insecurity has affected activities in WES and part of EES. The meeting for CES has been scheduled for quarter 2
County focal person involved in slides randomization collection for EQA	2.2.3	6 counties supported in slide collection	8 counties supported in slide collection	10 counties supported	11 counties supported in slide collection	TB County focal persons have been identified from 6 counties in Central	Partially met	County TB focal persons have been identified and invited for the quarterly review meeting

				in slide collection		Equatoria State. Their role on randomization collection of slides for EQA will be discussed during the QRM.		
Support revision and update of the existing TB laboratory manual by Lab TWG.	2.2.4		Manual updated, printed and disseminated				N/A	Planned for quarter 2. Copy of manual shared with PMU when completed.
Support sample referral from peripheral facilities to CTRLs and GeneXpert sites.	2.3.1	Services outsourced, transporter and HCWs oriented	Triple packaging containers procured	Sample transport system functioning	Sample transport system functioning	Sample transportation from 3 peripheral laboratories to CTRL for GeneXpert testing has been achieved through riders and will continue in the Year 2 work plan. Orientation on the use of GeneXpert and algorithm has been achieved for 18 health workers (8 males, 18 females). The participants were drawn from TBMUs and ART sites in Juba City and includes Juba Teaching Hospital (JTH), Munuki PHCC, Kator PHCC and ART site in JTH.	Met	The limited stock of GeneXpert cartridge has necessitated the review of samples referral system and limited Xpert testing to retreatment cases and PLHIV. The NTP through the GF have ordered for more cartridges though the date of delivery is not clear



Figure 1: Practical session on Auramine staining during LED Microscopy Training at CTRL Juba. Photo by Anthony Worri



Figure 2: Delivery of 3 LED Microscopes by WFP UNHAS flight being received by CTB Anthony Worri, Senior TB Lab Technical Officer at Yambio Air Strip

Sub-objective 3. Patient-centered care and treatment								
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)	
Support revision of SOPs and tools for contact investigation.	3.1.1	SOPs and tools revised and printed	SOPs and tools distributed			Finalized revision of HHP manual, flip chart and brochure; and request for quotation has been done. Developed draft SOPs for contact investigation.	Partially met	Prolonged endorsement process has delayed the printing process Printing and distribution of HHP manual, flip chart and brochures will be done in January 2016
Support implementation of contact investigation	3.1.2	80 HHP trained	80 HHP trained,	Contact investigatio	Documentat ion of the CI	40 HHPs have been identified and	Partially met	The process of identifying the HHP by the CHD has

among index cases in 4 counties in CES			Technical oversight provided	n conducted 4 counties		confirmed by CHD for Juba County. Consultation is ongoing with CHD in Lainya, Yei and Morobo to identify HHPs to be trained. The trainings are planned to take place in February 2016.		been slow. CTB with the support of State TB coordinator will follow up with CHD on the list of HHPs for the remaining Counties.
Integration of TB services into 45 general health care facilities (PHCCs/PHCUs) in 3 states.	3.1.3	45 HCWs trained, 15 HF providing TB treatment	45 HCWs trained, 30 HF providing TB treatment	45 HF providing TB treatment	45 HF providing TB treatment	TB treatment has been integrated in 9 Health Facilities in CES and EES. Health Care Workers 17 (12 male, 7 female) from those facilities were mentored on the TB treatment protocol.	Partially met	Health facilities in WES were not assessed for TB services integration due to ongoing insecurity in the state CTB has planned to scale up TB service integration in EES and CES in quarter 2
Refresh, train and mentor HHPs & implementing partners on basics of TB care for Internally Displaced Persons (IDP)	3.1.4	45 HCW trained/refreshed	3 support visits	3 Support visits	3 support visits	The training was conducted in Q3 of year 1 and the refresher was pushed to Q3 of year 2 work plan.	Not met	This activity is planned to be conducted in quarter 3
World TB day	3.1.5		World TB day commemorated				N/A	This activity will be completed on March 24, 2016
Support introduction of patient kits in 45 health facilities in 3 states	3.2.1			40 boxes procured and distributed	80 HCWs trained		N/A	This activity is planned for quarter 2
Support implementation of proper referral linkage from the community to PHCC/PHCUs using CBOs and community structures in the 3 states	3.2.2	4 sub awards signed, mobilization equipment procured, Quarterly meeting with CBOs	Quarterly meeting with CBOs	Quarterly meeting with CBOs	Quarterly meeting with CBOs	Subaward for CBO for Juba County and Mundri County are close to being finalized. CBOs for Yei and Morobo are being	Partially met	Expect to finalize and send the request to PMU by end of January 2016.

						reviewed by contract office.		
Support community groups in Yei, Lainya and Morobo counties to identify, refer presumptive cases and follow patients on treatment for adherence	3.2.3	Motorbikes procured, 3 meetings conducted, airtime distributed	Procurement of 10 motorbikes has been completed. The motorbikes are awaiting transport to Juba. The mobilization of 54 community mobilizers, in Lainya, Morobo and Yei was completed and airtime was distributed to the active members.	Partially met	The planned review meeting for December has been rescheduled to take place January 18-22, 2016. Due to insecurity in Lainya and Lainya –Yei road an updated list for airtime distribution will be completed after the meeting.			



Mapping of TB Patients registered in Nimule Hospital TBMU from Pageri, Loa and Moli.



Mapping of TB Patients registered in Kator PHCC TBMU who come from afar to access their TB treatment.



CTB team providing onsite mentorship to clinical officer in Moli PHCU.

Sub-objective 5. Infection control								
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		
Support development of facility based TBIC plans	5.2.1	5 county hospital have TBIC plan, posters and SOPs printed	10 county hospital with TBIC plans, 5 County hospitals supervised	15 county hospital with TBIC plans, 10 County hospitals supervised	All 15 hospitals with TBIC plans are supervised	The planned STTA in December 2015 could not take place due to challenges in getting staff for training as we approach holiday season	Not met	An STTA has been planned to support the establishment of TBIC plans in county hospitals in quarter 2

Sub-objective 6. Management of latent TB infection								
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		
Screening of TB among child contacts and initiate Isoniazid preventive therapy for children without TB in the 3 states.	6.1.1		Protocols printed, 90 HCW trained	Technical oversight			N/A	This activity is planned for quarter 2

Sub-objective 7. Political commitment and leadership								
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		
Support the engagement of the private sector in TB control in the 3 states starting with Juba City.	7.2.1	Consultative meeting conducted	Mapping of Health Care providers, Training of HCWs from the private sector	Support supervision and mentorship	Support supervision and mentorship	Mapped 26 private health facilities in Juba City, out of which 17 health facilities are capable of integrating TB services.	Partially met	Consultative meeting has been rescheduled to take place in Q2, to correspond with the planned STTA to support engagement of private sector in TB control.



EB Medical Centre Lab already completing TB microscopy and referring confirmed TB patients to the government TBMU for treatment.



State Lab focal person (L) and Emmanuel (MSH-CTB) (R) assessing the lab in St. Kizito Medical Center.



Mapping Team in KIMU private health Centre after assessing

Sub-objective 8. Comprehensive partnerships and informed community involvement

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		
Monitor trends in non-USG funding sources among the partners implementing TB control	8.1.1				CBOs operating budget analyzed		N/A	This activity will be measured at the end of the Year 2 work plan
Facilitate implementation of activities tied to the Global Fund indicators	8.2.1				Global Fund rating		N/A	This activity will be measured at the end of Year 2 work plan

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		
Support implementation of eTBr in 10 selected counties in 3 states	10.1.1	Procurement complete	15 HCW trained	10 HF supervised	10 HF supervised	Six county TB focal persons have been identified. Procurement of	Partially met	Insecurity will remain a challenge. The training will be conducted in Juba and the cost of transportation

						tablets for the TB focal person will commence in Q2.		for participants will exceed the amount approved in the budget.
Set server at central level	10.1.2	Procurement complete	Server at NTP central level operational		Procure assorted items for setting up server (SQL Server 2014 – standard, Desk top 500GB HDD, 4GB RAM, UPS, Domain name, SSL certificate, SMS alert, Router, Shelves, Windows server 2012)	Procurement of assorted items for setting up server (SQL Server 2014 – standard, Desk top 500GB HDD, 4GB RAM, UPS, Domain name, SSL certificate, SMS alert, Router, Shelves, Windows server 2012) will be carried out in Q2.	Not met	Procurement was delayed but will be accelerated in quarter 2 including the training of health care workers

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.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provide support for NTP staff to participate in International Tuberculosis Course	11.1.1			Report with recommendations for the functioning of NTP	Priority recommendations implemented and reported		N/A	This activity is planned for quarter 4
Facilitate peer-to-peer learning program for state TB coordinators to improve performance by sharing best practices	11.1.2	Report with identified best practices and work plan for NTP	Work plan implementation started and reported			See remarks	Not met	Insecurity in the country has resulted in a delay in this activity's completion. This will be re-scheduled once the security situation improves

		at the state level						
Participate in 2015 World TB Conference	11.1.3	Cape Town Union conference participation	Topics identified and abstracts drafted for 2016			Two staff participated in the Cape Town conference	Met	Preparations for the 2016 conference start in Jan-March (abstract submission)

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

Current Global Fund TB Grants

Name of grant & principal recipient (<i>i.e.</i> , <i>Tuberculosis NFM - MoH</i>)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TB NFM (SSD-T) - UNDP	n/a	n/a	\$ 15.5M	\$ 0 M	
TB/HIV TFM (SSD-708-G11-T) - UNDP	B1	B1	\$ 18.7M	\$ 18.7M	
TB Round 5 SSD-506-G06-T-UNDP	A2	A1	\$ 22.9M	\$ 22.9M	
SSD-202-G02-T-00-UNDP 7	n/a	n/a	\$ 14.0M	\$ 14.0M	
Total	A2		\$ 71.2 M	\$ 55.7M	

* Since January 2010

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

- The Global Fund New Funding Model (GF-NFM) grant was due to start in July 2015 but there was delay in the signing of the Letter of Agreement by the MoH and UNDP, thus activity implementation started in October 2015.
- Procurement of drugs, supplies, equipment and reagents was initiated in March 2015 (drugs) and in June 2015 procurement of laboratory consumables, GeneXpert machines and other equipment started. However, UNDP procurement process is challenged due to lack of adequate human resources in UNDP. Additional procurement staff have been hired and have started accelerating the process.
- The pediatric formulation that is in stock has expired. The order placed for additional medication earlier in the year has not been processed due to production challenges from GDF. The NTP program through Charles Njuguna (SIAPS) and in coordination with WHO (Kenya and South Sudan) has approached the NTP Kenya to advance some pediatric drugs as the country is waiting for its supplies. A meeting has been scheduled during the conference to have the individuals involved meet and discuss further.
- Sub-recipient (SR) selection for the GF has been delayed due to UNDP/GF requirements and procedures. However, a consensus has been reached and two international NGOs have been selected as SR. They include International Medical Corps (IMC) and CORDAID. The LFA/GF assessment has taken place.
- The GeneXpert cartridges expiring in February 2016 have almost been used up. The remaining quantity cannot last until February and the algorithm has been revised to ensure that the quantity will last until the next supply is delivered. The program has ordered 3,000 additional cartridges.

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

- Involve Charles Njuguna in the quantification of TB drugs.
- Develop/review annual procurement plan for use by the country partners. Charles Njuguna to support this process including creating linkages with the NTP in Kenya and South Sudan.
- Follow up on pediatric drugs supply from NTP Kenya.

- Suggest the international NGOs to sub-contract local NGOs in areas where they are delivering health care services.
- Delivery of the cartridges to be completed in two or three groups to avoid expiration.

4. Success Stories – Planning and Development

Planned success story title:	Bringing TB treatment closer to the needy in South Sudan
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	 <p>Mr. Mude Ben, 47 years old, was deeply affected by a lack of access to TB treatment in his village prior to Challenge TB’s intervention. Like many of his compatriots, Mude lived a simple life with his family (two wives with six children), growing crops for survival at Opari village in South Sudan’s Eastern Equatorial State. However, by the time he was diagnosed with TB he had been divorced by his two wives, leaving him alone and vulnerable. After being abandoned, Mude moved to his elder brother’s home. There, he resorted to cutting trees and turning them into charcoal, which he then sold to survive. Although there is no clear link between charcoal production and TB, his sickness coincided with his new and charcoal making business.</p> <p>“I started feeling chest pain which I thought was due to my charcoal work. It got worse, I lost weight and I occasionally developed difficulties in breathing which was worst at night and it even prevented me from doing my charcoal business as I used to do previously,” says Mude.</p> <p>Mude’s health deteriorated significantly. He went to Opari primary health care unit where he received initial treatment but he never got better. His cough was persistent. It was at this point that his brother advised him to get checked for TB. He travelled to Pageri hoping to find treatment there. He couldn’t. At Pageri, the health worker referred him to Nimule Hospital, 45 km away from the village. On July 8, 2015 he was successfully diagnosed with TB and put on the recommended 6 month treatment. However, due to the long distance between Pageri and Nimule, Mude struggled to access treatment. He found it difficult to raise money to pay for a bus ticket to Nimule.</p> <p>“It was very difficult to travel to Nimule Hospital. Vehicles are not always available and the cost of travelling is also high (\$38). A journey to and from Nimule was very expensive. Sometimes, I missed my appointment at the hospital to refill,” says Mude.</p> <p>Mude was at risk of defaulting on treatment as he found it difficult to pay for transport from the village to the hospital.</p> <p>The Challenge TB project went to Nimule hospital and through a mapping of TB patients to their respective nearest health facility, identified Mr. Mude Ben, and came to his rescue by establishing a TB treatment center at Pageri. Mude is now linked to the newly established TB treatment center. He will be continuing his treatment there until he gets better. When Mude was told that he wouldn’t be travelling to Nimule to seek treatment, he was overjoyed.</p> <p>“God has heard my prayers! Now I can easily refill my TB drugs without spending 120 South Sudanese pounds equivalent to \$38 and begging for transport money from my relatives,” exclaimed Mude.</p> <p>A lack of health services combined with poor road networks limits access to medical services. The USAID-funded Challenge TB project, implemented by Management Sciences for Health in collaboration with the National TB control has expanded TB</p>

	treatment centers to increase access to TB diagnostic and treatment in remote parts of South Sudan's Eastern Equatorial, Central and Western Equatorial States. The expansion of TB centers will improve the level of adherence and reduce costs incurred by TB patients as they travel to cities to seek treatment.
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Status update: Ready for dissemination.	
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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			With the introduction of GeneXpert, the number of samples referred for GeneXpert testing has increased. The RIF Resistant samples are referred for Culture and DST in Nairobi. The number provided includes the RIF Resistant cases, even if Culture DST results that have not yet been received.
Total 2011			
Total 2012			
Total 2013			
Total 2014	4	0	
Jan-Mar 2015	2	0	
Apr-Jun 2015	4	0	
Jul-Sep 2015	4	0	
Oct-Dec 2015	7	0	
Total 2015	17	0	

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 name</i>)						The CTB geographical focus is in the three states of CES, WES and EES. However, access to WES and EES has been a challenged due to insecurity in the country. Access to CES has been limited to 4 out of 6 counties due to insecurity.
	Central Equatoria State (CES)	996					
	Eastern Equatoria State (EES)	70					
	Western Equatoria State (WES)	13					
	TB cases (all forms) notified for all CTB areas	1,079					
	All TB cases (all forms) notified nationwide (denominator)	1,870					
% of national cases notified in CTB geographic areas	58%						
Intervention (setting/population/approach)							
Contact investigations	CTB geographic focus for this intervention						The denominator refers to cases notified in the 3 counties. Please note that movement by community mobilizers in Lainya was affected by insecurity
	Yei County	13					
	Lainya County	1					
	Morobo County	7					
	TB cases (all forms) notified from this intervention	21					
	All TB cases notified in this CTB area (denominator)	192					
	% of cases notified from this intervention	10.9%					
Community referral	CTB geographic focus for this intervention						The denominator refers to cases notified in the 3 counties. Please note that movement by community mobilizers in Lainya was affected by insecurity
	Yei County	37					
	Lainya County	16					
	Morobo County	9					
	TB cases (all forms) notified from this intervention	62					
	All TB cases notified in this CTB area (denominator)	192					
	% of cases notified from this intervention	32%					
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						

Percentage of notified TB case (all forms) reported by non-NTP providers

<i>State</i>	<i>NTP</i>	<i>non NTP</i>	<i>TOTAL</i>	<i>% of non NTP</i>
<i>Central Equatoria</i>	996	0	996	0%
<i>Eastern Equatoria</i>	6	64	70	91%
<i>Upper Nile</i>	71	21	92	23%
<i>Westren Bahr el Ghazal</i>	12	88	100	88%
<i>Western Equatoria</i>	0	13	13	100%
<i>Warrap</i>	105	156	261	60%
<i>Lakes</i>	0	102	102	100%
<i>Northern Bahr el Ghazal</i>	0	236	236	100%
<i>South Sudan</i>	1190	680	1870	36%

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	MSH	Lucie Blok	x				1. Develop an implementation plan for the NSP	Pending			The NTP is in consultation to provide a tentative time when this TA can be planned for quarter 2.
2	MSH	Alaine Nyaruhirira		x			1. Develop a National TB Laboratory Strategic Plan 2015 – 2019 (aligned to the broader TB NSP) 2. Design a plan to support NTP to achieve microscopy network accreditation according to WHO guidelines and recommendations	Pending			The consultant is available during the quarter 2
3	MSH	Alaine Nyaruhirira			x		1. Support the revision and updating of the existing TB laboratory manual including development of SOPs for TB reference laboratory	Pending			The consultant is available during the quarter 3
4	MSH	Berhane Assefa		x			1. Support the development of facility based TBIC plans	Pending			Consultant is available in Q2 and will be moved forward (from Q3 to Q2) and combined with TA to support the engagement of private sector (TA no.6)
5	MSH	Berhane Assefa			x		1. Support the program to adopt two tools for screening TB among child contacts 2. Support the program's	Pending			

							initiation of Isoniazid preventive therapy for children				
6	MSH	Berhane Assefa		x			1. Support the program to engage private sector in TB control in Juba City. 2. Facilitate a sensitization workshop on TB for doctors in Juba city	Pending			Combined with TA no 4.
7	MSH	Micah Mubeezi			x		1. Set up the server and install the software in the tablets/computer - 5 days 2. Train HCWs on the use of eTBr for TB focal persons in 10 selected counties - 3 days 3. Customization of the software into local context and follow up - 10 days	Pending			
8	MSH	Berhane Assefa			x		1. Development of Year 3 workplan and budget	Pending			
9	MSH	Rachel Klemmer			x		1. Support development of Year 3 workplan and budget	Pending			
10	MSH	Matt Iwanowicz				x	1. Project oversight on financial management and operation, with emphasis on CBOs	Pending			
11	MSH	Stephen Macharia			x		1.The annual country directors meeting for one Country director	Pending			
12	MSH	Martha Anthony			x		1.The annual country directors meeting for one M&E officer or the deputy country director	Pending			
Total number of visits conducted (cumulative for fiscal year)											0
Total number of visits planned in approved work plan											12
Percent of planned international consultant visits conducted											0%

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
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	ype of health facility and state	quarterly	41% (859/2120) (2014)	2% increase based on the baseline	36% (680/1870)	Reported by health facilities supported by AAA, Caritas Torit (CDOT) and Missionaries facilities. The quarterly reports from some of the health facilities were not received in time of this report.

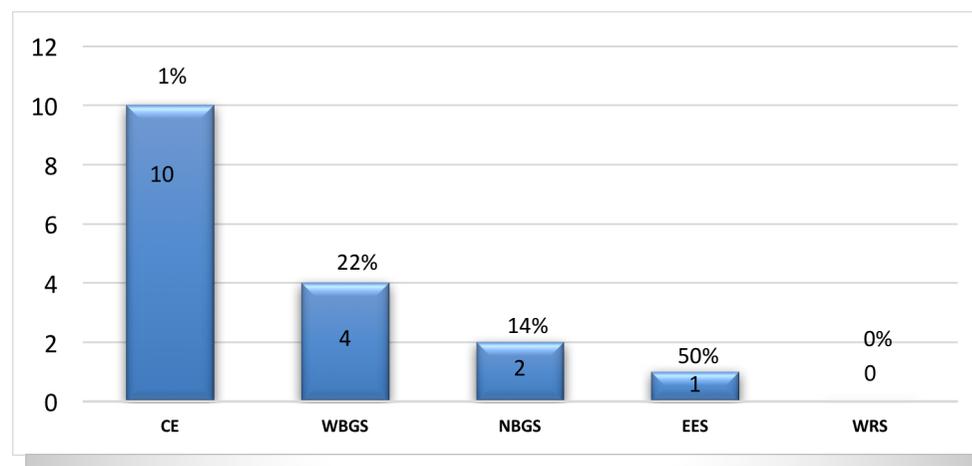
Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	N/A	Annually	0=not available	1=draft available	0=not available	Consultation is ongoing with an external consultant. It was agreed that the review process will be in March 2016
2.2.1. #/% of laboratories enrolled in EQA for smear microscopy	States, counties	Quarterly	30 laboratories	65 laboratories	45% (35/78) Laboratories	Western Equatoria, Jonglei, Unity, and Upper Nile did not participate in the EQA because insecurity in the country hindered the delivery of sputum
2.2.2. #/% of laboratories showing adequate performance in external quality	States, Counties	Quarterly	28 laboratories	55 laboratories	28% (21/74) Laboratories	Performance deteriorated in this quarter, high dropout from previous quarter specially WES with many laboratories affecting the overall performance

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
assurance for smear microscopy						
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).	National	Annually	0% (0/1)		100% (1/1)	Juba reference laboratory
2.2.7. Number of GLI-approved TB microscopy network standards met	National, Intermediate	Annually	2 GLI-approved standards (July 2015)	3 GLI-approved standards	3 GLI -approved standards met by end of December 2015	Additional standards will be achieved after the planned STTA in March 2016
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	New, Previously Treated	Quarterly	6.7% (52/781) of the Previously treated nationally (Dec 2014)	15% of previously treated patients nationally	9.35% (73/780) of the previously treated Nationally (Jan - Dec 2015)	Limited distribution of GeneXpert Machine. Only two GeneXpert machines are available and all located in Juba
2.3.9 # of samples transported for GeneXpert testing	States, Counties	Quarterly	55 (July 2015)		482 Samples transported in Q1 of Year2 CTB	Only 5 states out of 10 participated

Number of samples transported for GeneXpert test Jan-Dec 2015

State	Number of samples
Central Equatoria (CE)	841
Western Bahr el Ghazal (WBGS)	18
Northern Bahr el Ghazal (NGBS)	14
Eastern Equatoria (EES)	2
Warrap (WRS)	14
Total	889

Number and % of RIF resistance detected of smear positive TB in 2015



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
3.1.1. 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.) and/or case finding approach	States, counties	Quarterly	57% (4666/8222) in targeted states of CES, WES and EES) (2014)	Increase of 10% from the baseline	58% (1079/1870) See Table 5.2 for more detail.	Mapping/assessment of private sector completed which will be followed by a consultative meeting and training of health care workers from the selected facilities and then for those in TB services provision. The NTP database is not complete because some health facilities have not submitted quarterly report by the time of this report.
3.1.4. Number of MDR-TB cases detected	States, Counties	Quarterly	4	15	15 MDR-TB cases detected from January-December 2015	The MDR-TB cases (i.e. Rif resistant cases presumed to be MDR-TB) have been detected through GeneXpert testing
3.1.20 # of contacts diagnosed with TB	States, Counties	Quarterly	Baseline to be determined 3 months	5% increase from the baseline	21 were diagnosed with TB	The collection of data is not complete in Lainya County due to the insecurity in that location.

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
and enrolled on treatment						
3.1.13. #/% of presumptive TB patients referred by community referral systems	Gender	Quarterly	Baseline will be determined end of year 1	Increase of 10% above the baseline	Not measured	Reports from health facilities do not capture this information. Validation of the data through CTB has been delayed due to insecurity.
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.).	States, Counties	Quarterly	54.6% (2019/3698) CES 54.6%, WES 47.6%, EES 59.3%	80%	National =79.7% (476/597) CES 73.1%, EES 39.7% and WES 100%	The results are incomplete. This is based on the reports received by the time of the report.
3.2.4. Number of MDR-TB cases initiating second-line treatment	States, Counties	Quarterly	0 (2014)		0	No MDR-TB treatment is available in the country
3.2.7. Number and percent of MDR-TB cases successfully treated	States, Counties	Quarterly	N/A		0	No MDR-TB treatment is available in the country
3.2.20. #/% of health facilities providing CB-DOTS services	State Counties	Quarterly	31% (38/120)	45% (55/120)	Average 39% (47/120)	The results are for the 3 target states. TB service has been integrated in 9 PHCC and providing DOTS services

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.2.3. Number and % of health care workers diagnosed	Type of health facility,	annually	Baseline within first 3 months from NTP	5% increase of new TB cases compared to baseline	0%	This will be initiated in quarter 2, tentatively planned for March 2016 after roll out of TBIC plans.

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
with TB during reporting period	Gender and Age					

Sub-objective: 6. Management of latent TB infection						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT	Gender and age, States	quarterly	0 (2014)	14/May/01	0	The data is not routinely reported but CTB will start the provision of IPT in target states in quarter 2
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy	Gender and age	quarterly	0% (0/0)	50% (250/500)	0	CTB is waiting for clear guidelines from NTP on the use of IPT for eligible groups

Sub-objective: 7. Political commitment and leadership						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity	States, counties at CTB sites	Annually	N/A	TBD	Not measured	This will be measured at the end of the year

Sub-objective: 8. Comprehensive partnerships and informed community involvement						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	National level	Annually	0 (July 2015)		Not measured.	This will be measured at the end of the year
8.1.4. % of local partners' operating	Local partner	Annually	N/A	TBD	Not measured	This will be measured at the end of the year

Sub-objective: 8. Comprehensive partnerships and informed community involvement						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
budget covered by diverse non-USG funding sources						
8.2.1. Global Fund grant rating	N/A	Annually	B1 Adequate	A2 Meets expectations	Not measured	This will be measured at the end of the year.

Sub-objective: 10. Quality data, surveillance and M&E						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	States, county	Annually	2= patient/case-based ERR system implemented in pilot or select sites (TB);	2= patient/case-based ERR system implemented in pilot or select sites (TB);	2	Planned for quarter 2 of year 2 CTB
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	N/A	Annually	No (July 2015)		Not measured	This will be measured by the end of the year
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	Challenge TB Geographic Areas	Annually	n/a	TBD	Not measured	This will be measured by the end of the year
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or	National	Annually	Yes (2014)	yes	Not measured	This will be measured by the end of the year

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
implementation approach)						

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	Gender	Quarterly	146 (trained and mentored)		28 HCW were trained during the quarter	11 Lab technicians were trained on LED microscopy in Western Bahr el Ghazal/Wau (10 male, 1 female); 17 (12 male, 7 female) staff received on-job training on the use of treatment protocols during decentralization of TB treatment to PHCCs and PHCUs.
11.1.5. % of USAID TB funding directed to local partners	CTB country project budget	Annually	9% (215000/2502000)	14% (200000/1371000)	Not measured	This will be measured at the end of the year

