



Challenge TB - Tanzania

Year 2

Quarterly Monitoring Report

October-December 2015

Submission date: January 30, 2016

Table of Contents

1. QUARTERLY OVERVIEW	6
2. YEAR 2 ACTIVITY PROGRESS	8
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 226	
4. SUCCESS STORIES – PLANNING AND DEVELOPMENT	28
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	30
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	33
7. QUARTERLY INDICATOR REPORTING	38

Challenge TB Quarterly financial report

Country	Tanzania
Lead partner	KNCV
Other partners	ATS, PATH

Period: Oct 2015 - Dec 2015

Total received obligation Year 1 +	4,671,324
Total budgeted Year 1 + Year 2	3,664,749
Funds to be programmed	1,006,575

Budget for Year 2 not yet approved but expenses are reported
Additional obligation for Year 2 of \$1,556,000 not yet received and still to be expected from USAID/W

Year 2							
Partner	Approved budget	Previously reported expenditures	Reported expenditures this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
KNCV	-	-	159,044	-	159,044	-159,044	0%
ATS	-	-	-	-	-	-	0%
FHI 360	-	-	-	-	-	-	0%
IRD	-	-	-	-	-	-	0%
MSH	-	-	-	-	-	-	0%
PATH	-	-	-	-	-	-	0%
The Union	-	-	-	-	-	-	0%
WHO	-	-	-	-	-	-	0%
ACF	-	-	-	-	-	-	0%
TOTAL	-	-	159,044	-	159,044	-159,044	0%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Salary and wages	-	-	124,230	-	124,230	-124,230	0%
Fringe benefits	-	-	-	-	-	-	0%
Travel and transportation	-	-	4,596	-	4,596	-4,596	0%
Equipment	-	-	2,575	-	2,575	-2,575	0%
Supplies	-	-	743	-	743	-743	0%
Contractual	-	-	-	-	-	-	0%
Other Direct Costs	-	-	5,163	-	5,163	-5,163	0%
Indirect costs	-	-	21,738	-	21,738	-21,738	0%
ACF	-	-	-	-	-	-	0%
Accruals	-	-	-	-	-	-	-
Carry Over	-	-	-	-	-	-	-
TOTAL	-	-	159,044	-	159,044	-159,044	0%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
1. Enabling environment	-	-	-	-	-	-	0%
2. Comprehensive, high quality diagnostics	-	-	-	-	-	-	0%
3. Patient-centered care and treatment	-	-	-	-	-	-	0%
4. Targeted screening for active TB	-	-	-	-	-	-	0%
5. Infection control	-	-	-	-	-	-	0%
6. Management of latent TB infection	-	-	-	-	-	-	0%
7. Political commitment and leadership	-	-	-	-	-	-	0%
8. Comprehensive partnerships and informed community involvement	-	-	-	-	-	-	0%
9. Drug and commodity management systems	-	-	-	-	-	-	0%
10. Quality data, surveillance and M&E	-	-	-	-	-	-	0%
11. Human resource development	-	-	-24	-	-24	24	0%
12. Technical supervision	-	-	7,650	-	7,650	-7,650	0%
Staffing and operations	-	-	151,418	-	151,418	-151,418	0%
ACF	-	-	-	-	-	-	0%
Accruals	-	-	-	-	-	-	-
Carry Over	-	-	-	-	-	-	-
TOTAL	-	-	159,044	-	159,044	-159,044	0%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
HQ costs	-	-	54,111	-	54,111	-54,111	0%
Local costs	-	-	104,934	-	104,934	-104,934	0%
Accruals	-	-	-	-	-	-	-
Carry Over	-	-	-	-	-	-	-
TOTAL	-	-	159,044	-	159,044	-159,044	0%

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Year 1							
Partner	Approved budget	Previously reported expenditures	Reported expenditures this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
KNCV	2,512,249	788,352	255,519	-	1,043,871	1,468,378	42%
ATS	102,582	102,582	-	-	102,582	-	100%
FHI360	-	-	-	-	-	-	0%
IRD	-	-	-	-	-	-	0%
MSH	-	-	-	-	-	-	0%
PATH	763,695	181,941	32,363	-	214,303	549,391	28%
The Union	-	-	-	-	-	-	0%
WHO	-	-	-	-	-	-	0%
ACF	286,224	286,224	-	-	286,224	-	100%
TOTAL	3,664,749	1,359,099	287,881	-	1,646,980	2,017,769	45%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Salary and wages	988,197	314,248	13,210	-	327,457	660,740	33%
Fringe benefits	50,484	9,542	4,715	-	14,256	36,227	28%
Travel and transportation	1,141,360	340,404	216,297	-	556,702	584,658	49%
Equipment	181,020	77,064	7,978	-	85,041	95,978	47%
Supplies	78,404	4,446	0	-	4,446	73,958	6%
Contractual	45,000	80,099	-	-	80,099	-35,099	178%
Other Direct Costs	597,359	70,062	34,579	-	104,642	492,718	18%
Indirect costs	296,702	177,011	11,103	-	188,114	108,589	63%
ACF	286,224	286,224	-	-	286,224	-	100%
Accruals	-	-	-	-	-	-	-
Carry Over	-	-	-	-	-	-	-
TOTAL	3,664,749	1,359,099	287,881	-	1,646,980	2,017,769	45%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
1. Enabling environment	148,948	32,320	16,437	-	48,757	100,191	33%
2. Comprehensive, high quality diagnostics	255,557	49,612	7,941	-	57,553	198,004	23%
3. Patient-centered care and treatment	789,166	148,180	55,859	-	204,039	585,127	26%
4. Targeted screening for active TB	258,619	47,626	-	-	47,626	210,993	18%
5. Infection control	27,956	2,759	9,884	-	12,643	15,313	45%
6. Management of latent TB infection	-	-	-	-	-	-	0%
7. Political commitment and leadership	5,250	-	-	-	-	5,250	0%
8. Comprehensive partnerships and informed community involvement	6,900	4,092	1,807	-	5,899	1,001	85%
9. Drug and commodity management systems	-	-	-	-	-	-	0%
10. Quality data, surveillance and M&E	60,460	41,033	-227	-	40,806	19,654	67%
11. Human resource development	996,771	186,389	173,992	-	360,381	636,390	36%
12. Technical supervision	77,043	48,575	1,160	-	49,735	27,308	65%
Staffing and operations	751,856	512,289	21,030	-	533,319	218,537	71%
ACF	286,224	286,224	-	-	286,224	-	100%
Accruals	-	-	-	-	-	-	-
Carry Over	-	-	-	-	-	-	-
TOTAL	3,664,749	1,359,099	287,881	-	1,646,980	2,017,769	45%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
HQ costs	1,054,308	907,437	23,917	-	931,355	122,954	88%
Local costs	2,610,441	451,661	263,964	-	715,626	1,894,815	27%
Accruals	-	-	-	-	-	-	-
Carry Over	-	-	-	-	-	-	-
TOTAL	3,664,749	1,359,099	287,881	-	1,646,980	2,017,769	45%

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Cover photo: CTB and NTLP staff during a home visit for DR TB supportive supervision. Credit: DTLC, Babati District, Manyara Region

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	TANZANIA
Lead Partner	KNCV TUBERCULOSIS FOUNDATION
Other partners	PATH, ATS
Work plan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements:

Challenge TB in Tanzania began the second year of its 5 years of implementation building on activities that were initiated in Year 1. Areas of geographic focus remained the same i.e. 7 regions of Arusha, Dar es Salaam, Geita, Kilimanjaro, Mwanza, Pwani and Zanzibar with plans to continue implementing activities started in Year 1 and pilot new activities to be scaled up in consequent years of the project. Below are some of the project's most significant achievements during the quarter:

- 1. Quote TB light assessment**
CTB conducted the Quote TB Light assessment in three districts in Mwanza, Dar es Salaam and Arusha regions. The assessment aimed to assess patients' perspectives of quality of TB services based on nine quality dimensions: communication and information, professional competence, availability of TB services, affordability, patient provider interaction and counselling, support (transportation, food, money), TB/HIV relationship, infrastructure, and stigma. In-depth interviews and focus group discussions were conducted with TB patients currently on treatment. Respondents ranked professional competence as the most important dimension of TB Care followed by availability of TB services; stigma was identified as the least important dimension.. Results of this assessment will be used to determine and address needed improvements.
- 2. Central Tuberculosis Reference Laboratory (CTRL) accreditation**
As part of CTB's support towards the ISO 15189 accreditation of the CTRL, with technical assistance from Royal KIT Netherlands, an assessment of the laboratory was conducted and CTRL staff were trained on Quality Management. The assessment covered the twelve Quality Management System essentials, based on the GLI tool. The lab was found to have most systems in place and an action plan was set to address gaps identified in agreement with the laboratory's management. Areas of improvement identified included specification in the QMS documents, arrangement of equipment in the lab to create more space and the need for further practical training for the quality and bio-safety officers.
- 3. Decentralization of PMDT services**
In preparation for the decentralization of PMDT services in the country, CTB together with NTLP and other stakeholders finalized the revision of a comprehensive PMDT training package. The package consists of a training curriculum, facilitators' guide, participants' manual and power-point presentations which are in line with the current WHO guidelines and the NTLP's decentralization framework. The package will be used by the Ministry of health and social welfare to train health care workers from the health facilities where PMDT services will be decentralized. A new tool for enhanced cohort reviews at regional level was also adapted with technical assistance from the American Thoracic Society (ATS).
- 4. Challenge TB and Global Fund collaboration**
With support from the Global Fund, CTB and NTLP collaboratively conducted an expert panel review of 18 complicated patients and a cohort review of 139 DR TB patients. This collaboration enabled representatives from all regions with DR TB patients in the specified cohorts to attend a week long workshop where TB coordinators from different regions of the country got a chance to learn from a panel of experts. Cases ranged from management of psychiatric complications to management of collapsed lungs. Similar collaborations are planned for the coming quarters where Global Fund will cover costs for conducting DR-TB supportive supervision in some of the regions with CTB supporting patients' stipends in those regions.
- 5. Supportive supervision and mentorship**
CTB supported 42 district and regional health management teams to conduct monthly and quarterly TB, TB/HIV supportive supervision visits respectively at selected facilities. A total of 169

DTLCs, DLTs, TB/HIV officers participated in these visits where service providers were mentored on various aspects of TB and TB/HIV patient centered care as well as monitoring and evaluation. This effort is reflected in increase in TB case notification during this reporting period where 6069 TB cases were notified compared to 5,704 in the previous quarter (a 6.4% increase). HIV testing among TB patients improved from (3,915) 94% in the previous quarter to 97% this reporting period. Out of 6069 notified cases, 1,215 were referred from HIV care and treatment clinics with known HIV positive status the remaining 4,854 were offered counseling for HIV testing of which 4712 (97%) were tested for HIV. 784 (17%) tested HIV positive of whom 631 (80%) were started on anti-retroviral treatment and 725 (92.4%) were started on Co-trimoxazole preventive therapy.

Technical/administrative challenges and actions to overcome them:

- The Quote TB assessment was conducted during the rainy season, which limited the number of patients expected to participate in the assessment. The team had to re-schedule and invite patients who had missed their appointed dates in order to reach the sample size. In future, selection of study areas will also take into consideration seasonal factors and facilities' patients load in order to get the required sample size.
- Due to competing priorities with the NTLP / CTRL some activities were postponed to the next quarter i.e. the PMDT and laboratory technical working groups' meetings. Alternatively, to complement and foster close collaborations with the NTP, CTB and the NTP have resolved that a representative from CTB will attend the program's Monday meetings every week in order for both parties to be aware of each other's plans and unexpected changes.
- The gap between the number of patients' samples detected with DR TB versus number of patients initiated on DR-TB treatment is still a challenge with an average of only 50% of patients started on treatment (reference: Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data). To address this, CTB developed a simple database that will track patients from diagnosis to treatment initiation and completion. The tool will be piloted in the next quarter with anticipation of using it as a basis for engaging m-health technology in Year 3 of the project.
- Knowledge and skills gap among health care workers in TB, TB/HIV collaborative activities implementation is still a challenge especially among new coordinators and new staff working at TB clinics. To address this the CTB team at regional and central levels in collaboration with the NTLP staff at all levels utilize supervision and quarterly performance review meetings to conduct mentorship and on-job training as a part of continuing education.
- Shortage of HIV test kits and laboratory supplies such as slides for microscopy still featured in some regions. CTB linked field staff with regional and national level focal persons and implementing partners to mitigate the situation within the supply chain system by facilitating re-allocation.
- Childhood TB case notification still lags behind the national target of 16% of all notifications at 9%. CTB utilized supportive supervision visits to mentor health care workers and TB, TB/HIV coordinators on childhood TB intensified/active case finding using the pediatric TB score chart and integration of TB services at all entry points such as pediatric wards, HIV, reproductive and child health and PMTCT clinics. CTB will consider integrating the KNCV child TB benchmarking tool in APA3 to further invigorate childhood TB interventions.
- Cash handling continued to pose a security risk to staff as payments to participants and coordinators during meetings and workshops is done by cash. Use of mobile banking using the organization's banker failed; we are in the process of engaging a mobile telephone operator in order to start using mobile money transfers.
- Implementation of new activities planned for the quarter did not take place due to delay in approval of the APA 2 work plan. Only activities carried over from APA 1 were implemented. Lessons learnt while preparing APA 2 work plan will be taken into consideration when preparing APA 3 documents to speed up the process of submission and approval.

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		
Support implementation of the 2013 ACSM strategy - with behavior change strategies focused on key populations (PATH lead activity)	1.2.1	ACSM material piloted in 3 districts.	IEC materials targeting key population developed. IEC materials related to TB, TB/HIV and MDR-TB printed. 90 HCW and CHCW trained on ACSM	ACSM interventions assessed in 3 districts		The ACSM training materials were not ready for piloting during the quarter. The materials were finalized with technical assistance from PATH HQ and submitted to CTB at the end of the quarter ready for piloting.	Not met	Finalizing of these materials was delayed after it was observed that the materials were developed prior to the national ACSM strategy of 2013 and were not ready for finalization as previously thought. This necessitated reviewing of the whole training package. Piloting of the training materials is planned for Q2 in the fourth week of January 2016.
Implement the Quote TB (light) tool in 3 districts (KNCV lead activity)	1.2.2	Quote TB Light tools reviewed, One Quote TB assessment training conducted, Quote TB assessment done in 3 districts	Quote TB stakeholders meeting conducted in Arusha, Dar, Mwanza, Kilimanjaro, Zanzibar, Geita & Pwani, Quality improvement	Quality improvement plans implemented	Quality improvement plans implemented	Quote TB tools were reviewed and assessment was done in Ukerewe, Arusha DC, and Ilala districts in November 2015 by conducting in-depth interviews and focus group discussions. The assessment report has been finalized and the tool is being finalized.	Met	Quality improvement initiatives based on the results of the assessment will be initiated in collaboration with NTL, regional and district authorities. A stakeholders' meeting will be held in Q2 to share the results and develop action plans for quality improvement.

			t plans implemented					
Engage CSOs and FBOs into TB control (PATH lead activity)	1.2.3	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	CSOs have not yet been engaged	Not met	Due to delay in approval of APA2 CSOs were not engaged in Q1. Criteria for selection of CSOs have been identified and shared with PATH HQ for review.
Support implementation of M-Health in TB control	1.4.1			Studies, best practices and lesson learned on M-Health reviewed			NA	Planned for Q3



Photo 2 & 3: Quote TB Light assessment in Seliani Hospital in Arusha region. These two photos are from focus group discussions with sex-specific groups in November 2015. (Credit: Rose Olotu, CTB/PATH staff)

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		
Facilitate (funding and TA) the Laboratory Technical Working Group	2.1.1	1 Lab TWG meeting	1 Lab TWG meeting	1 Lab TWG meeting	1 Lab TWG meeting		Not met	Due to competing priorities among the members of the Laboratory Technical Working Group this milestone was not met last quarter. The proposed date for this meeting next quarter will be shared with stakeholders early for efficient planning
Update and finalize TB laboratory strategic plan/operational plan (including Xpert Roll-out plan) - PEPFAR	2.1.2	1 meeting for finalizing the laboratory strategic plan & printing of SP done					Not met	Waiting for the final document from the consultant from KNCV HQ who provided TA for development of the laboratory strategic plan. Costing of the plan will be done by a local consultant before the plan is finalized next quarter
Optimize non-functional TB microscopy centers with functional microscopes and appropriate minor infrastructural renovations	2.1.3			10 LED Microscopes procured, installed and functional			NA	Planned for Q3
Continue support for the process of accreditation of CTRL with assessments and trainings of CTRL staff expected to be done by an external consultant.	2.2.1		TA for CTRL accreditation provided. Training conducted. Refurbishment of ctrl following recommendation conducted		2nd TA for CTRL accreditation provided. Training conducted		Partially met	This activity was planned for Q2 of APA2 but was conducted in Q1 as it was postponed in APA1 due to unavailability of external consultant. Assessment of the CTRL towards ISO accreditation was done with technical assistance from KIT. Staff are working on

								recommendations made which include improvement of the QMS documents, in house training for staff and better arrangement of the laboratory.
Train EQA supervisors on effective EQA and mentorship	2.2.3	44 lab supervisors trained on effective supervision and mentorship					Not met	Due to delay in approval of APA2. This will be done in Q2
Conduct a national microscopy network accreditation assessment in Year 2	2.2.4		Microscopy network assessment done in 3 regions				NA	Planned for Q2
Support the development of SOPs and training materials for expected new technologies (LPA) including the GeneXpert Ultra cartridge	2.4.1		2 Laboratory personnel trained on the development of GeneXpert EQA panels				NA	Planned for Q2
Support the preparation of GeneXpert EQA panels in the country - PEPFAR	2.4.2			Training attended.	EQA for GeneXpert initiated		NA	Planned for Q3
Use existing GXAlert systems at the CTRL to inform optimization of the utilization of GeneXpert	2.4.3	30 gene Xpert machine installed with GxAlert and functional					Not met	This will be done in 3 rd Quarter of Project implementation. FIND has a similar activity, discussions are under way to agree on which facilities to be supported by each organization
Expand GeneXpert services to 4 priority districts	2.4.4		25 clinicians trained on geneXpert	4 GXP machine procured,	GeneXpert machines maintained		NA	Planned for Q2

			technology	installed and training of lab personnel conducted	Laboratory services in 1 region mapped			
Support use of locally available means of transportation such as motorcycles in specimen transportation from peripheral health facilities to the districts in CTB priority regions.	2.6.1	Specimen transport system functional from peripheral to districts in three regions	Specimen transport system functional from peripheral to districts in three regions	Specimen transport system functional from peripheral to districts in three regions	Specimen transport system functional from peripheral to districts in three regions	Support for specimen transportation from lower level facilities to district level has not yet started	Not met	Due to delay in approval of APA2. This will be done in the next quarter. Systems are currently being put in place for effecting payment using mobile money.

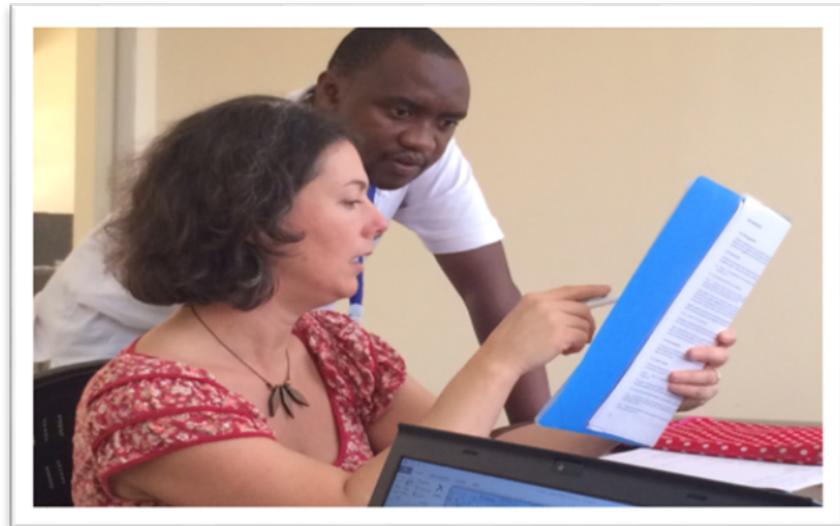
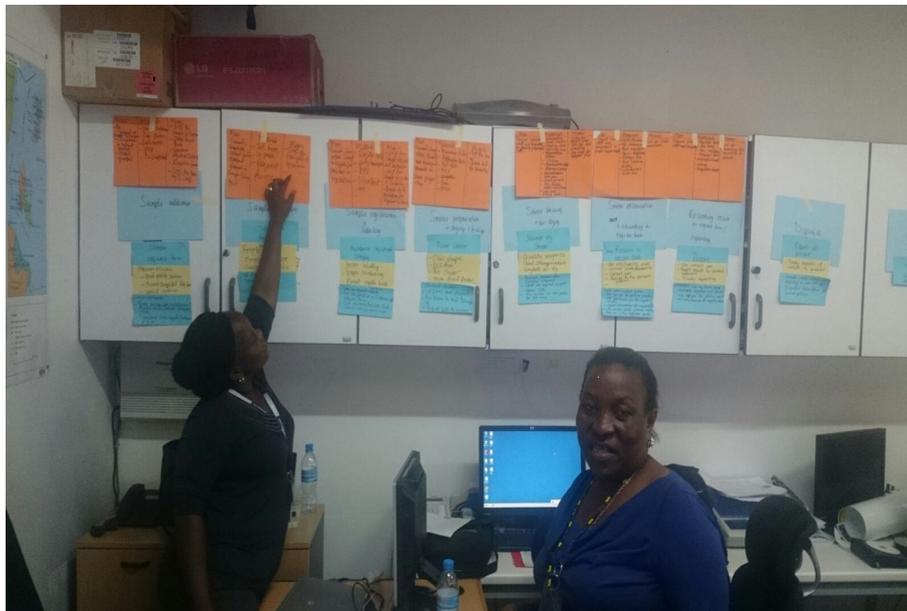


Photo 4: Laboratory Scientists at CTRL participating on a QMS training towards laboratory accreditation. (Credit: Edgar Luhanga CTB/KNCV staff)
 Photo 5: A Consultant from KIT and CTB's CTRL Quality Officer reviewing SOPs at CTRL. (Credit: Edgar Luhanga, CTB/KNCV staff)

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		
Conduct targeted TB screening among children under 5, elderly people and diabetics	3.1.1	TB screening among children under 5, old people and diabetics	TB screening among children under 5, old people and diabetics	TB screening among children under 5, old people and diabetics	TB screening among children under 5, old people and diabetics	Targeted TB screening for children <5 years was rolled out at 42 district hospitals in the quarter. A total of 11,083 children were screened in CTB regions out of which 0.5% (56) were confirmed to have TB and 100% started on treatment.	Partially met	Data for diabetics and the elderly could not be obtained as it was included in the general report. Sensitization of coordinators and staff continues during meetings and supervision visits as we wait for the pediatric TB and TB diabetes guidelines to be updated in Q2.
Support the decentralization process for PMDT and further support expansion of ambulatory care including supervision and mentorship of decentralized units, policy, programmatic and clinical expertise support (Lead: KNCV)	3.2.1	PMDT in 4 regional hospital assessed.	Sensitization done in 4 sites.	PMDT in 3 regional hospitals assessed.	PMDT providers training conducted for 25 PMDT ambulatory sites		Not met	PMDT assessment was not done for new sites as we are still working to strengthen the three already assessed sites (Muhimbili, Bugando & Mbeya referral hospitals) in APA1 by training and planning for minor renovations. Assessment of the 4 more regional hospitals will be done in Q3 after PMDT services have been introduced to the 3 already assessed sites.
		Sensitization & PMDT providers training conducted for 4 proposed	PMDT providers training conducted for 4 proposed PMDT	Sensitization & PMDT providers training conducted in 3 proposed	Renovation done in 11 regional hospitals		Not met	Sensitization and PMDT training was not done as review of the training materials to accommodate decentralization was still ongoing. Sensitization and

		PMDT initiation sites.	initiation sites	PMDT sites.				PMDT training for both initiation sites will be conducted in Q2.
		PMDT providers training conducted for 5 PMDT ambulatory sites	PMDT providers training conducted for 25 PMDT ambulatory sites	PMDT providers training conducted for 25 PMDT ambulatory sites	Coordination of patient care from diagnosis to treatment done timely		Not met	PMDT training was not done as review of the training materials to accommodate decentralization was still ongoing. PMDT training for both ambulatory sites will be conducted in Q3.
		PMDT training package finalized, printed & piloted in 3 sites.	16 regional PMDT TOTs trained	Service providers from 25 sites with patients in continuation phase trained	Quarterly TWG meeting held		Not met	PMDT training material was not done as review of the training materials was still ongoing. PMDT training for initiating sites will be conducted in Q2.
		Service providers from 25 sites with patients in continuation phase trained	MDR TB short regimen protocol finalized	Quarterly TWG meeting held			Not met	PMDT training was not done as review of the training materials to accommodate decentralization was still ongoing. PMDT training for both ambulatory and initiation sites will be conducted in quarter three as the training package will be piloted and printed in Q2.
		Coordination of patient care from diagnosis to treatment done timely	Quarterly TWG meeting held			Coordination of patient care from diagnosis to treatment was done timely	Met	
		MDR TB short regimen protocol				Workshop to review protocol was not held	Not met	Due to conflicting priorities among stakeholders this could not be done, will be done in Q3

		finalized.						
		Quarterly TWG meeting held					Not met	Due to competing priorities among the members of the PMDT Technical Working Group this milestone was not met last quarter. The proposed date for this meeting next quarter will be shared with stakeholders early for efficient planning
Support Kibong'oto to become a national Center of Excellence for PMDT	3.2.2	Cohort and expert panel review meetings held quarterly	Cohort and expert panel review meetings held quarterly. Short regimen protocol finalized. MDR patients transported to treatment sites	Cohort and expert panel review meetings held quarterly. MDR patients transported to treatment sites	Cohort and expert panel review meetings held quarterly. MDR patients transported to treatment sites	A cohort review workshop was conducted for 139 patients for month six of quarter 1,2,3 & 4 in 2014 and month 12 of Quarter 1 & 2 in 2014. 14 individual cases with complications were reviewed by a panel of experts.	Met	To ensure better data on interim outcomes a simple database has been developed to follow up DR TB patients from start to completion of treatment CTB is working with the NTLP to strengthen the result feedback mechanism at CTRL.
		TOR for cohort and expert panel reviews A national clinical DR TB team established				CTB with TA from ATS piloted the new enhanced cohort tool and SOP for regional cohorts. This has been incorporated in the reviewed PMDT training package that will be piloted next quarter	Met	
		MDR patients transported to	MDR patients transported to	MDR patients transported to	37 patients transported to KIDH		Met	37 (CTB - 16) patients diagnosed with MDR TB were transported to Kibong'oto

		treatment sites	treatment sites	treatment sites				
Support development of model TB/HIV one stop shops	3.2.3	Assessment conducted in 14 health facilities one in each of the 7 priority regions.	2 facilities renovated	Assessment conducted in 14 health facilities one in each of the 7 priority regions.	2 facilities renovated		Not met	Awaiting APA2 work plan approval. Planned for Q2.
To disseminate national TB/HIV policy guidelines and conduct comprehensive TB/HIV training packages and printing.	3.2.4	National TB/HIV policy guidelines stakeholders' dissemination meeting held	Comprehensive TB, TB/HIV training provided to 20 TOTs and 120 HCWs. Copies of updated national TB/HIV policy & training materials printed				Not met	NTP is yet to schedule the dissemination meeting. Expected in Q2 or Q3.
Strengthen coordination and collaboration of TB/HIV services	3.2.5	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	7 planned regional meetings (42 districts) were held, only 7/ meetings were held. Challenges such as low pediatric TB notification, data quality issues, supply chain management, laboratory EQA and TB/HIV collaboration were discussed.	Met	Districts are encouraged to use the routine health management team meetings to address TB, TB/HIV issues. Instead of having quarterly district meetings, these meetings will only be conducted at the regional level with selected district members' participation beginning next quarter



Photo 6: Health care Providers at Ngudu Hospital-Kwimba District-Mwanza. Listening attentively to the facilitator on targeted TB screening among children, the elderly and diabetics during a CME session at the facility. (Credit: Selemani Migeto CTB/KNCV)



Photo 7: Participants approaching a DR-TB ward at KIDH to review complicated cases during a quarterly MDR cohort review and expert panel review workshop (Credit: Dennis Lyakurwa, CTB/KNCV)

Sub-objective 4. Targeted screening for active TB								
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 National Policy Document, Guideline, SOPs and M&E tools for Contact investigation.	4.1.1		M&E plan for CI developed	SOPs for CI developed			NA	Planned for Q2
Mapping and Assessment of congregate setting	4.1.2	Mapping of congregate settings done. Existing CI activities assessed. Assessment conducted in 7 regions. Subgroup for CI identified.				Mapping of congregate settings was done.	Partially met	Information gathered will be aggregated in Q2
Develop/review training materials for CI and pilot CI training materials	4.1.3		CI Training material developed, CI sensitization materials developed. CI recording and reporting forms developed	TOT training on CI conducted, IEC materials on CI developed and pre-tested, Stakeholders meeting conducted in 7 districts. Sensitization	IEC materials printed		NA	Planned for Q2

				n meeting conducted in 7 regions,				
Support active case finding for TB, TB/HIV and MDR-TB among key population (support will be given to pediatric TB and bi-directional screening of patients with TB and diabetes)	4.2.1	Policy document for active TB case detection and care developed. TB Diabetic Guidelines developed	TB Diabetic Guidelines developed TB/HIV national guidelines updated	Pediatric national guidelines updated. TB screening campaign conducted in 3 districts among key population		This policy document and guidelines were not developed during the quarter	Not met	This policy document and guidelines were not developed due to delay in approval of APA 2 activities, they will be developed in Q2

Sub-objective 5. Infection control

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		
Strengthen infection control in decentralized PMDT units and TB/HIV settings	5.1.1	6 health facilities assessed	6 health facilities assessed	6 health facilities assessed	6 health facilities assessed TB IPC plans developed and implemented in 24 health facilities		Not met	Delay in approval of APA 2
Conduct targeted TB screening among health care workers	5.2.1	Health care workers from 42 districts screened for TB	Health care workers from 42 districts screened for TB	Health care workers from 42 districts screened for TB	Health care workers from 42 districts screened for TB	Health care screening is still a challenge, of the 42 districts under CTB support only 2 (4.8%) managed to report HCWs screened	Not met	A HCW screening tool will be disseminated to all the districts in the next quarter for screening to be done systematically starting with district hospitals and health centers

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 (<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		
Ensure proper recording and reporting of IPT to children < 5 years that are contacts to smear positive TB patients	6.1.1	Ensure proper recording and reporting of IPT to children < 5 years that are contacts to smear positive TB patients	Ensure proper recording and reporting of IPT to children < 5 years that are contacts to smear positive TB patients	Ensure proper recording and reporting of IPT to children < 5 years that are contacts to smear positive TB patients	Ensure proper recording and reporting of IPT to children < 5 years that are contacts to smear positive TB patients	Only 2 regions of Arusha and Kilimanjaro have started to document IPT and reported a total of 28 children	Partially met	Mentorship on provision of INH prophylaxis to children under 5 years who are contacts to smear positive patients, their recording and documentation continues during supportive supervision and review meetings. A template for recording information on children on IPT has been circulated.



Picture 8: CTB Field Coordinator mentoring health staff on how to screen <5-year-old contacts of smear positive TB patients for IPT initiation in Nyang'hwale district. (Credit: W. Mbawala CTB/PATH)

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 (<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		
Engage key policy and political leaders for resource mobilization	7.2.1		Key policy and political leaders together with business and corporates committed to support TB activities during world TB day	Key policy and political leaders together with business and corporates committed to support TB activities during a special forum with the new parliamentary health committee			NA	Planned for Q2

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 (<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		
Support national STOP TB Partnership meetings	8.1.1	National Stop TB partnership meeting conducted			National Stop TB partnership meeting conducted		Not met	Due to conflicting priorities among the stakeholders to be engaged this meeting was not held. This activity will be implemented in Q3
Support launching of the NTLP's national strategic plan.	8.1.2		NTLP's strategic plan launched				NA	Planned for Q2

Support printing of the NTLN's national strategic plan - CHS	8.1.3		NTLN's strategic plan printed				NA	Planned for Q2
To support the annual RTLC's meeting	8.1.4				Annual RTLC's meeting held		NA	Planned for Q3
Follow up and document Global Fund implementation in Tanzania	8.2.1	Global Fund implementation status reported	GF is supporting the NTLN in the following areas: Improving case detection for TB, improving TB diagnostic capacity, scaling up Programmatic Management of Drug Resistant TB, community systems' strengthening, reduction of stigma and discrimination and TB/HIV collaborative services.	Met				

Sub-objective 10. Quality data, surveillance and M&E

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Further surveillance development (Focus on data management, utilization and system management) in challenge TB area based on the roadmap developed from the Year 1 assessment and	10.1.2				7 regions visited for surveillance assessment		NA	Planned for Q4

stakeholders meeting.								
Conduct necessary trainings to ensure clear understanding of documentation on new forms	10.1.4	M&E Trainings conducted in 12 districts	M&E Trainings conducted in 26 districts				Not met	This training did not take place due to the resignation of CTB's M&E officer. It will be implemented in quarter 2. CTB continued providing on the job training through data verification and quality checks at facilities level, during supportive supervisions.
Support development of RDQA tool to be used under Challenge TB and NTLN in routine data quality monitoring. Conduct data quality assessment (DQA)	10.1.5		RDQA Tool developed	DQA conducted in 6 CTB regions			NA	Planned for Q2
Performance assessment of TB surveillance based on the WHO established standards and benchmarks.	10.2.1			Status on SB implementation established			NA	Planned for Q3
Conduct one data quality assessment	10.2.2				DQA conducted in 6 selected regions		NA	Planned for Q4
Support a one Day TB Operational Research Meeting	10.2.3		OR meeting conducted				NA	Planned for Q2
Conduct an operational research focusing on the barriers to timely definitive diagnosis and treatment after TB suspicion.	10.2.4			Research protocol developed and approved	Research initiated		NA	Planned for Q3



Photo 9: CTB Field Coordinator mentoring health staff in Kilimanjaro region on documentation and report compilation. (Credit: W. Mbawala CTB/PATH)

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Supportive supervision meetings in priority regions	11.1.1	Quarterly central, regional & district supervisions conducted	Quarterly central, regional & district supervisions conducted Tool for monitoring	Quarterly central, regional & district supervisions conducted Training on	Quarterly central, regional & district supervisions conducted	Monthly health facility visits conducted in all 42 districts. Quarterly regional level supervision conducted in 5 regions (except Pwani & Dar es Salaam).	Partially met	Milestones were met for district level but not met for regional and central levels due to competing schedules Inclusive planning of activities has been done for the next quarter.

			quality of supervisions developed	SS& mentorship conducted		Quarterly central level supervision conducted in 4 regions (except Pwani, Dar es Salaam & Arusha)		
Technical supervision	12.1.1		Technical supervision		Technical supervision		NA	Planned for Q2

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)
TNZ-607-GO9-T	A2	A1	US\$ 33.9 m	US\$ 33.9 m	
TB/HIV NFM – MoF	Not available	Not available	US\$ 21,377,285	US\$ 5,660,590	Not available

* Since January 2010

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

Tanzania is a beneficiary of a Global Fund grant titled '**Sustaining the momentum and improving the Gains for HIV/TB**' under the grant name; **TZA-T-MOF**. This grant was based on a joint TB/HIV concept note submitted by the Tanzanian Country Coordinating Mechanism (TNCM) in 2014. The Concept Note was developed based on: (1) National policies and strategic plan priorities; (2) Geographic burden of diseases; (3) Burden of disease among key populations and other vulnerable populations; (4) Addressing factors that reduce program efficiency; and (5) High impact interventions. For the TB disease component, identified priority interventions include; improving case detection for TB, improving TB diagnostic capacity, scaling up Programmatic Management of Drug Resistant TB, community systems' strengthening, reduction of stigma and discrimination and TB/HIV collaborative services.

The program will be implemented by two Principal Recipients (PRs): A public PR – Ministry of Finance and a private PR – Save the Children. Ministry of Finance will focus on procurement of health commodities and medicines, strengthening Health Management Information Systems (HMIS) and service delivery to the health facility level; Save the Children will focus on interventions at community level. For the Tuberculosis component, the GF grant is being implemented for 2.5 years from July 2015 to December 2017.

The NTLP is implementing the grant as a sub recipient of Ministry of Finance (the public PR) and so far two cash transfers have been released be the Global Fund as follows; US\$ 2,924,844 to the PR for activity implementation and US\$ 2,735,746 to GDF for procurement of first and second line ant TB medicines. Save the Children have recently signed a grant agreement with the Global Fund to start implementation in January, 2016

Key challenges in grant implementation include; (1) slow cash transfers within the Government of Tanzania system (Ministries – MoF, MoHSW, PMORALG, Regional Authorities and Local Government Authorities), (2) prolonged procurement processes in line with the Public Procurement Act of 2011(PPRA), and (3) inadequate human resource capacity at all levels of the health system.

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

Challenge TB collaborated with the Global Fund through the NTLP during the quarter to conduct an expert panel review of 18 patients with complicated cases (4 admitted at Kibong'oto and 14 including 4 children on ambulatory care in the districts) and a cohort review of 139 DR TB patients. Interim outcomes for month six of quarter 1,2,3 & 4 in 2014 and month 12 of Quarter 1 & 2 in 2014. A total of 139 patients were analyzed, GF and CTB each supported 3 days of the workshop in terms of per diems and travel costs to and from the venue respectively. This collaboration for the 6 days' workshop enabled representatives from all regions with DR-TB patients in the specified cohorts to attend the workshop where TB coordinators from different regions of the country got a chance to learn from a panel of experts from the Kibong'oto Infectious Diseases Hospital and the Kilimanjaro Zonal Referral Hospital. Cases ranged from management of psychiatric complications to management of collapsed lungs.

The overall findings indicate that the culture conversion within 6 months is >85% percent (Q1, Q2, Q3, &Q4 2014) suggesting effectiveness of the treatment during the initial phase; contrary to this there was high unknown culture at 12 months (>50%) for Q1 and Q2 2014; efforts are currently underway to ensure timely follow up of patients and relay of results by creating a simple database for all MDR TB patients in the country ultimately aiming at engaging m-health technology in Year 3 of the project.

Similar collaborations are planned for the coming quarters where Global Fund will cover costs for conducting supportive supervision in some of the regions with DR TB patients on ambulatory care with CTB supporting patients' stipends.

To improve monitoring of implementation of GF activities The Union is planning to recruit a senior Global Fund grant adviser to be stationed at the NTLP with funding from USAID (not CTB)

4. Success Stories – Planning and Development

Planned success story title:	The impact of mentorship on a child’s life; an experience from Geita region
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.1. Ensured intensified case finding for all risk groups by all care providers
Brief description of story idea:	<p>Pediatric TB diagnosis is a challenge in most health facilities in Tanzania due to poor knowledge among service providers or low laboratory diagnostic capacity. During a routine TB/HIV mentorship visit at Kharumwa Health Center in Nyang’hwale district, Geita Region in the quarter among other things, the issue of low pediatric TB case notification was discussed and staff expressed how difficult it was to diagnose TB in children. One of the supervisors noticed a frail boy carried by his mother on their way to the pharmacy to collect ARVs and Cotrimoxazole after a visit to the HIV care and treatment clinic where they are both clients. He asked the mother to follow him to the TB unit where mentorship was taking place.</p> <p>The boy’s name is Samwel, a 4-year-old who had been diagnosed with HIV during infancy and had failure to thrive with frequent bouts of diarrhea and cough since birth. He weighed only 5kg on that clinic day and was lethargic and irritable with a puffy face.</p> <p>Under the guidance of CTB’s regional coordinator and the supervisory team, the mentored TB/HIV officer screened him by using pediatric score chart where he scored 14 which suggested a high likelihood of TB. The TB/HIV officer was also mentored on the use of pediatric dosing chart and Samwel was then initiated on anti-TB treatment and admitted for observation.</p>



Photo 10: Samwel Kayanza, a very sick child was identified by CTB staff during a supportive supervision visit at Kharumwa health center in Nyang'hwale district on 20th November 2015: Credit Selemani Migeto, CTB.

Status update:

On a subsequent visit one month after discharge, Samwel was doing very well on anti-TB treatment and ARV therapy. He weighed 6.2kg on his last clinic visit in December, and he is more active and less irritable. The mother reports that his appetite has improved significantly and he plays more with his peers at home. Follow up of his progress will continue and will be reported next quarter.

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	24	24	Data reported covers phenotypic DST and Gene Xpert data for the period of October to December 2015. The number reported for Jan to March 2015 is only for Gene Xpert data, there was no phenotypic DST done at Central TB Reference Lab (CTRL) due to a defect in the negative pressure room used for performing DST.
Total 2011	36	32	
Total 2012	83	44	
Total 2013	95	95	
Total 2014	218	144	
Jan-Mar 2015	63	34	
Apr-Jun 2015	74	23	
Jul-Sep 2015	62	30	
Oct-Dec 2015	73	37	
Total 2015	272	124	

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>)						Data from non-CTB regions will be available from the NTLP at the end of January 2016
	ARUSHA	847 (14%)					
	DAR ES SALAAM	2356 (38.8%)					
	GEITA	486 (8%)					
	KILIMANJARO	596 (10%)					
	MWANZA	971 (16%)					
	PWANI	573 (9.4%)					
	ZANZIBAR	240 (4%)					
	TB cases (all forms) notified for all CTB areas	6,069					
	All TB cases (all forms) notified nationwide (denominator)						
% of national cases notified in CTB geographic areas							
Intervention (setting/population/approach)							
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention						
	ARUSHA	604					
	DAR ES SALAAM	320					
	GEITA	12					
	KILIMANJARO	55					
	MWANZA	23					
	PWANI	86					
	ZANZIBAR	1					
	TB cases (all forms) notified from this	1101					
	All TB cases notified in this CTB area	6069					
% of cases notified from this intervention	18%						

Children (0-14)	ARUSHA	124				
	DAR ES SALAAM	156				
	GEITA	21				
	KILIMANJARO	68				
	MWANZA	102				
	PWANI	72				
	ZANZIBAR	24				
	TB cases (all forms) notified from this	567				
	All TB cases notified in this CTB area	6069				
	% of cases notified from this intervention	9.3%				
Intensified case finding (ICF) (e.g. health facility-based case finding)	ARUSHA	139				
	DAR ES SALAAM	429				
	GEITA	98				
	KILIMANJARO	125				
	MWANZA	231				
	PWANI	160				
	ZANZIBAR	28				
	TB cases (all forms) notified from this	1210				
	All TB cases notified in this CTB area	6069				
	% of cases notified from this intervention	20%				

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	Dianne van Oosterhout				X	Program supervision and APA3 planning	Pending			
2	KNCV	Ena Madsen		X			Project officer mentorship	Pending			
3	KNCV	Ellen-Jane Burgrust/Erika/Lucian				X	Finance department supervision	Pending			
4	KNCV	Katja Brenninkmeijer			X		HR management mentorship	Pending			
5	KNCV	Mirjam Engelberts		X			Continue support for the process of accreditation of CTRL with assessments and trainings of CTRL staff.	Pending			
6	KNCV	Valentina Anisimova		X			Conduct a national microscopy network accreditation assessment	Pending			
7	KNCV	Marleen Heus		X			Support the decentralization process for PMDT and further support expansion of ambulatory care – Piloting of PMDT training materials & Training of decentralized sites	Pending			
8	KNCV	Victor Ombeka			X		Support the decentralization process for PMDT and	Pending			

						further support expansion of ambulatory care including supervision and mentorship of decentralized units, policy, programmatic and clinical expertise support				
9	KNCV	Victor Ombeka			X	Support the decentralization process for PMDT and further support expansion of ambulatory care including supervision and mentorship of decentralized units, policy, programmatic and clinical expertise support	Pending			
10	KNCV	Marleen Heus			X	Support establishment of a national STOP TB Partnership	Pending			
11	KNCV	Nico Kalisvaart		X		Further surveillance development (Focus on data management, utilization and system management) in challenge TB area based on the roadmap developed from the Year 1 assessment and stakeholders meeting	Pending			
12	KNCV	Jerod Scholten		X		Technical supervision	Pending			

13	KNCV	Jerod Scholten				X	Technical supervision & APA3 planning	Pending			
14	ATS	Lisa Chen, Ann Raftery	X				Develop an implementation plan, new SOP and adapt new tool for regionalization of enhanced cohort review in line with the PMDT decentralization framework.	Complete	08 – 13 Nov 2015	5 days	
15	ATS	Lisa Chen, Ann Raftery			X		Train/conduct enhanced cohort review and support mentorship at a new regional site #1	Pending			
16	ATS	Lisa Chen, Ann Raftery				X	Mission in Q4 to train/conduct enhanced cohort review and support mentorship at new regional site #2	Pending			
17	ATS	Elizabeth Fair, Phil Hopewell		X			TA for development of National Policy documents (5 days in-country TA for a workshop)	Pending			
18	ATS	Elizabeth Fair, Cecily Miller			X		TA for development of training materials and for training of trainers in country	Pending			
19	PATH	Lisa Mueller		X			Conduct interviews for the Capacity Building Officer position, with PATH's CTB staff develop detailed work plans, and provide technical	Pending			

						inputs to ongoing ACSM/community engagement work. TA may include finalization or piloting of ACSM materials, developing criteria and selecting CBOs, developing rollout training plans, or co-facilitation of trainings.				
20	PATH	Lisa Mueller			X	Work with the CBO Capacity Building Officer and the Community Engagement Officer to monitor and assess progress on ACSM plans and CBO capacity building efforts, identify challenges, make plans to address challenges. Together with the team, Use findings from the assessment to inform the beginning of planning for Year 3.	Pending			
21	PATH	Lal Sadasivan		X		Review the overall PATH CTB program and provide specific insight and expertise to the pilot work, monitoring field activities to ensure that all activities are utilizing the best	Pending			

						evidence and expertise.				
22	PATH	Lal Sadasivan			X	Meet with KNCV Tanzania and PATH to discuss the Year 3 work plan.	Pending			
23	PATH	Daniel Were		X		To co-facilitate (with the Community Engagement Officer) some of the ACSM trainings and to develop 12 month ACSM plans.	Pending			
24	PATH	Daniel Were			X	Work with each CBO to assess progress on ACSM plan implementation, and work with CBOs to plan improvements to address any challenges.	Pending			
Total number of visits conducted (cumulative for fiscal year)							1			
Total number of visits planned in approved work plan							24			
Percent of planned international consultant visits conducted							4%			

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
1.2.4. TANZANIA SPECIFIC: # of districts where ACSM strategy is implemented.	Type of material/workshop	annually	0 (June 2015)	3	Measured annually	
1.4.2. Number of health facilities where quality of services was measured	Challenge TB area, others	annually	TBD (Dec 2015)	After the baseline	Measured annually	

Sub-objective: 2. Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	N/A	annually	0 (2015)	1	Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country	N/A	annually	0/6 (0%) (2015)	0/6 (0%)	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).						
2.2.7. Number of GLI-approved TB microscopy network standards met	N/A	annually	3 (2015)	5	Measured annually	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	Disaggregated by New and Previously treated cases	Every six months	15% (2015)	20%	Measured bi-annually	
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other).	Challenge TB area, others	Quarterly	83%: 55 GeneXpert (June 2015)	100% of available Gene Xpert machines are functional	CTB regions GeneXpert machines functionality 11/12 (91.6%) Total GeneXpert machine in the country 72 Functional 67 (93%)	5 GeneXpert machines countrywide are nonfunctional due to module failures 1 machine is located in a CTB region, efforts to procure and replace the faulty module are underway
2.4.6. #/% of new TB cases diagnosed using GeneXpert.	Challenge TB area, others	annually	5% in June 2015	20% by end of Year 2 Target	Measured annually	
2.6.1. Average	Challenge	Quarterl	Microscopy: 48	Microscopy: 48	Microscopy: 48hrs (For	Currently there is no system

Sub-objective: 2. Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
turnaround time from specimen collection/submission to delivery of result to the patient (stratified by microscopy, Xpert, culture, DST)	TB area, others	y	hrs. GeneXpert: 24hrs. Solid Culture: 10 weeks. DST: 5 weeks (2014 CTRL Report)	hrs, GeneXpert: 24hrs, Solid Culture: 8 weeks, DST: 4 weeks	spot and morning specimens). GeneXpert: Within 24hrs (GeneXpert machine tests 1 sample at a time and it takes 2 hours to get results) Solid Culture 9-10 weeks, DST 4-5 weeks	for transporting specimens from lower level health facilities to nearby facilities with GeneXpert machines. CTB will pilot the use of local motorcycles in 3 priority CTB districts from Q2 to be scaled up to other districts in APA 3. Currently most of the specimens come from within facilities with GeneXpert machines hence the short turnaround time.
2.6.2. % of laboratory results disseminated via m-health or e-health systems to the provider	Challenge TB area, others	annually	0% (2015)	0.3	Measured annually	
2.6.3. % of laboratory results disseminated via m-health or e-health systems to the patient/community health worker	Challenge TB area, others	quarterly	0% (2015)	5% CTB	0%	CTB will explore the use of m-health for dissemination of laboratory results to be piloted and introduced in APA3.
2.6.4. # of specimens transported for TB diagnostic services	Challenge TB area, others	quarterly	New cases: 3874 Retreatment 849 (2014) CTB: New cases 2199 & Retreatment 491	20 % increment from the baseline	New cases=1689 Retreatment=158 CTB New cases= 568 Retreatment= 41	TB culture services have been decentralized to 5 zonal laboratories i.e. Bugando TB zonal Culture Laboratory in Mwanza (CTB), Mbeya Zonal Culture Laboratory in Mbeya, Kibong'oto Culture Laboratory

Sub-objective: 2. Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
						in Kilimanjaro (CTB) and Dodoma Culture Laboratory in Dodoma. Data for this quarter was obtained from CTRL only. Next quarter data from all culture laboratories will be reported.
2.6.5. #/% of TB cases detected through a specimen transport system	Challenge TB area, others	quarterly	TBD (Q1 in APA2)	TBD after baseline	0%	KNCV is planning to pilot specimen transportation system from peripheral facilities to facilities with geneXpert centers in 3 districts starting next quarter.

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	KPI, Gender, age, geographical area	quarterly	National - 63,151 (all forms); CTB - 23,154 (all forms) (2014)	4800	1101/6069 (18%) Private facilities from 7 CTB regions 567 (9.3%) Children (0 - 14)	
3.1.4. Number of	Geographi	quarterly	144 (2014)	179	73 Total country wide	

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
MDR-TB cases detected	cal area				16 CTB regions	
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.).	Gender, geographical area	annually	90% (2014)	90%	Measured annually	
3.2.4. Number of MDR-TB cases initiating second-line treatment	Gender, geographical area	quarterly	144 (2014)	179	37 country wide (out of these 16 – CTB) patients initiated on DR-TB treatment	37 patients out of 73 patients whose samples were detected to have DR TB were initiated on treatment during the quarter countrywide. CTB – 16/16
3.2.7. Number and percent of MDR-TB cases successfully treated	Gender, geographical area	annually	75% (2011)	80%	Measured annually	
3.2.10. #/% of planned cohort reviews conducted	Gender, geographical area	quarterly	2 (2014)	4	1 cohort review meeting held	
3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB	Gender, geographical area	annually	>90% in 2012 according to NTLP annual report 2013	95%	Measured annually	

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
treatment						
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment.	Gender, geographical area	annually	85% in 2014 according to NTLTP data	85% maintain the same for CTB area	Measured annually	
3.2.14. % of health facilities with integrated or collaborative TB and HIV services.	Gender, geographical area	annually	9% (2014)	30%	Measured annually	
3.2.24. % MDR patients who receive social or economic benefits.	Gender, geographical area	quarterly	0%(2014)	80%	81%	114/140 patients - country wide, (out of them 49 CTB) received transport stipend from CTB.
3.2.25. % of MDR patients that are no longer infectious receiving outpatient care	Gender, geographical area	quarterly	67% June 2015	80%	65.7%	Total 140 MDR patients are receiving outpatient care out of 213 patients in the country (73 are receiving inpatient care at Kibong'oto). 63/140 are from CTB regions. 81/140 are males 59/140 are females

Sub-objective:	4. Targeted screening for active TB
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Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.1. #/% of eligible index cases of TB for which contact investigations were undertaken. Indicator Value: Percent	TB, DR TB patient contacts in CTB areas only	quarterly	CI 62% (2013-TB) DR TB 0% (June 2015)	80% for TB in CTB areas DR 20%	Contact investigation not done for TB, DR-TB	DR-TB contact investigation will be done in the next quarter as tools were still reviewed
4.1.3. % of confirmed TB patients by case finding approach (CI, ACF, ICF), by key population and location (ex, slum dwellers, prisoners) (Service cascade)	CI for Tb, DR TB patient contacts in CTB areas only	quarterly	CI: 3%(2014)	3% maintain the same	9.3% (567/6069) for ACF in children ICF in health facilities 20% (1210/6069)	CI not reported
4.2.4. #/% of TB patients linked with support for comorbidities (stratified by malnutrition, diabetes, drug use, etc.)	TB and ART	quarterly	to be collected in Q2 2	To be set after baseline obtained		There are no tools to collect this information from the current NTL reporting tools. CTB will design a tool to be used by field coordinators in our regions to collect this data from regional hospitals. Data collected will be used to convince the NTL to incorporate these components in recording and reporting tools.

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.5. #/% of high-	PMDT sites,	annually	0	25%	Measured annually	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
risk sites in which TB IC is implemented with Challenge TB support (stratified by applicable sites: PMDT, HIV, mines, prisons, etc.) Indicator Value: Percent Level: National and Challenge TB geographic areas Numerator: Number of high-risk sites in which TB IC is implemented with CTB support in the area Denominator: Total number of high-risk sites in the area	HIV, CTB areas, TBIC package					
5.2.1. Status of TB disease monitoring among HCWs	Gender and Sex	annually	TBD (Q2 in APA2)	TBD after the baseline	Measured annually	
5.2.2. #/% of HCWs screened (frequency of measurement based on policy)	Challenge TB area, others	quarterly	TBD (Q2 in APA2)	TBD after the baseline	0	Sensitization has started in Performance review meetings at district level and tool for recording adapted for use in CTB areas
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	Gender and Sex	annually	N/A	N/A	Measured annually	

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	Challenge TB area, others	annually	N/A	TBD		
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy	Challenge TB area, others	quarterly	TBD (Q1 in APA2)	Will be set in Year 2 after the baseline	Not available	Data for <5 year olds initiated on IPT 6 months ago was not properly recorded, hence there is no denominator. A tool for collecting this information has been adapted to be circulated to all CTB regions

Sub-objective: 7. Political commitment and leadership						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.1. % of NTP budget financed by domestic resources	N/A	annually	15% by 2013 NTLP Annual report	TBD after stakeholders meeting in Year 2)	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	CTB area, National level	annually	N/A	TBD	Measured annually	

Sub-objective: 8. Comprehensive partnerships and informed community involvement						
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Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.1. #/% of national partnership members that are from the private sector, civil society, or current/previous TB patients (stratified by each key group)	HIV sector, private sector, civil society, TB patients	annually	to be collected after the first meeting (Q3 of APA2)	Will be set after setting the baseline	Measured annually	
8.1.3. Status of National Stop TB Partnership	N/A	annually	0 (2015)	1	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	N/A	annually	N/A	N/A	Measured annually	
8.2.1. Global Fund grant rating	N/A	annually	A1 (2014)	TBD	Measured annually	

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	National, Regional and District level	quarterly	0	0	0	No stock out was reported at district, regional or national level during the quarter

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	Scores, CTB area, other areas	annually	2 (2015)	2	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	CTB area, National level	annually	Yes (2013)	Yes	Measured annually'	Current national TB epidemiological data are available from routine recording and reporting systems R&R systems that are in line with WHO guidelines or periodic epi assessments (national prevalence surveys, epi assessments, DR-TB surveys, inventory studies, TB mortality audit).
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	CTB area, National level	annually	0% (2015)	100%	Measured annually	

Sub-objective: 11. Human resource development						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.1. Status of system for supportive supervision Indicator value: Score based on below: 0=no supportive	N/A	annually	0	2	Measured annually	

Sub-objective: 11. Human resource development						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
<p>supervision guidelines developed and no consistent supportive supervision taking place; 1=supportive supervision plan developed, but not implemented systematically; 2=supportive supervision plan implemented consistently, including provision of written feedback to lower levels; 3=supportive supervision plan implemented consistently, feedback provided and evaluation of supervision plan conducted Level: National Means of Verification: TB NSP, SS guidelines, SS implementation plan and budget, SS reports</p>						
11.1.2. % of planned supervisory visits conducted (stratified by NTP and	CTB and NTP funded	quarterly	2: June 2015	42 Districts conduct monthly supportive supervision, 7	42 Districts conducted monthly supervisions for October and December In November supervision	November supervision was not conducted in all mainland CTB districts due to interference with other schedules that involved

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Challenge TB funded). Indicator Value: Percent Level: National and Challenge TB geographic areas Numerator: Number of planned supervisory visits conducted during reporting period Denominator: Total number of supervisory visits planned for the same period Means of Verification: SS reports				regions conduct a combined regional and Central Supervision)	was conducted only in 5 districts in Zanzibar. 7 regions conducted Region/central supervision	district coordinators.
11.1.3. # of healthcare workers trained, by gender and technical area	Gender, technical area	quarterly	N/A	1272	0	3 trainings (EQA, PMDT and M&E) planned for the quarter were not conducted as stipulated in the activity progress in section 2
11.1.5. % of USAID TB funding directed to local partners	N/A	annually	N/A	1%	Measured annually	

