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**CHALLENGE TB**



## **Challenge TB – Zimbabwe**

**Year 2**

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

**Submission date: January 29, 2016**

## **Table of Contents**

<b>1. QUARTERLY OVERVIEW</b>	<b>4</b>
<b>2. YEAR 2 ACTIVITY PROGRESS</b>	<b>6</b>
<b>3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2</b>	<b>22</b>
<b>4. SUCCESS STORIES – PLANNING AND DEVELOPMENT</b>	<b>24</b>
<b>5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS</b>	<b>25</b>
<b>6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)</b>	<b>27</b>
<b>7. QUARTERLY INDICATOR REPORTING</b>	<b>29</b>

**Cover photo:**

*A six year old TB patient gets support from his grandmother at St. Luke's Hospital, Lupane, Matabeleland North province where he has been admitted and is receiving treatment and care. The photograph was taken during a routine supportive supervision visit (Credit: Shepherd Machechera)*

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**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	Zimbabwe
Lead Partner	International Union Against TB and Lung Disease (The Union)
Other partners	KNCV Tuberculosis Foundation (KNCV), Interactive Research and Development (IRD) and World Health Organization (WHO)
Work plan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

### Most significant achievements:

With support from Challenge TB (CTB), a **childhood TB desk guide** was developed for the Ministry of Health and Child Care (MOHCC). The development process included the adaptation of The Union Desk Guide for Management of TB in Children for Health Care Workers. Two thousand copies of the desk guide and wall charts were printed to cover all the facilities in the country. Childhood TB training materials were also developed using the desk guide. These materials will be distributed during the provincial Childhood TB trainings planned for in quarter 2 under Global Fund (GF) support. These interventions are to strengthen screening, diagnosis and management of childhood TB which will result in improved TB case finding and treatment outcomes.

The National Tuberculosis control Program (NTP), WHO and The Union technical officers were supported by CTB to lead the **first postgraduate course on innovative TB data management** at the 46<sup>th</sup> World Conference on Lung Health in Cape Town, South Africa. The course introduced the CTB-supported user-friendly guide (Data Collection, Analysis and Use Guide) on the use of routine TB data for program management and decision making. In the evaluation analysis, participants suggested strengthening staff relations and supportive supervision; analysis of data at peripheral levels to inform decision-making, reporting data for childhood TB and putting in place mechanisms to follow up recommendations of the previous support supervision visits. None of the participants indicated that they had been already implementing this approach as laid out in the guide. Participants' reflections on the course were positive and the majority showed keen interest in adapting the guide in their countries. The course facilitators and participants further discussed possible ways of rolling out the guide to other countries.

The results of the **national prevalence survey** completed in 2015 informed calibration of the estimated TB case detection rate which was reviewed upward to 70% in 2014, which according to the 2015 Global TB Report, is a huge leap from the 42% estimated for 2013 in the previous report. This achievement is partly attributed to the support from CTB and other US-supported grants such as TB CARE I.

In recognition of the technical competence of the CTB Zimbabwe country office, **The Union has been awarded a Global Fund grant for TB** under the New Funding Model as Sub Recipient for community systems strengthening. In addition, the **World Diabetes Foundation recently awarded the country office a 2 year grant to pilot the feasibility of integrating TB and Diabetes Mellitus Care** in selected primary health facilities. These two grants will be implemented by newly recruited staff, fully dedicated to these projects, who will coordinate closely with CTB project staff thus creating synergy and leverage between the related projects.

**Successful involvement of affected communities in TB care** was showcased at the 46<sup>th</sup> World Conference on Lung Health where Constance Manwa, a person living positively with HIV, shared her experiences and testimonial of being "cured" from Multidrug-resistant TB (MDR TB). Constance received her MDR-TB and anti-retroviral treatment and support from Mzilikazi Clinic, one of the Integrated TB HIV Care (ITHC) sites supported under CTB.

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

- There was a delay in the implementation of Childhood TB activities supported by CTB in partnership with Maternal and Child Health Intervention Program (MCHIP). This was due to the need to avoid overlap as another partner was planning to implement intensified case finding for TB in the identified district. Another district (Chimanimani) has since been identified and implementation will start in CTB Quarter 2.
- The printed revised recording and reporting tools were not adequate to cover all facilities in the country. Some health care workers (HCWs) at primary health care (PHC) level were not trained on the use of the tools. NTP has planned to print adequate tools and conduct onsite trainings during support and supervision visits by end of CTB quarter 2.
- Certain mandatory indicators such as *'number and percent of cases notified by setting'* are not routinely collected by NTP making it a challenge to report. Continuous efforts are being made to ensure that these data are collected and reported from CTB supported areas and/or nationally.
- The differences in reporting timelines for NTP and CTB resulted in collection of incomplete data on selected indicators. The NTP reporting timelines are as follows:
  - Health Facility to district: 7<sup>th</sup> of the next month after the end of the quarter;
  - District to province: 14<sup>th</sup> of the next month after the end of the quarter;
  - Province to National: 21<sup>st</sup> of the next month after the end of the quarter.

In spite of these deadlines, these are usually not observed. In CTB Quarter 2, installation and use of the District Health Information System (DHIS2) will be supported. This is expected to significantly improve the timeliness of reporting.

## 2. Year 2 activity progress

Sub-objective 1. Enabling environment								
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)	
Carry out knowledge, attitude, practice and behavior (KAPB) assessment to determine percentage of community with correct knowledge and positive attitude towards people affected by TB	1.2.1	TA engaged. Protocol developed and approved	Consultative meeting conducted.  Data collection completed  Findings printed and disseminated			The technical assistance (TA) terms of reference (ToR) has been developed. At the end of the quarter CTB and NTP technical officers were in the process of developing the first draft of the research protocol.	Partially met	The NTP's recommendation to reassign the protocol development from TA to technical officers resulted in the delay in engaging TA. The TA will be carried out by Jove Oliver and will be engaged during the CTB Quarter 2. By the end of the quarter a draft protocol was already in place.
Develop a communications strategy to guide communication interventions for community empowerment in response to TB	1.2.2		Consultative stakeholders meeting conducted  Writing workshop conducted  Review and adoption of communication strategy done	Communications strategy printed and disseminated			N/A	
Conduct media advocacy meeting to strengthen coverage of TB, MDR-TB and TB-HIV activities	1.2.3		Advocacy meeting conducted	20 stories produced from media mentorship	Advocacy meeting conducted.  Media health		N/A	

Sub-objective 1. Enabling environment								
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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
			Press conference held  Media health page published Advocacy meeting conducted  Press conference held  Media health page published		page published  20 stories produced from media mentorship			
Development and printing of information, education and communication (IEC) and promotional material	1.2.4	Newsletter developed, printed and distributed  Information booth procured		Newsletter developed, printed and distributed		The office procured a mobile information booth to be used for information dissemination during events and exhibitions.	Partially met	The timelines for newsletter publications were moved to second and fourth quarter to allow for maximum coverage of activities to be conducted during the implementation year. The first edition will document activities for the first six months while the second edition will document the last six months of the implementation year. Articles compiled to date include updates on the TB Drug-Resistant survey, TB Prevalence survey results,

Sub-objective 1. Enabling environment								
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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
								Adaptation of The Union desk guide, Data Collection Analysis and Use Guide and; the new TB-Diabetes and Global Fund grants.

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		
Refurbishments to facilitate installation of the Hain machines procured under Global Fund at the National TB Reference Laboratory (NTBRL) to increase capacity for culture/DST (carried over from APA1 refer to intervention area 2.3)	2.3.1	Refurbishment completed	Site commissioning done			The refurbishment of the National TB Reference Laboratory (NTBRL) in Bulawayo was completed. The work was inspected and certified, paving way for the installation of the Hain machine.	Met	Construction was completed and certified fit for use.
Install Hain machine	2.3.2	HAIN machine installed and in use, 10 trained Laboratory Scientists				The Hain machine was installed successfully and validated by the NTBRL. It became operational in the last week of December 2015. The results will be measured in the next quarter. The machine is being used to analyze specimens	Partially met	5 remaining laboratory scientists will be trained during the second quarter.

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		
						(both sputa and isolates) from all the provinces of the country. Test kits were provided by NMRL. A total of 5 laboratory scientists (3 males, 2 females) were trained by the supplier of the machine (Diagnostic Laboratory Supplies) on the use of the machine.		
Support optimization of the use of GeneXpert machines in existing sites through training of nurses in Manicaland province	2.4.1	7 trainings conducted				All the planned trainings were conducted to optimize the use of GeneXpert for intensified case finding among people living with HIV (PLHIV) in Manicaland province. This capacitated HCWs on how to conduct routine symptomatic TB screening for PLHIV using GeneXpert MTB/RIF. In total, 288 HCWs (112 males and 176 females) were trained.	Met	
Support the specimen transport system initiated through TB CARE I	2.6.1	50 motorcycles supported	36 motorcycles supported	36 motorcycles supported	36 motorcycles supported	50 motorcycles were supported in 42 districts and three major cities. A total of 39,636 specimens	Met	In the budget there was a provision to support all the 50 motorcycles in the 1 <sup>st</sup> quarter and scaling down would begin in Q2

Sub-objective 2. Comprehensive, high quality diagnostics								
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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
						were ferried in October and November; out of these 10,544 (30%) were TB specimens. The running cost for each motorcycle was \$1,300 per quarter. In the previous quarter (July – September 2015) 61,561 specimens were ferried and out of these 15.8% were TB specimens and strengthened the health system by also transporting many other specimens.		
Stakeholders consultation on transitional planning for specimen transport system supported through CTB	2.6.2		1 meeting held				N/A	

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 (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provincial PMDT trainings for increased case detection of DR - TB	3.1.1		3 orientation sessions done	2 trainings	Provincial PMDT trainings for increased case		N/A	

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 (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
					detection of DR-TB			
<p>Pilot the Childhood TB intervention package in Manicaland through MCHIP</p> <p>Support the child survival partnership forum (to be funded elsewhere by other partners)</p>	3.1.2	<p>1 TOT conducted</p> <p>2 cascade trainings conducted</p>	Consultative stakeholders done		<p>Pilot the Childhood TB intervention package in Manicaland through MCHIP</p> <p>Support the child survival partnership forum (to be funded elsewhere by other partners)</p>		Not met	<p>There was a delay in the implementation of Childhood TB activities supported by CTB in partnership with Maternal and Child Health Integrated Program (MCHIP). This was due to the need to avoid overlap as another partner was planning to implement intensified case finding for TB in the identified district. Another district (Chimanimani in Manicaland district) has since been identified and implementation will start in quarter 2.</p>
Cascade trainings	3.1.3	Cascade trainings					Not met	See comment in 3.1.2
Update tools and registers	3.1.4		Meeting to review registers and tools conducted	community registers printed	Update tools and registers		N/A	
Community engagement for childhood TB & supportive supervision	3.1.5	3 orientation sessions done	4 orientation sessions done		Community engagement for childhood TB &		Not met	See comment on 3.1.2

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 (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
					supportive supervision			
Revise and update national TB manual (external TA, situations analysis, stakeholders meeting, writing workshop and printing)	3.2.1	TA engaged Situation analysis done Consultative stakeholders done	Writing workshop done Printing done		Revise and update national TB manual (external TA, situations analysis, stakeholders meeting, writing workshop and printing)		Not met	This activity was delayed in anticipation of the publication of new WHO treatment of Tuberculosis guidelines. However, due to the uncertainty of the publication date, NTP will proceed to engage a consultant who was involved in the revision of the WHO treatment of TB guidelines. The activity has been pushed to the 3 <sup>rd</sup> quarter.
Roll out integrated TB-HIV care to 20 additional peripheral sites	3.2.2				Roll out integrated TB-HIV care to 20 additional peripheral sites		N/A	

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		
Pilot intensified contact investigation for both adults and children at 2 high TB notification districts (Beitbridge and Seke) through 2	4.1.1	Baseline assessment conducted			Implementation plan finalized with partner CBOs and Ministry of Healthy		Not met	The activity on contact investigation could not kick off due to negotiations on the implementation approach. The activity will go as a pilot and key research questions will be

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		
selected CBOs for increased case finding								investigated during implementation. Ground work such as identification and training of riders was done by Riders for Health (a non-profit international organisation working with CTB on sputum transportation). The development of Standard Operating Procedures (SOPs) and reporting tools was done.
Maintain dedicated motorcycles	4.1.2		2 Motorcycles deployed and maintained	2 Motorcycles maintained	2 Motorcycles maintained		N/A	The motorcycles were not yet in use as the activity had not kicked off. A stakeholders meeting to launch the actual activity of contact investigation will be carried on the 21 <sup>st</sup> January 2016.
Support supervision	4.1.3	1 of 4 support visits	2 of 4 support visits	3 of 4 support visits	4 of 4 support visits		Not met	Please see comment in 4.1.1
Joint progress reviews	4.1.4		1 of 3 Joint review sessions	2 of 3 Joint review sessions	3 of 3 Joint review sessions		N/A	
End of pilot review	4.1.5				Report of Pilot review		N/A	
(Carry over from APA 1 4.2) Adapt WHO guidelines for active TB screening and reporting tools among high risk groups (Health workers, mine workers, refugees,	4.2.1		SOPs pretested				N/A	

**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		
prisoners, PLHIV, children etc.)								
Pre-screening phase on targeted screening for high risk group through BRTI	4.2.2			District sensitization done			N/A	
Community sensitization at district level	4.2.3		Training conducted				N/A	
Targeted screening for TB for increased case finding (Through BRTI)	4.2.4			Targeted screening activities start	Targeted screening activities continue		N/A	
Targeted screening for TB using mobile trucks by 2 dedicated teams of 10 per team	4.2.5		Project Personnel Recruited				N/A	

**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		
Engage Government of Zimbabwe for increased TB funding	7.2.1		2 Advocacy meeting conducted				N/A	
Leadership development through The Union International Management Development Program (IMDP) courses.	7.3.1				2 NTP Officers and 3 CTB supported		N/A	
NTP implementation and performance review with senior Ministry Management	7.3.2		1 Consultative Workshop held				N/A	

(Carry over from APA 1: 11.1) Facilitate access to information and communication services	7.3.4	Conference attended				Two NTP officers, two Union Directors and two Union technical Officers were supported to attend the 46 <sup>th</sup> World Conference on Lung Health. A number of TB/HIV program lessons learned were shared. These included a locally developed post graduate course on routine TB data management; TB CARE I Core project on Intensified implementation of GeneXpert MTB/RIF in Manicaland province as well as the CTB supported sputum transport system. The Union officers chaired and facilitated a number of sessions during the conference which included the Postgraduate Course on Innovative Data Management Use and Abstract Session 36 Molecular Diagnostics: Pitfalls and Improvements.	Met	
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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		
Facilitate GF implementation Review and writing of the GF update report (PUDR).	8.2.1		1 workshop conducted		1 workshop conducted		N/A	
Establish relationship with Global Fund hub at KNCV	8.2.2	Engagement visit done					Not met	Person has been recruited but will start in Q2

Sub-objective 10. Quality data, surveillance and M&E								
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)	
<p>Develop an integrated TB/HIV electronic monitoring system</p> <p>Provide technical and systems support for Integrated electronic system (carry over and modified from APA1 intervention area 10.1)</p>	10.1.1	1st TA visit done  IT System Administrat or recruited	Salary support for IT Officer	2nd TA visit done			Not met	<p>Following recommendations made by NTP, the visit by the TA has been postponed to the third quarter to allow MOHCC to prepare. The system user requirements document was developed in consultation with key stakeholders during the quarter. A total of five systems developers were identified (from MOHCC and the National University of Science and Technology –NUST) to set up a prototype of the system. The TA’s role will be to review the prototype and provide technical assistance in developing the system. The IT system admin will be recruited in Q3.</p>
<p>Train staff members on DHIS2 (NTP staff, Provincial Epidemiology and Disease Control Officers, District Medical Officers, Provincial Nursing Officers, District Nursing Officers, District Environmental Health Officers, TB coordinator sand CTB staff)</p>	10.1.2	1 training conducted	2 trainings conducted	3 trainings conducted	4 trainings conducted		Not met	<p>This activity was not carried out due to the delay in the process of procurement of computers. However, this process was started and arrangements were in place to start the first training in January. The first training will take place during the fourth week of January 2016 and all the trainings will be</p>

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		
								completed by end of March 2016.
Equipment for DHIS2 & integrated TB-HIV recording and reporting systems	10.1.3		Laptops procured				N/A	
Conduct TB OR through a local partner.	10.2.1	Protocol approved	Study commenced				Not met	The activity was delayed due to slow contract negotiation procedures with the implementing partner. A research protocol was developed for submission to the Medical Research Council of Zimbabwe (MRCZ). The protocol will be submitted by January 31, 2016 and it is expected to be approved by end of March 2016.
Implement DRS activities carried over from Year 1	10.2.2	Survey implementation started	Survey ongoing			The country has successfully rolled out TB Drug Resistance Survey (TB-DRS) which had been failing to take off since 2008 due to a number of implementation challenges and capacity limitations. The TB Drug resistant survey was on-going at the end of the quarter. The survey, supported by CTB has resulted in the recruitment of participants in 76 out of 83 sites (92%); all	Met	

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		
						76 have started recruiting participants.		
Support implementation of the DRS (New activities)	10.2.3		DRS started			A STTA by KNCV (Jerod Scholten) was conducted in October to assess the preparedness for the DRS.  This was followed by an STTA done by KNCV (Nico Kalisvaart) in December to assess the data management preparedness.	Met	It was anticipated that preparations could be delayed however this was not the case so implementation started in Q1
Support TB DRS Midterm review	10.2.4		midterm review conducted				N/A	
Support TB data analysis and Performance reviews workshops	10.2.5			6 provincial reviews conducted	1 national workshop conducted	1 Provincial TB review meeting was conducted by the City of Bulawayo. Key recommendations included: <ul style="list-style-type: none"> <li>The TB screening tools should be made available and used at all entry points.</li> <li>DR-TB home infection control assessments should be done as soon as possible and contact</li> </ul>	Partially met	Other meetings are planned for the third quarter.

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 TB Data Analysis and Review Meetings.  Conduct Zimbabwe National TB Program External Review (Co-support with WHO and GF)						tracing should be strengthened.		
			12 district reviews conducted	13 district reviews conducted	12 district reviews conducted			
				Evaluation protocol developed	NTP program evaluation done		N/A	

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		
Development of mentorship Curriculum (curriculum to cover PMDT, TB case management, M&E, Childhood TB, TB/HIV integration)	11.1.2		TA Engaged	Curriculum completed	Printing of curriculum booklets done		N/A	
Support Data Driven Support Visits	11.1.3		One national to province visit done		One national to province visit done	The following visits were conducted: • One national to province visit done	Partially met	Two district to facility visits were not done due to delays in proposal submission by the respective provinces. The

		3 of 12 province to district visits done	6 of 12 province to district visits done	9 of 12 province to district visits done	12 of 12 province to district visits done	<ul style="list-style-type: none"> <li>• Three province to district</li> <li>• 18 district to facility</li> </ul> <p>The support visits were data driven and districts with major performance challenges were prioritized. The support supervision visits focused on following up problems identified in the data reports, verification of data submitted, health facility problem solving, logistic supplies and on the job training of health workers.</p>		remaining visits will be conducted in January 2016.
		20 of 80 district to facility visits done	40 of 80 district to facility visits done	60 of 80 district to facility visits done	80 of 80 district to facility visits done			
USAID TB funding disbursed to local partners	11.1.4			Advert published	Capacity assessment completed		N/A	



*HCWs from Bulawayo province during a provincial TB performance TB review meeting (Credit: Shepherd Machechera)*

### 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)
ZWE-T-MoHCC (2015-2017)	N/A	N/A	\$38.8M	\$11.8M	
ZIM-809-G12-T	A2	A2	\$51.9M	\$51.9M	
ZIM-509-G08-T	B1	B2	\$6.8M	\$6.8M	

\* Since January 2010

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

GF continued to support key activities in the detailed implementation plan (DIP). Some of the key activities supported were as follows

- An additional 20 microscopists were undergoing trainings, and they will be deployed to TB district diagnosing sites;
- Two Regional Training of Trainers (ToT) on Programmatic Management of Drug Resistance TB were conducted for 60 health workers;
- Training of provincial and district laboratory scientists on Zimbabwe Laboratory Commodity Distribution System (ZiLaCoDs);
- A workshop to develop software for integrated TB and HIV reporting system;
- Recruitment of Provincial Medical Officers (TB/HIV and DR-TB);
- Recruitment of National PMDT Program Officer;
- Support supervision visits for the provinces and districts in the Northern part of the country.

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

CTB continued to support Tuberculosis interventions in liaison and partnership with NTP teams implementing GF activities through Joint routine GF/CTB technical meetings and monthly activity review meetings to track progress in implementation of both CTB and GF supported activities. Some of the activities were co-implemented by both mechanisms such as:

- CTB continued supporting 50 motorcycles through Riders for Health who provided fuel and maintenance services in 42 districts while GF provided motorcycles in the rest of the districts. The GF supported motorbikes are off the road most of the time due to maintenance challenges resulting from a limited budget.
- All the GF and CTB supported PMDT activities were coordinated by the CTB-PMDT Officer seconded to the NTP. Other CTB technical officers supported the implementation of various GF funded activities;
- CTB provided technical support in the National laboratory TB standard operating procedures review workshop which was a GF Activity. This activity resulted in the development of updated laboratory TB procedures and forms which will be used in the next two years for the analysis of all TB specimens;
- Support to the Country Coordinating Mechanism (CCM with The Union director being vice chair of the CCM TB Sub-committee);

- The Union office was awarded a grant as a sub recipient of the NFM TB GF grant. Two officers will be engaged (one technical and one finance). However since activities from these grants are related to CTB work experienced CTB Officers will only provide minimal technical support which will not compromise their key result areas.

## 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	Successful 2 <sup>nd</sup> TB –DRS in Zimbabwe
<b>Sub-objective of story:</b>	10. Quality data, surveillance and M&E
<b>Intervention area of story:</b>	10.2. Epidemiologic assessments conducted and results incorporated into national strategic plans
<b>Brief description of story idea:</b>	The country does not have well-documented results of the national TB-DRS as no official report has been published. The TB-DRS commenced in 2015 after experiencing several hurdles which hindered take off as it has been on the cards since 2008. This comes on the heels of a recently completed National TB prevalence survey, which results showed an upward adjustment of estimated TB case detection from 42% in 2013 to 70% in 2014. The anticipated results of the DRS survey will inform more evidence based strategies in the national TB response.
<b>Status update:</b>	The TB Drug resistant survey was on-going at the end of the quarter. The survey, supported by CTB has resulted in the recruitment of participants in 76 (92%) sites. Out of 83 sites, 76 have started recruiting participants.
<b>Planned success story title:</b>	Introduction of electronic reporting of routine TB data in Zimbabwe.
<b>Sub-objective of story:</b>	10. Quality data, surveillance and M&E
<b>Intervention area of story:</b>	10.1. Well functioning case or patient-based electronic recording and reporting system is in place
<b>Brief description of story idea:</b>	Following the successful development and rolling out of the Data Collection Analysis and User guide by NTP with the support of CTB, NTP intends to embark on a nationwide DHIS2 project with yet more support from CTB. This approach is anticipated to improve data systems by ensuring that TB data is timely analyzed and submitted. More benefits such as accessing data for from the peripheral health facilities will be accrued.
<b>Status update:</b>	The procurement process for laptops to be used for DHIS2 was nearing finalization at the end of the quarter; the first trainings on DHIS2 will be conducted in January 2016 and completed by third quarter 2016. By the end of the year it is envisaged that all facilities will be reporting and analyzing facility based data on DHIS2.

## 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	40	28	Data for the quarter under review were not yet available at the time of reporting.
Total 2011	118	64	
Total 2012	149	105	
Total 2013	393	315	
Total 2014	412	390	
Jan-Mar 2015	90	90	
Apr-Jun 2015	122	104	
Jul-Sep 2015	128	125	
Oct-Dec 2015			
Total 2015	340 (Jan-Sept 2015)	319 (Jan-Sept 2015)	

**Table 5: 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						The NTP data for October to December 2015 were not yet available at the time of report. CTB supports the whole country. Available CTB data for quarter 4 APA1 are shown below.																										
	TB cases (all forms) notified for all CTB areas																																
	All TB cases (all forms) notified nationwide (denominator)																																
							<table border="1"> <thead> <tr> <th colspan="2">Provinces</th> </tr> </thead> <tbody> <tr> <td>Manicaland</td> <td>638</td> </tr> <tr> <td>Midlands</td> <td>975</td> </tr> <tr> <td>Mash East</td> <td>688</td> </tr> <tr> <td>Mash West</td> <td>658</td> </tr> <tr> <td>Mash Central</td> <td>513</td> </tr> <tr> <td>Masvingo</td> <td>1081</td> </tr> <tr> <td>Mat North</td> <td>523</td> </tr> <tr> <td>Mat South</td> <td>524</td> </tr> <tr> <td>Harare City</td> <td>972</td> </tr> <tr> <td>Chitungwiza</td> <td>232</td> </tr> <tr> <td>Bulawayo</td> <td>488</td> </tr> <tr> <td>Total (national)</td> <td>7292</td> </tr> </tbody> </table>	Provinces		Manicaland	638	Midlands	975	Mash East	688	Mash West	658	Mash Central	513	Masvingo	1081	Mat North	523	Mat South	524	Harare City	972	Chitungwiza	232	Bulawayo	488	Total (national)	7292
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	% of national cases notified in CTB geographic areas						<p>CTB geographic focus: national TB cases (all forms) notified for all CTB areas = 7,292</p> <p>All TB cases (all forms) notified nationwide (denominator) = 7,292</p> <p>% of national cases notified in CTB geographic areas = 100%</p>
Intervention (setting/population/approach)							
Active case finding (ACF) (e.g. case finding among key populations in the community)	CTB geographic focus for this intervention						<p>The NTP data for October to December 2015 were not yet available at the time of report. CTB supports the whole country. Available data are for quarter 4 APA1 as shown below:</p> <ul style="list-style-type: none"> <li>• CTB geographic focus national</li> <li>• TB cases from community contribution = 971</li> <li>• All forms notified = 7,292</li> <li>• Notified in CTB areas = 7,292</li> <li>• % of cases notified from this intervention = 13%</li> </ul>
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Children (0-14)	CTB geographic focus for this intervention						<p>The NTP data for October to December 2015 were not yet available at the time of report. CTB supports the whole country.</p>
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

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

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	Union	Jove Oliver		X	X		To develop a Communications Strategy	Pending			
2	WHO	TBA	X	X			To update the National TB manual	Pending			This activity was postponed to Q3 pending the revision of WHO guidelines
3	IRD	Ali Habib			X		To co-develop the integrated TB/HIV electronic monitoring system	Pending			
4	WHO	TBA		X			To support mid-term review during implementation of the TB-DRS	Pending			
5	KNCV	Jerod Scholten		X			Mid-term review of the implementation of the TB DRS and to inform changes on the TB-DRS implementation basing on findings from the mid-term reviews	Pending			
6	KNCV	Jerod Scholten	X				Assess the early implementation of the TB DRS	Complete			
7	KNCV	Max Meis		X			External Program review	Pending			
8	KNCV	Jerod Scholten		X			External program Review	Pending			
9	Union	Gumusboga Mourad					Mid-term review for DRS	Pending			
10	Union	Christopher Zishiri			X		Country directors meeting	Pending			
11	Union	Ronald Ncube			X		Country directors meeting	Pending			

Total number of visits conducted (cumulative for fiscal year)	1
Total number of visits planned in approved work plan	11
Percent of planned international consultant visits conducted	9%

## 7. Quarterly Indicator Reporting

<b>Sub-objective:</b>	<b>1. Enabling Environment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
1.2.2. % of (population) with correct knowledge and positive attitudes towards people affected by TB	National	annually	Unknown	TBA	Measured annually	

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	National	Annually	0 (2014)	0	Measured annually	
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	2/2 (100%) 2014		Measured annually	
2.2.7. Number of GLI-approved TB	National	Annually	TBD (2nd Quarter APA2)		Measured annually	

<b>Sub-objective:</b>		<b>2. Comprehensive, high quality diagnostics</b>				
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
microscopy network standards met						
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	National	Annually	6,955/12,890 54% (2014) These data are based on Xpert results of new and retreatment cases	60%	Measured annually	
2.4.1. Gene Xpert machine coverage per population (stratified by Challenge TB, other)	National	annually	1 machine per 212,982 (2014)	TBA	Measured annually	
2.4.6. #/% of new TB cases diagnosed using GeneXpert	National	Quarterly	Unknown	TBA		This indicator cannot be measured at present time. CTB is negotiating with NTP to ensure the capturing of the indicator is done.
2.6.4. # of specimens transported for TB diagnostic services	CTB	quarterly	54,000	60,000	10,544	A total of 39,636 samples were ferried through the sputum transportation system by 50 motorbikes supported by CTB. Out of these 10,544 were TB specimens, constituting 26% of total samples. Results to date indicate 18% (10,544/60,000) of the year-end target.

<b>Sub-objective:</b>		<b>3. Patient-centered care and treatment</b>				
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons,	CTB areas	quarterly	13,761/32,018 (43.0%) Female; 2,398/32,018	8% (For Children <15y)	Not yet available; see Table 5.2 for more details.	The implementation and reporting of targeted screening and contact investigation had not started by the end the quarter. This indicator will be

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach			(7.5%) Children <15 (2014)			measure quarterly in the third and fourth quarter
3.1.4. Number of MDR-TB cases detected	National	quarterly	412 (2014)	537	The data for the quarter were not yet available at the time of reporting.	Available data are for quarter 4 APA1 as shown below: 128
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	National	quarterly	8% (2014)	9%	The data for the quarter were not yet available at the time of reporting.	
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	National	annually	81% (all cases 2013)	85%	Measured annually	
3.2.4. Number of MDR-TB cases initiating second-line treatment	National	quarterly	390 (2014)		The data for the quarter were not yet available at the time of reporting.	Available data are for quarter 4 APA1 as shown below: 125
3.2.7. Number and percent of MDR-TB cases successfully treated	National	annually	75% (2012)	75%	Measured annually	
3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB treatment	National	annually	96% (2013)	98%	380/405 (94%)	These data are for the Integrated TB HIV Care (ITHC) Sites

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	National	annually	78% (2013)	90%	330/405 (81%)	These data are for the Integrated TB HIV Care (ITHC) Sites
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	National	quarterly	91% (2013)	96%	603/630 (98%)	These data are for the Integrated TB HIV Care (ITHC) Sites
3.2.22. #/% of TB patients followed by community-based workers/volunteers during at least the intensive phase of treatment	Midlands province	annually	unknown	TBA	101/630 (16%)	These data are for the Integrated TB HIV Care (ITHC) Sites

<b>Sub-objective:</b>	<b>4. Targeted screening for active TB</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
4.1.1. #/% of eligible index cases of TB for which contact investigations were undertaken	CTB areas	quarterly	Unknown	100%	Not available	The activity contributing to this indicator had not yet started by the end of the quarter, these will be measured quarterly in the subsequent quarters.
4.2.2. # of high risk persons screened for TB (stratified by applicable risk groups)	CTB areas	annually	0	20,000	Not available	The activity contributing to this indicator had not yet started by the end of the quarter, these will be measured quarterly in the subsequent quarters.

<b>Sub-objective: 4. Targeted screening for active TB</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
<b>Sub-objective: 5. Infection control</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	CTB	quarterly	Unknown (To be collected end of APA2)		Data for the quarter under review were not available at the time of reporting	Available data are for quarter 4 APA1 as shown below: Health workers diagnosed with TB = 30 Total number of health workers screened = 717

<b>Sub-objective: 6. Management of latent TB infection</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
6.1.11. Number of children under the age of 5 years who initiate IPT	National	quarterly	Unknown (To be collected end of APA2)	500	Data for the quarter under review were not available at the time of reporting	Available data are for quarter 4 APA1 as shown below: Number of children under the age of 5 years who initiate IPT = 317

<b>Sub-objective: 7. Political commitment and leadership</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
7.2.3. % of activity budget covered by private sector cost share, by specific activity	CTB	annually	0%		Measured annually	
7.2.4. ZIMBABWE SPECIFIC: Number of Parliamentarians attending an advocacy dialogue for increased domestic TB funding	National	annually	25 (2014)	40	Measured annually	

<b>Sub-objective:</b>	<b>7. Political commitment and leadership</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
7.3.2. # of NTP members participating in a Challenge TB-led leadership program	National	annually	2	3	Measured annually	

<b>Sub-objective:</b>	<b>8. Comprehensive partnerships and informed community involvement</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
8.1.3. Status of National Stop TB Partnership	National	annually	0 (2014)		Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	CTB	annually	Unknown		Measured annually	
8.2.1. Global Fund grant rating	National	annually	B1 (2014)	B1	Measured annually	

<b>Sub-objective:</b>	<b>9. Drug and commodity management systems</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	National	annually	0 (2015)		Measured annually	

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
10.1.4. Status of electronic recording and reporting system	National	annually	1 (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	National	annually	No (2014)		Measured annually	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	National	annually	0% (2015)	0%	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (exchange guidelines or implementation approach)	National	annually	No (2015)	No	Measured annually	

<b>Sub-objective:</b>	<b>11. Human resource development</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
11.1.3. # of healthcare workers trained, by gender and technical area	CTB areas	Annually	0 (2014)	1680	Measured quarterly	No trainings were conducted in Q1 however from Q2 there will be statistics.
11.1.5. % of USAID TB funding directed to local partners	CTB areas	annually	2% (2015)	2%	Measured annually	

