



USAID
FROM THE AMERICAN PEOPLE

CHALLENGE TB



Challenge TB – Bangladesh

Year 2

Quarterly Monitoring Report January-March 2016

Submission date: April 29, 2016

Table of Contents

| | |
|---|--------------------|
| ACRONYMS | <u>34</u> |
| QUARTERLY OVERVIEW | <u>67</u> |
| YEAR 2 ACTIVITY PROGRESS | <u>910</u> |
| CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2 | <u>5859</u> |
| SUCCESS STORIES – PLANNING AND DEVELOPMENT | <u>5960</u> |
| QUARTERLY REPORTING ON KEY MANDATORY INDICATORS | <u>6061</u> |
| CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS) | <u>6465</u> |
| QUARTERLY INDICATOR REPORTING | <u>6970</u> |
| ANNEX-1: PERFORMANCE OF SUB-GRANTEES DURING JAN–MAR 2016 | <u>7576</u> |
| ANNEX-2: COMMEMORATION OF WORLD TB DAY ON MARCH 24, 2016 | <u>7677</u> |

Cover photo: Mural painted by school students to commemorate World TB Day, 2016 (Credit: Dr. Zakia Sultana Siddique)

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.

ACRONYMS

| | |
|--------|--|
| ACF | Active case finding |
| ACSM | Advocacy, communication, and social mobilization |
| AHI | Assistant Health Inspector |
| APA | Annual plan of activity |
| BADAS | Bangladesh Diabetes Association |
| BPA | Bangladesh Pediatric Association |
| BRAC | Bangladesh Rural Advancement Committee |
| BEPZA | Bangladesh Export Processing Zones Authority |
| BIRDEM | Bangladesh Institute of Research on Diabetes, Endocrine, and Metabolic Disorders |
| BSMMU | Bangabandhu Sheikh Mujib Medical University |
| cPMDT | Community-based programmatic management of drug-resistant TB |
| CCM | Country Coordinating Mechanism |
| CDC | Chest Disease Clinic |
| CDH | Chest Disease Hospital |
| CTB | Challenge TB |
| CWCH | Centre for Woman and Child Health |
| DGHS | Directorate General, Health Services |
| DOT | Directly Observed Treatment |
| DOTS | Directly Observed Treatment, short-course |
| DQA | Data quality assurance |
| DR-TB | Drug-resistant TB |
| DS-TB | Drug-sensitive TB |
| DST | Drug susceptibility testing |
| FAST | Finding TB cases Actively, Separating safely, and Treating effectively |
| FWA | Family Welfare Assistant |
| FWV | Family Welfare Visitor |
| EQA | External quality assessment |
| EPTB | Extra Pulmonary TB |
| FM | Fluorescence microscopy |
| GF | Global Fund for AIDS, TB, and Malaria |
| GLI | Global Laboratory Initiative |
| HA | Health Assistant |
| HI | Health Inspector |

| | |
|---------|--|
| HCW | Health care worker |
| HRD | Human resources development |
| HRM | Human Resource Management |
| ICAAP | International Congress on AIDS in Asia and the Pacific |
| icddr,b | International Centre for Diarrhoeal Disease Research, Bangladesh |
| IC | Infection control |
| ICF | Intensified Case Finding |
| IEC | Information, Education and Communication |
| IPC | Infection, Prevention and Control |
| IPT | Isoniazid preventive therapy |
| IRD | Interactive Research and Development |
| ISTC | International Standards of TB Care |
| KNCV | KNCV Tuberculosis Foundation |
| LAMB | Lutheran Aid for Medicine in Bangladesh |
| LED | Light-emitting diode |
| LQMS | Laboratory Quality Management System |
| M&E | Monitoring and evaluation |
| MDR-TB | Multi-drug resistant TB |
| MIS | Managing Information Systems |
| MOH | Ministry of Health |
| MOHFW | Ministry of Health and Family Welfare |
| MSH | Management Sciences for Health |
| NFM | New Funding Model |
| NGO | Non-governmental organization |
| NHSDP | NGO Health Service Delivery Program |
| NIDCH | National Institute of Diseases of the Chest and Hospital |
| NNS | National Nutrition Services |
| NTBLC | National TB Laboratory Committee |
| NTP | National TB Program |
| NTRL | National TB Reference Laboratory |
| OP | Operational Plan |
| PM | Program Manager |
| PMDT | Programmatic management of drug-resistant tuberculosis |
| PPM | Public-Private Mix |
| R&R | Recording and reporting |

| | |
|--------|---|
| RTRL | Regional TB Reference Laboratory |
| SACMO | Sub-Assistant Community Medical Officer |
| SIAPS | Systems for Improved Access to Pharmaceuticals and Services |
| SMC | Social Marketing Company |
| SOP | Standard operating procedure |
| SS(+) | Sputum smear positive |
| SS(-) | Sputum smear negative |
| STTA | Short-term technical assistance |
| TB | Tuberculosis |
| TB-DM | TB-Diabetes Mellitus |
| TLCA | TB Leprosy Control Assistant |
| ToR | Terms of reference |
| TOT | Training of Trainers |
| UHFPO | Upazilla Health and Family Planning Officer |
| UPS | Uninterrupted power supply |
| USAID | United States Agency for International Development |
| VCT | Voluntary counseling and testing |
| XDR-TB | Extensively drug-resistant TB |

Quarterly Overview

| | |
|---------------------|--------------------------------------|
| Country | Bangladesh |
| Lead Partner | Management Sciences for Health (MSH) |
| Other partners | KNCV Tuberculosis Foundation (KNCV) |
| Work plan timeframe | October 2015–September 2016 |
| Reporting period | January–March 2016 |

Most significant achievements:

1. World TB Day organized with active engagement of youth disadvantaged populations

This year, World TB Day was commemorated differently than it has before. In addition to the traditional parade organized by the National TB Program (NTP) and partners, and covered by media, the Challenge TB (CTB)-supported divisions and districts developed World TB Day activities. The most prominent one was the activity in the extremely poor neighborhood of Mirpur, Dhaka, where school youth developed their own creative TB awareness activities for their neighborhood. Supported by CTB and the local branch of the Salvation Army, school youth from two schools performed a short drama about TB; another group of students shared their first mural of TB paintings with the public. The launch at World TB Day is the start of countrywide systematic engagement of school youth.

2. GxAlert

Since the introduction of GeneXpert machines in Bangladesh was in 2012, operational use of the machines has been plagued by poor coordination, no regular maintenance program, lack of quality assurance, device management and proper monitoring tools. The landscape assessment that was carried out by CTB has been an important step in preparing the introduction of GxAlert to overcome several of these challenges.

GxAlert connects GeneXpert machines to the internet and allows for offsite device monitoring to improve coordination and management, and to plan maintenance events. It can also provide quick feedback of results to patients, referring clinicians, and treatment centers, which, in turn, will improve TB treatment. GxAlert will allow real-time data collection and monitoring of the entire GeneXpert network. Initial implementation of GxAlert in Bangladesh will begin in APA2.

After a series of meetings with the NTP and all major stakeholders (BRAC, Damien Foundation, etc.) , the landscape assessment provided concrete recommendations and insights to pave the way for systematic implementation of GxAlert in Bangladesh with NTP ownership. The assessment has been met with appreciation from NTP, as well as by the current designer and implementing partner of GxAlert, Global Connectivity. Both entities acknowledged the approach of CTB Bangladesh as an acceptable model that can be utilized by other countries. NTP and other stakeholders are enthusiastic about moving forward with the implementation of GxAlert within September 2016 to further improve reporting and routine data surveillance thereby contributing to improved diagnosis and treatment for TB and drug-resistant TB (DR-TB) patients Procurement process for GxAlert has been progressing smoothly.

3. Sustainable TB financing

According to the World Health Organization (WHO) Global TB Report 2015, the NTP budget is 48 million USD, of which <1% comes from domestic sources, 70% is funded internationally, and approximately 30% remains unfunded. To address this issue, as well as the challenges that NTP has faced in accessing the funds set aside for them in the Operational Plan (OP), CTB facilitated the formation of a budget mobilization caucus. The Line Director will chair the group consisting of representatives from NTP, non-governmental organization (NGO) partners, professional bodies, civil society, as well as health economists. The terms of reference (ToR) of the group include reviewing the TB financing situation in Bangladesh; advocating for increased TB financing as

part of the OP; capacity building of NTP in accessing OP funds; and following through on budget negotiations with the Ministry of Health (MOH), and other decision-makers, to ensure coverage of TB costs, particularly first-line drugs and human resources.

4. Grantees fully implementing activities

Grantees were able to accelerate implementation of their activities, following CTB's successful registration with the NGO Affairs Bureau in January, which confirmed CTB's ability to pay them. At the end of Q2, seven of eight CTB sub-grantees had been reimbursed for the activities they conducted in the last quarter.

The Bangladesh Pediatric Association (BPA) has rolled out its childhood TB training package in the Sylhet division. CTB has facilitated the rollout by conducting a local level planning workshop to involve the health managers of the division. The Bangladesh Diabetic Society (BADAS) developed a pool of 11 Master Trainers who have conducted orientation for 80 data collectors from affiliated centers. They also have commemorated World TB Day, 2016 through events like press conferences, radio and TV talk shows, etc.

CWCH organized an orientation meeting with the Civil Surgeon, UHFPOs, NGO representatives, and the newly recruited TB Leprosy Control Assistants (TLCAs) on March 2, 2016 to strengthen activities related to contact investigation and isoniazid preventive therapy (IPT).

RDRS Bangladesh has arranged multiple orientation sessions for field staff on TB screening and referral of presumptive cases.

5. ACSM planning started with engagement of all stakeholders

To strengthen advocacy, communication, and social mobilization (ASCM) approaches countrywide, the formulation of a standardized and robust ACSM Strategic Plan is essential for NTP and collaborating partners. For the NTP, it is important since the major challenges faced are low case detection, late diagnosis, and low adherence to treatment among vulnerable groups. For all partners it is crucial to have a common platform in order to plan, implement, and monitor activities and document best practices. CTB supported NTP by organizing a strategic planning workshop with 28 participants from NTP and partner NGOs, almost all members of the recently activated ACSM Working Group, as well as 2 TB patients. Through a patient-centered care model, participants analyzed the grade of patient centeredness in both community and health facility contexts. Participants also formulated interventions to make services more patient centered and to more actively engage community and patient groups in TB preventive and treatment activities. The organizational framework and ToRs for the ACSM Working Group and ACSM Committee were also discussed, adjusted in the workshop, and endorsed by NTP. Available and used information, education and communication (IEC) materials were presented and systematically reviewed by the participants, and areas of improvement were noted. After final endorsement by NTP the ACSM strategic plan will be printed and launched in Q4 covering the entire country.

6. Initiatives for operationalization of implementation of Contact investigation

Although contact investigation is an acknowledged standard component of the TB control program and part of the National Operational Guidelines, it has not been properly implemented. This is reflected in table 5.3 which shows that only 2% of the cases notified by our sub-grantees resulted from Contact Investigation. However, this is attributable to the fact that contact investigation was only conducted among children under 5 years of age, roles and responsibilities of field staff, standard operating procedures (SOPs), and standardized recording and reporting formats were not yet available. To overcome this gap, CTB organized series of workshop which resulted in an NTP-endorsed screening tool as well as recording and reporting formats. These will be printed and circulated throughout the country by Q4. Another workshop was organized for development of draft SOP for implementation of these tools. The draft SOP was also formulated which will be endorsed at a workshop in June 2016.

Technical/administrative challenges and actions to overcome them:

Sylhet containerized laboratory

The biggest challenge for installation of the Sylhet containerized laboratory has been the mobilization of resources needed to construct a wall with a drainage system and to establish power station. CTB has focused its efforts to drive the NTP to secure the required funds through Government of Bangladesh sources. Having executed a successful dialogue, the Global Fund for AIDS, TB, and Malaria (GF) approved the required amount to expedite the process of setting up the laboratory. However, NTP continues to face significant challenges in starting construction, paying value added tax and taxes at the port, providing onsite security for the lab, and ensuring environmental compliance. CTB is working with NTP to resolve these challenges, as well as ensure speedy shipment of the containerized laboratory from South Africa to Bangladesh.

mHealth

During TB CARE II in 2014, an mHealth application was developed to support MDR-TB Directly Observed Treatment (DOT) providers during DOT treatment. CTB conducted an analysis of the mHealth platform in February 2016 and concluded that the number of active DOT providers and patients who use the application was lower than expected. Technical problems (e.g., airtime provision, phones malfunctioning) and the lack of supervision and coordination were identified as important barriers to use. Data analysis also showed that even DOT providers who possessed a functioning phone with airtime did not use the application to manage their patients. In addition, only half of these DOT providers used the GPS functionality of the application. Field observations showed that the application is slow, troubleshooting of technical problems is difficult, and there is little focus among DOT providers on side effects or the contact tracing functionalities of the application.

To overcome these challenges, more guidance for divisional and district coordinators is needed, complemented with onsite job training and replacement of malfunctioning phones. Currently, technical challenges have been addressed and more coordination and guidance is being provided. As a result, usage of the application is gradually increasing. Almost 100% of DOT providers under the CTB project in Dhaka, Gazipur, and Narshindi (and approximately 61% of DOT providers in CTB's total area) are now enrolled. Further evaluation is in progress in order to determine the next steps toward further improving the application.

Low detection of MDR cases:

Despite the increase in number of functioning GeneXpert machines, detection of MDR cases remains low as a result of low utilization of functioning GeneXpert machines due to issues related to Infrastructure, Human Resources etc.

In addition, the following factors experienced in the last quarter have not been totally overcome.

- Weak history-taking mechanism and lack of tools,
- Low follow-up positivity rate in microscopy centers,
- Low coverage of GeneXpert machines across the country.

Furthermore, preliminary result of pilot testing of all smear positive cases by Xpert did not show an increase in detection of MDR cases. CTB plans to introduce History taking tools across the country and organize more sensitization workshops for increasing referral of DR symptomatic.

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 met, 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 2015–Mar 2016 | | |
| Develop strategic plan for country-wide implementation of Public-Private Mix (PPM) | 1.1.1 | Review old PPM guidelines and provide input for WHO-led revision | Draft PPM strategic plan Finalize PPM strategic plan | | | WHO has planned a workshop for review of guideline with short-term technical assistance (STTA) on April 18-19, 2016 Developing five-year strategic plan on PPM for Bangladesh initiated | Partially met | Initiatives, Inc. has been engaged to undertake the development of the strategic plan. The project expects to have the PPM plan by July 2016. |
| Design and pilot mandatory notification system, including electronic application | 1.1.2 | Form mandatory notification task force Explore best mechanisms for notification and engagement | Form mandatory notification task force Review related work done by IRD (Interactive Research and Development) Assess potential expansion of | Review related work done by IRD Assess potential expansion of model/system, and/or design a strengthened mandatory notification system | Review related work done by IRD Assess potential expansion of model/system, and/or design a strengthened mandatory notification system Pilot | Task force formed for mandatory notification; meeting held in January 2016 and OP was also set Contract being finalized with the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b) to perform the qualitative assessment with private providers in order to explore best notification and engagement mechanisms | Partially met | PPM WG revived Instead of the IRD, icddr,b will be doing the assessment. Based on the survey results, a pilot system will be designed. |

| | | | | | | | | |
|--|-------|--|--|--|--|--|----------------------|---|
| | | | model/system, and/or design a strengthened mandatory notification system | | mandatory notification system in Dhaka | Depending on results of assessment done by icddr,b, contract with an organization for needed expansion/pilot | | |
| Design, print & launch ISTC posters for private providers | 1.1.3 | Formulate ISTC poster as job aid in Bangladeshi context. Print & launch ISTC posters | | | | Decision made in PPM Working Group that a ISTC job aid (A4 insert) would be developed for Private Providers instead of poster. Printing and launching will be done after translation and endorsement in Q3. | Partially met | With support of NTP, ISTC has been tailored to meet the context of the country. Printing and distribution will follow translation to Bengali and NTP endorsement. |
| Strengthen referral and back-referral mechanisms between different type of private providers (clinics, hospitals, specialists and general practitioners), NGOs, and NTP | 1.1.4 | | Assessment of current situation | Strengthen, standardize, and formalize a referral mechanism | Strengthen, standardize, and formalize a referral mechanism | Shifted to Q3 as this activity is significantly linked with mandatory notification survey and the development of a national PPM strategic plan | Not met | |
| Engage private pharmacies in Directly Observed Treatment, short-course (DOTS) in urban areas | 1.1.5 | Assess current existing collaboration systems with pharmacies, focusing on the Blue Star network of Social Marketing | Develop orientation and training module, or the enhancement thereof | Implement the expansion of the pharmacy initiative in selected areas of Dhaka city | Implement the expansion of the pharmacy initiative in selected areas of Dhaka city | Consultation workshop conducted with STTA on January 25, 2016 Meeting planned with SMC and other stakeholders to develop orientation and training module in Q3 | Partially met | |

| | | | | | | | | |
|--|-------|--|---|---|--|--|----------------------|--|
| | | Company (SMC), in Bangladesh | | | | | | |
| | | Consultation workshop with pharmacies, key NGOs, and NTP | | | | | | |
| Develop model for scaling up village doctor work beyond Damien Foundation areas | 1.1.6 | | Review village doctor concept and develop final model for scaling up beyond Damien Foundation areas | Review village doctor concept and develop final model for scaling up beyond Damien Foundation areas | Pilot scale-up outside Dhaka City | Meeting and field visit to assess Damien village doctor model planned Document reviewed | Partially met | |
| Develop ACSM strategy 2015-2020 | 1.2.1 | Reconstitute the ACSM and Patient-Centered Care Working Group Workshop for development of new National ACSM Strategic Plan 2015-2020, | Convene the ACSM and Patient-Centered Care Working Group | Convene the ACSM and Patient-Centered Care Working Group Finalization and printing of National ACSM Strategic Plan | Convene the ACSM and Patient-Centered Care Working Group Finalization and printing of National ACSM Strategic Plan Launch of | ACSM working group formed in meeting convened by NTP on January 4, 2016 CTB organized and conducted a workshop for development of new National ACSM Strategic Plan 2015-2020 on January 18-19, 2016 (facilitated by STTA, Netty Kamp). The draft plan will be shared with | Met | |

| | | | | | | | | |
|--|-------|---|--|--|--|--|----------------------|---|
| | | including evaluation of former ACSM strategy and development of an OP | | | National ACSM Strategic Plan | NTP by April 2016. | | |
| Launch patient charter (patient's rights) for community working group members around the community clinic and mobilize them in TB control activities and at meetings of TB patients in the Union Parishad | 1.2.2 | <p>Arrange meetings of TB patients in the Union Parishad</p> <p>Design, pre-test, and produce poster and leaflets on patient charter</p> <p>Distribution of leaflets and posters to the community working group members of the community clinic</p> | <p>Continue meetings of TB patients in the Union Parishad</p> <p>Distribution of leaflets and posters to the community working group members of the community clinic</p> | <p>Continue meetings of TB patients in the Union Parishad</p> <p>Distribution of leaflets and posters to the community working group members of the community clinic</p> | <p>Continue meetings of TB patients in the Union Parishad</p> <p>Distribution of leaflets and posters to the community working group members of the community clinic</p> | <p>CTB has started working to incorporate the messages in the reviewed/newly developed IEC materials</p> <p>Distribution will be done after development of IEC materials</p> | Partially met | <p>Based on experiences and observations during field visit to Sylhet with STTA, it was concluded that there are two relevant opportunities for use of the patient charter in Bangladesh:</p> <p>TB patient during initial and follow-up visits with the facility-based health care provider</p> <p>In the workplace to demonstrate the patient worker's right for seeking TB diagnosis and treatment</p> |
| Develop and train on the use of patient-centered job aids for TB and MDR- | 1.4.2 | | Develop an IEC package (job aid) for | Develop an IEC package (job aid) for | | CTB facilitated review of existing job aid regarding drug-sensitive | Partially met | Outdated messages are being updated. Additional new messages relevant to DS-TB |

| | | | | | | | | |
|---|--------------|--|---|--|--|---|-----------------------|--|
| <p>TB patients to support treatment adherence</p> | | | <p>TB Develop an IEC package (job aid) for MDR-TB</p> | <p>TB Develop an IEC package (job aid) for MDR-TB</p> | | <p>TB (DS-TB) and process started for incorporating new messages for developing new IEC package (job aid)</p> | | <p>and DR-TB are being crafted. This will also focus on targeted groups such as children, workplaces, and populations with comorbidities. This will be shared with the ACSM Working Group in Q3.</p> |
| <p>Support patients' rights, including patient charter</p> | <p>1.4.3</p> | | <p>Organize workshop for development training curriculum Pilot roll-out of training in 7 districts of Dhaka Division</p> | <p>Pilot roll-out of training in 7 districts of Dhaka Division</p> | | <p>Workshop to be organized after developing new IEC packages (1.2.2)</p> | <p>Not met</p> | <p>Instead of developing posters and leaflets, it has been decided that inserts on the patient charter be crafted and distributed to decision-makers/providers in health facilities and workplaces as part of a job aid. Workshop on TB in the workplace will be conducted in Q3 and Q4 covering Dhaka, Sylhet, Khulna, and select Trade Union leaders, with the assistance of the Bangladesh Institute of Labor Studies.</p> |



Participants in a workshop to develop a national ACSM strategy

| Sub-objective 2. Comprehensive, high quality diagnostics | | | | | | | | |
|--|------------|----------------------------|----------------------------|----------------------------|----------------------------|---|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone Status | Milestone met? (Met, partially met, 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 2015–Mar 2016 | | |
| Service of microscopes (light-emitting diode [LED] fluorescence microscopy [FM]/light microscope) | 2.1.3 | Annual service maintenance | Annual service maintenance | Annual service maintenance | Annual service maintenance | Routine maintenance of microscopes is conducted by NTP. CTB will provide support only upon receiving request from NTP. | Met | No request for support from NTP was received. |
| Refresher trainings for light microscopy | 2.1.4 | Refresher training | Refresher training | Refresher training | Refresher training | One batch of refresher training was conducted from February 27–March 3, 2016, at NTRL, NIDCH. Twelve microscopists (9 male, 3 female), the majority from peripheral labs, attended this training. | Met | As per the work plan we need to do one 1-week training for 12 microscopists each quarter. |

| | | | | | | | | |
|--|--------------|---|--|--|--|---|-----------------------|--|
| <p>Build LED FM capacity (training manual, training, job aids, and monitoring)</p> | <p>2.1.5</p> | <p>Provide basic LED FM training</p> | <p>Provide basic LED FM training</p> <p>Develop LED FM job aids</p> | <p>Provide basic LED FM training</p> <p>Print and distribute job aids</p> | <p>Provide basic LED FM training</p> <p>Implement job aids and monitor use</p> | <p>In Q1, NTP agreed on a 1-week duration for basic LED FM training.</p> <p>CTB conducted two batches of “Basic LED FM Training” January 20–February 4, 2016, and February 6–11, 2016, at NTRL, NIDCH. Twenty-four microscopists (18 male, 6 female) attended, with the majority from periphery labs.</p> <p>One meeting was conducted on January 27, 2016, to develop the LED job aid. The draft job aid has already been developed and is pending approval of the National TB Laboratory Working Group.</p> | <p>Met</p> | <p>A National TB Laboratory Working Group meeting will be convened in April 2016 to approve the job aid.</p> |
| <p>Provide support for operationalization of containerized laboratory in Sylhet</p> | <p>2.1.6</p> | <p>Provide support for post-installation operation and maintenance costs</p> <p>Train Sylhet lab staff in use and basic</p> | <p>Provide support for post-installation operation and maintenance costs</p> | <p>Provide support for post-installation operation and maintenance costs</p> | <p>Provide support for post-installation operation and maintenance costs</p> | <p>Laboratory installation not done</p> <p>Training of lab staff is not done</p> | <p>Not met</p> | <p>Funds for construction of infrastructure have been allocated by the GF</p> <p>Preparation for infrastructure construction has been initiated</p> <p>Training depends on installation and operationalization of the laboratory</p> |

| | | | | | | | | |
|---|-------|---|---|---|---|---|----------------|---|
| | | maintenance of new equipment | | | | | | |
| National TB Laboratory committee formed and holds quarterly meetings | 2.1.7 | Arrange the quarterly and need-based meeting | No meeting of the committee convened due to pending approval of committee formation by DGHS As an alternative, National TB Laboratory Working Group was proposed to NTP and finally approved on February 8, 2016 | Not met | The meeting could not be convened due to the existing vacancy at the NTP's Program Manager (Chair of the Working Group) position and the transition at the position of Line Director-NTP. The meeting will be convened in May 2016. |
| Train the remaining batch of 64 external quality assessment (EQA) staff (activity started in APA1) | 2.2.1 | Train the remaining 64 EQA staff (coordinator, supervisor, and first/second controller) | Train the remaining 64 EQA staff (coordinator, supervisor, and first/second controller) | Train the remaining 64 EQA staff (coordinator, supervisor, and first/second controller) | Train the remaining 64 EQA staff (coordinator, supervisor, and first/second controller) | CTB conducted one batch of training on "EQA for TB Laboratories" February 14-18, 2016, with 21 participants in attendance (19 male, 2 female). | Met | |
| EQA Center to provide supervision to the microscopy centers | 2.2.2 | Provide supervision support for the microscopy centers | In Q2, five supervision visits were made (two at Sylhet Division, two at Rajshashi Division, and one at Rangpur Division) at five microscopy centers by five trained EQA first controllers. | Met | |
| Enhance quality culture/drug susceptibility testing (DST) at existing and new labs through | 2.3.1 | Provide key staff for NTRL and RTRL | Recruitment completed. Three laboratory coordinators joined in Q1 and a laboratory | Met | Lab coordinators are supporting routine C&DST and assisting to perform all technical work of NTRL/RTRLs |

| | | | | | | | | |
|---|-------|--|---|---|---|--|----------------------|--|
| recruitment of four microbiologists for NTRL and Regional TB Reference Laboratory (RTRL) | | | | | | strengthening officer joined on February 1, 2016. | | They also supervise GeneXpert sites, provide feedback. ensure sending report to the field level .They are a very much instrumental to keep operating the NTRL/RTRLs. |
| Finalize inventory template and ensure maintenance of select equipment in all NTRL/ RTRLs | 2.3.2 | Finalize inventory template Ensure maintenance of equipment at NTRL and 3 RTRLs | Ensure maintenance of equipment at NTRL and 3 RTRLs | Ensure maintenance of equipment at NTRL and 3 RTRLs | Ensure maintenance of equipment at NTRL and 3 RTRLs | The inventory template has been developed and submitted to NTP for approval. . One uninterruptible power supply (UPS) (online system) was procured and installed at the RTRL, Chittagong, to functionalize the MGIT960 (liquid culture system). | Partially met | |
| Link laboratory activity program between NTRL and RTRLs, including sample transport and joint supervision | 2.3.3 | Procure transport boxes Cost for sample shipment for proficiency testing | Cost for sample shipment for proficiency testing Joint supervision | Cost for sample shipment for proficiency testing | Cost for sample shipment for proficiency testing Joint supervision | Procurement of transport boxes has been completed. No formal request was received from NTRL/RTRLs for shipment of sample for proficiency testing. One joint supervision was conducted at RTRL Chittagong April 20–22, 2016 | Met | |
| Improve supply chain management by connecting with National | 2.3.4 | Quantify and forecast lab reagents and | Procure consumables and | Procure consumables and | Procure consumables and | This activity was included in the ToR of the National TB | Met | This working group will meet, when needed, to quantify, forecast, and procure lab |

| | | | | | | | | |
|---|--------------|---|---|---|--|--|-----------------------------|---|
| <p>TB Laboratory Committee (NTBLC) to quantify, forecast, and procure lab reagents and supplies for NRTL/RTRLs</p> | | <p>supplies</p> <p>Procure consumables and disposables for 1 NRTL and 3 RTRLs</p> | <p>disposables for 1 NRTL and 3 RTRLs</p> | <p>disposables for 1 NRTL and 3 RTRLs</p> | <p>disposables for 1 NRTL and 3 RTRLs</p> | <p>Laboratory Working Group.</p> <p>No formal request was received from NRTL/RTRLs.</p> | | <p>reagents and supplies for NRTL/RTRLs as needed. CTB will support the meeting based on need.</p> <p>Procurement of consumables and disposables is need based.</p> |
| <p>Ensure maintenance and calibration for GeneXperts</p> | <p>2.4.1</p> | <p>Replace module</p> <p>Procure 3-year warranty including calibration and validation kits</p> <p>Maintenance services for UPS and refrigerator</p> <p>Provide maintenance support to all 39 GeneXpert machines</p> | <p>Replace module</p> <p>Procure 3-year warranty including calibration and validation kits</p> <p>Maintenance services for UPS and refrigerator</p> <p>Provide maintenance support to all 39 GeneXpert machines</p> | <p>Replace module</p> <p>Procure 3-year warranty including calibration and validation kits</p> <p>Maintenance services for UPS and refrigerator</p> <p>Provide maintenance support to all 39 GeneXpert machines</p> | <p>Replace module</p> <p>Procure 3-year warranty, including calibration and validation kits</p> <p>Maintenance services for UPS and refrigerator</p> <p>Provide maintenance support to all 39 GeneXpert machines</p> | <p>In Q2, CTB replaced five modules (one for the GeneXpert at Bogra, three for the GeneXpert at Gazipur, and one for the GeneXpert at Netrokona).</p> <p>CTB procured 10 warranties, as needed. Out of these 10, 9 are for three years and 1 is for a year.</p> <p>CTB facilitated the repair of UPS at six GeneXpert sites (Sunamgonj Chest Disease Clinic [CDC], Chittagong RTRL, Thakurgaon CDC, Patuakhali CDC, Bhola CDC, and Khulna CDC) in Q2.</p> <p>CTB is providing maintenance services. In Q1, 8 out of 38 sites</p> | <p>Partially met</p> | <p>Still two completely broken machines need to be made functional (GeneXpert at Chankarpol and Jessore).</p> |

| | | | | | | | | |
|---|-------|--|---|---|--|--|----------------|---|
| | | | | | | were visited for local maintenance support. In Q2, 5 GeneXpert sites (out of 38 sites) were visited for local maintenance support. Two nonfunctional machines were made functional (GeneXpert machines at Patuakhali and Bangabandhu Sheikh Mujib Medical University). | | |
| Optimize utilization of Xpert by semi-annual performance review workshop | 2.4.2 | | Semi-annual performance review workshop of all GX sites | Semi-annual performance review workshop of all GX sites | | CTB organized a semi-annual performance review workshop on March 31, 2016, with participants from 19 GeneXpert laboratories and program staff from the regional and central level. There were 55 participants (41 male, 14 female) in attendance. | Met | |
| Improve supply chain management for Xpert | 2.4.3 | Set the standard mechanism to quantify and forecast supplies Procure Falcon tube, disinfectant, gloves, biohazard | Set the standard distribution plan of supplies | | | This activity has been included in the scope of the National Laboratory Working Group. The group will convene and decide what needs to be done, as needed. No formal request was received from NTRL/RTRLs for procuring Falcon tube, | Not met | Working group has been formed and will meet when needed. CTB will actively collaborate with NTP to avoid situation similar to 2015. However, please note, procurement of GX cartridges has been taken over by the GFATM. |

| | | | | | | | | |
|---|-------|--|--|--|--|--|------------|--|
| | | bag, etc. | | | | disinfectant, gloves, biohazard bag, etc. | | |
| Strengthen capacity of staff for use of Xpert, including routine maintenance, basic troubleshooting, and data generation | 2.4.4 | Adopt training manual/SOPs as per Global Laboratory Initiative package | | Local trainers undergone in-depth Cepheid training | | <p>CTB provided technical input for drafting a customized training manual as per GLI package.</p> <p>Two participants (one from NTP and one from CTB) participated in the Cepheid GeneXpert training course February 22–29, 2016, in Toulouse, France. They are presently contributing to the routine maintenance of GeneXpert machines.</p> | Met | <p>It was three day training consisted to practical and theoretical sessions. Facilitators of the training were from the Cepheid EU. There were sessions on basic technology of GeneXpert machine, maintenance, calibration and troubleshooting. Practical sessions on GeneXpert MTB/RIF test, module replacement, software installation, data backup etc. were conducted. An orientation on Cepheid’s new products was given.</p> <p>CTB is assisting NTP to adapt the GeneXpert training manual used in the Cepheid training.</p> <p>CTB intends to arrange TOT for its lab & field staff and NTP staff in APA3.</p> |

| | | | | | | | | |
|--|--------------|---|---|--|--|---|-----------------------------|--|
| <p>Monitor performance of GX machines, purchase and install GX alert for existing 39 machines</p> | <p>2.4.5</p> | <p>Purchase GX alert for existing 39 GX machines</p> <p>Routine visits to GX sites</p> <p>Coordinate with icddr,b on GX EQA study</p> | <p>Install GX alert for existing 39 sites</p> <p>Finalize checklist and develop monitoring SOPs and indicators</p> <p>Routine visits to GX sites</p> <p>Coordinate with icddr,b on GX EQA study</p> | <p>Routine visits to GX sites</p> <p>Coordinate with icddr,b on GX EQA study</p> | <p>Routine visits to GX sites</p> <p>Coordinate with icddr,b on GX EQA study</p> | <p>Technical assessment and scope of work preparation are underway with Global Connectivity, the company that supplies the GX Alert application.</p> <p>The landscape assessment was completed, conducted by mHealth and the lab advisor, with support from Kristian Van Kalmthout, KNCV intern.</p> <p>The assessment was a prerequisite for the implementation of the GXAlert in Bangladesh.</p> <p>The STTA for developing GeneXpert monitoring SOPs of was not available in Q2.</p> <p>Coordination has not commenced.</p> | <p>Partially met</p> | <p>The STTA visit has been rescheduled to May 15–27, 2016, in Q3.</p> <p>icddr,b has not started the EQA study yet. The EQA study is a mandate of ICDDR,B. The study aims to explore the feasibility of conducting GX EQA. CTB will coordinate with them to utilize findings in actual field settings.</p> |
| <p>Develop a mechanism for proper receipt of samples and timely delivery of reports.</p> | <p>2.5.1</p> | <p>Meet with NTBLC to develop mechanism for better documentation of receiving samples and</p> | <p>Finalize the mechanism to be implemented by NTP</p> | | | <p>This activity was included in the ToR of the National TB Laboratory Working Group.</p> | <p>Partially met</p> | <p>A mechanism for proper receipt of samples and timely delivery of reports has been developed which is being utilized by CTB lab coordinators in coordination with the field staff. It will be formalized by national PMDT & Lab Working Group in May,</p> |

| | | | | | | | | |
|--|-------|---|---|--|---|---|----------------------|--|
| | | delivering the results in coordination with Programmatic Management of DR-TB (PMDT) Working Group | | | | | | 2016. |
| Assess for planning (activities and costs) of stepwise accreditation of TB microscopy laboratory network (including NTRL/RTRLs) | 2.5.2 | | Assess for planning of stepwise accreditation of TB microscopy laboratory network | Assess feasibility of stepwise accreditation of NTRL/RTRLs | | Dr. Valentina Anisimova (Netherlands), STTA from KNCV, assessed the TB microscopy network from March 12–24, 2016. A plan (activities and costs) of stepwise accreditation of the TB microscopy laboratory network will be submitted to the project within one month. | Met | The major finding was the EQA coverage is near 100% with a minimal requirement of 75%. Despite some limitations, country has very good strength to go for the accreditation process. |
| Design and sustain a sputum transport system | 2.6.1 | Provide courier fee | Provide orientation on sputum transport SOPs Provide courier fee | Provide courier fee | Provide orientation on sputum transport SOPs Provide courier fee | CTB organized orientation for the field staff of Gazipur District on March 13, 2016. There were 24 participants (19 male, 5 female) in attendance. Providing courier fees is an ongoing activity. | Met | |
| Procure N95 respirators and monitor use | 2.7.2 | | Procurement of N95 | | | CTB is procuring 50,000 respirators to cover the | Partially met | Vendor quotations are currently under review by the |

| | | | | | | | | |
|---|-------|---|--|---------------------------|---------------------------|---|----------------------|---|
| | | | respirators Monitoring N95 use | Monitoring N95 use | Monitoring N95 use | staff of TB lab and PMDT. The procurement process was initiated, but not yet finalized. | | procurement committee. Actual delivery is expected in June 2016. |
| Establish containerized lab in Sylhet (RTRL) | 2.7.3 | Review containerized lab specifications to confirm USAID compliance Modify purchase order to upgrade lab specifications Shipment and installation of lab Deliver completed lab, equipment, and spare parts | Shipment and installation of lab Scheduled lab maintenance Incorporate a waste decontamination equipment | Scheduled lab maintenance | Scheduled lab maintenance | Review of containerized lab specifications is an ongoing activity. The waste decontamination plant is incorporated with the laboratory and is an ongoing activity. | Partially met | GF funding was secured in March 2016 for required electrical supply, construction of electric substation, and fencing, which are prerequisites to shipment. Shipment has not been completed, pending formalities: <ul style="list-style-type: none"> - NTP to write to Public Works Department in Dhaka to proceed with needed construction. - NTP to write CMSD informing them that CMSD will be responsible for payment of all applicable taxes/ duties upon arrival of shipment at the Bangladesh Port. - Issue of local security at Sylhet not yet resolved. |



Panel discussion on “Maintenance and operational challenges of GeneXpert machines: Explore the roads to solutions” at Hotel Bengal Blueberry on March 31, 2016



Hands-on training for participants in the Basic LED-FM Training, January 30–February 4, 2016, at NTRL, NIDCH



CTB lab advisor replacing the module of GeneXpert machine at Gazipur on March 10, 2016



Participants in orientation on sputum transport SOPs for laboratory and program staff on March 13, 2016, at Supernova, MSH Office

| Sub-objective 3. Patient-centered care and treatment | | | | | | | | |
|--|------------|--|--|--|--|--|--|--|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone Status | Milestone met? (Met, partially met, 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 2015–Mar 2016 | | |
| Increase capacity of doctors and field staff to diagnose and manage childhood TB by training (BPA), improved contact tracing, and IPT (Sylhet) for children | 3.1.1 | Monitor and evaluate work done by BPA | Regular monitoring, evaluation, and supervision is ongoing | Met | Proper distribution of recently published Child TB posters and previous IPT posters at Outpatient Department and civil surgeon office was done. Observed lack of coordination between implementing partners. The matter was discussed and resolved at Child TB Working group meeting attended by the CTB Advisor with Civil Surgeon Tangail in the chair. |
| | | Promote utilization of the screening tool | Screening tools have been finalized at workshop in Q1 and endorsed by NTP | | |
| | | Ensure implementation of IPT | Implemented by sub-grantees, not countrywide yet | | |
| | | Monitor implementation status of IPT in children | Monitoring visit was conducted at Tangail Sadar Hospital and Sadar Upazila In that Hospital though there is a complete pediatric unit the referral of children for screening is very low | | |
| Continuous awareness raising efforts for health | 3.1.2 | Monitor and evaluate | Monitor and evaluate | Monitor and evaluate | Monitor and evaluate | BPA conducted | Met | For launching of BPA's activity, one local-level |

| | | | | | | | | |
|---|-------|------------------|---|--|--|--|----------------------|---|
| providers, parents, and community about childhood TB (Dhaka and Sylet Divisions) and measure impact of childhood TB interventions | | work done by BPA | work done by BPA | work done by BPA | work done by BPA | preparatory trainings in Q2. BPA will begin field level implementation in Q3. And monitoring of their activities will be done regularly. | | advocacy and sensitization workshop has been conducted in Sylhet on February 27, 2016. A total of 72 participants attended the workshop, including 2 directors from DGHS, Divisional Director-Sylhet, 4 civil surgeons, 38 UHFPOs, teaching staff from medical colleges, and representatives from implementing partners. Five renowned pediatricians served as facilitators. |
| Provide technical support to NTP regarding proper functioning of recording and reporting system | 3.1.3 | | Development /revision of reporting formats Print revised reporting forms | | | CTB facilitated finalization of the contact tracing format, which was endorsed by NTP. | Partially met | Printing process will be initiated in Q3 |
| Improve Intensified Case Finding (ICF) among diabetes patients through development of job aid TB/DM | 3.1.4 | | Develop and print job aid for health care worker (HCW) diabetes care | Develop and print job aid for HCW diabetes care | | Review of existing materials conducted | Partially met | Draft messages developed and will be shared in ACSM Working Group meeting in Q3 for approval. |
| Strengthen the referral linkage mechanism between DOTS and voluntary counseling and testing (VCT) center | 3.1.5 | | Strengthen the referral linkage mechanism between DOTS and | Strengthen the referral linkage mechanism between DOTS and | Strengthen the referral linkage mechanism between DOTS and | Referral linkage has been established CTB organized one sensitization meeting among representatives | Met | |

| | | | | | | | | |
|---|-------|--|--|--|---|---|----------------------|---|
| | | | VCT center | VCT center | VCT center | from NTP-Sylhet and Ashar Alo Society on World TB Day on March 24, 2016. The local partners and Ashar Alo Society signed a memorandum of understanding at Sylhet. | | |
| Scale up TB in prison model | 3.1.6 | Review national experiences, published research, and unpublished work on TB in prisons | Implement scale-up of TB in prison model | Implement scale-up of TB in prison model | Implement scale-up of TB in prison model | Literature reviewed and dialogue initiated with icddr,b (implementer of prison TB research under TRaction) in Q1 Meeting conducted with STTA in January 2016 to explain a sustainable model to scale up TB activities in prison | Partially met | Concept Note including Scope of Work by icddr,b has been reviewed. Process has been initiated for sole sourcing. Award possible in May, 2016. |
| Review and expansion of workplace case finding and treatment | 3.1.7 | Assessment and mapping of workplaces Advocacy meetings with the Ministry of Labour and Manpower, and others | Develop an advocacy plan Advocacy meetings with the Ministry of Labour and Manpower, and others | Advocacy meetings with the Ministry of Labour and Manpower, and others | Advocacy meetings with the Ministry of Labour and Manpower, and others Advocacy meeting with BEPZA | CTB organized one advocacy workshop with Industrial Park (77 industries) in Sylhet Bangladesh Small and Cottage Industries Corporation area, with support of STTA, on January 10, 2016, with 22 participants in attendance. Two meetings were conducted with | Met | Initial plans for engagement with BEPZA were modified in Q1 since the Damien Foundation is carrying out comprehensive activities with BEPZA support at the Dhaka export processing zone. As an alternative, an orientation session has been initiated with the trade union in collaboration with BILS. |

| | | | | | | | | |
|--|-------|---|--|---|---|---|----------------------|---|
| | | | Advocacy meeting with Bangladesh Export Processing Zones Authority (BEPZA) | | | Bangladesh Institute of Labour Studies and Labour Union leaders at the national level in Dhaka, with support of STTA, on January 10 and January 20, respectively. A concept note is being elaborated for systematic and sustainable engagement of the industrial sector and Labour Union in TB control. | | |
| Improve utilization of the criteria for presumptive MDR cases by sensitizing divisional and (sub) district managers (complete coverage), introducing a developed history-taking tool, and reinforcing during supervision visits | 3.2.1 | Workshop to evaluate existing history-taking tools and formulate improvements Provision of funds for courier cost for sputum samples | Organize sensitization workshop at division level for increasing diagnosis of MDR-TB Organize orientations at district level on referral Print and distribute history-taking tools | Organize sensitization workshop at division level for increasing diagnosis of MDR-TB Organize orientations at district level on referral Provision of funds for courier cost for sputum samples | Organize orientations on referral at district level Provision of funds for courier cost for sputum samples | Two workshops were conducted on March 14 and 15, 2016, with 38 (33 male, 5 female) and 41 (36 male, 5 female) attendees, respectively. Funds for this activity were reallocated to conduct training on TB Infection Prevention and Control (TPC). Provision of funds for courier cost is an ongoing activity. | Partially met | Order for printing placed. The tool is under process of printing and after receiving of printed tool, will be handed over to NTP for distribution throughout the country in Q3. |

| | | | | | | | | |
|--|-------|---|---|---|---|---|----------------------|---|
| | | | Provision of funds for courier cost for sputum samples | | | | | |
| Plan for adoption and operationalization of new policy on Xpert testing all new smear-positive cases across the country | 3.2.2 | Consensus workshop for development of countrywide adoption of new policy | Disseminate new policy at sensitization workshops | Disseminate new policy at sensitization workshops | | Piloting of new policy is ongoing at four sites, as per NTP decision | Partially met | In Q3, CTB will organize workshop to evaluate pilot results after completion of three months from initiation of new policy implementation |
| Sustain all community-based PMDT (cPMDT) activities and ensure package allocated to that, including mHealth | 3.2.3 | Organize training of outpatient DR-TB team at upazilas (1 batch of training for members of outpatient DR-TB team from 4 upazilas, Khagrachori District) Conduct joint supervision of DR-TB treatment initiation centers (1 visit per | Organize training of outpatient DR-TB team at upazilas Conduct joint supervision of DR-TB treatment initiation centers | Organize training of outpatient DR-TB team at upazilas Conduct joint supervision of DR-TB treatment initiation centers | Organize training of outpatient DR-TB team at upazilas Conduct joint supervision of DR-TB treatment initiation centers | Two batches of training were organized for capacity building of outpatient DR-TB teams in Khagrachari District. The first batch was organized in Q1 and the second batch (for an additional four upazilas) was conducted on January 26–28, 2016, with 31 participants in attendance (30 male, 1 female). In Q2, another joint supervision was conducted at a DR-TB treatment initiation center in Pabna. A team consisting of members from NTP, WHO, | Met | A workshop was conducted with field coordinators to explore additional functionality of the mHealth application. |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | <p>quarter)</p> <p>Provide funds for incentives for DR-TB patients & DOT providers</p> <p>Provide funds for ancillary investigations and travel costs for DR-TB patients</p> <p>Provide funds to DOT providers for travel costs to collect drugs</p> <p>Provide honoraria to DOT providers for collecting drugs</p> <p>Provide funds for DR TB patients to</p> | <p>Provide funds for incentives for DR-TB patients and DOT providers</p> <p>Provide funds for ancillary investigations and travel costs for DR-TB patients</p> <p>Provide funds to DOT providers for travel costs to collect drugs</p> <p>Provide honoraria to DOT providers for collecting drugs</p> <p>Provide funds for DR-TB patients to</p> | <p>Provide funds for incentives for DR-TB patients and DOT providers</p> <p>Provide funds for ancillary investigations and travel costs for DR-TB patients</p> <p>Provide funds to DOT providers for travel costs to collect drugs</p> <p>Provide honoraria to DOT providers for collecting drugs</p> <p>Provide funds for</p> | <p>Provide funds for incentives for DR-TB patients and DOT providers</p> <p>Provide funds for ancillary investigations and travel costs for DR-TB patients</p> <p>Provide funds to DOT providers for travel costs to collect drugs</p> <p>Provide honoraria to DOT providers for collecting drugs</p> <p>Provide funds</p> | <p>implementing partners, and local health staff conducted the visit and provided guidance and recommendations.</p> <p>Providing funds for incentives is an ongoing activity.</p> <p>Providing funds for ancillary investigations and travel costs is an ongoing activity.</p> <p>Providing honoraria to DOT providers is an ongoing activity.</p> <p>Providing funds for patients to travel to submit sputum for follow-up culture is an ongoing activity.</p> <p>Plastic drug boxes and file covers for patients were delivered to the CTB office by the vendor.</p> | | |
|--|--|--|--|--|--|--|--|--|

| | | | | | | | | |
|--|--|---|---|---|---|--|--|--|
| | | <p>travel to NTRL/RTRL to submit sputum for follow-up culture</p> <p>Procure and distribute plastic drug box and file cover for patients</p> <p>Procure and distribute kits for DOT providers (bag, umbrella, torch, etc.)</p> <p>Sustain mHealth for quality DOT</p> <p>Courier service for NTRL/RTRLs</p> <p>Airtime to</p> | <p>travel to NTRL/RTRL to submit sputum for follow-up culture</p> <p>Procure and distribute plastic drug box and file cover for patients</p> <p>Procure and distribute kits for DOT providers (bag, umbrella, torch, etc.)</p> <p>Sustain mHealth for quality DOT</p> <p>Courier service for NTRL/RTRLs</p> <p>Airtime to</p> | <p>DR-TB patients to travel to NTRL/RTRL to submit sputum for follow-up culture</p> <p>Procure and distribute plastic drug box and file cover for patients</p> <p>Procure and distribute kits for DOT providers (bag, umbrella, torch, etc.)</p> <p>Sustain mHealth for quality DOT</p> <p>Courier service for NTRL/RTRLs</p> | <p>for DR-TB patients to travel to NTRL/RTRL to submit sputum for follow-up culture</p> <p>Procure and distribute plastic drug box and file cover for patients</p> <p>Procure and distribute kits for DOT providers (bag, umbrella, torch, etc.)</p> <p>Sustain mHealth for quality DOT</p> <p>Courier service for NTRL/RTRLs</p> | <p>Kits for DOT providers (bag, umbrella, torch, etc.) were delivered to the CTB office by the vendor.</p> <p>A total of 306 DOT providers out of 508 are now using mHealth. Of the DOT providers with a phone in the Dhaka City Corporation, Gazipur, and Narshindi, 100% are now using the mHealth application.</p> <p>Courier service for NTRL/RTRLs is an ongoing activity.</p> <p>Provision of airtime to ensure Xpert results are shared immediately is an ongoing activity.</p> | | |
|--|--|---|---|---|---|--|--|--|

| | | | | | | | | |
|--|-------|--|---|--|--|---|----------------------|---|
| | | ensure Xpert results shared immediately | ensure Xpert results shared immediately | Airtime to ensure Xpert results shared immediately | Airtime to ensure Xpert results shared immediately | | | |
| Strengthen quality of contact tracing of DR-TB patients by improving and simplifying the recording and reporting (R&R) system, creating commitment with partners on use, rolling out the system followed by M&E supervision | 3.2.4 | Organize consensus workshop for development of contact tracing recording format of DR-TB patients, including the plan of action regarding system/responsibility of contract tracing TOT for NTP and implementing partners regarding contact tracing and recording format of DR-TB patient | Print and distribute contact tracing format | | | A workshop was organized jointly with activity 4.1.1 to develop a common SOP (draft) for contact investigation of DS-TB, DR-TB, and childhood TB. | Partially met | The printing process has been initiated. After finalization of the SOP, the TOT will be conducted in Q3. |
| Strengthen recording and reporting of treatment follow-up cultures | 3.2.5 | Orientation on documentation of | Orientation on documentation of | Orientation on documentation of | Orientation on documentation of | Orientation on documentation shifted to Q3 | Partially met | Orientation on recording and reporting formats will be done during a workshop on TOT for DR-TB contact tracing format |

| | | | | | | | | |
|--|--|---|---|---|---|---|--|---------------|
| | | <p>updated recording formats at NIDCH, Shymoli, and Chankharpool CDC</p> <p>Align DR-TB recording and reporting with eTB Manager</p> <p>Provide mobile costs to laboratory technologist at all DR-TB diagnostic sites</p> | <p>updated recording formats at NIDCH, Shymoli, and Chankharpool CDC</p> <p>Provide mobile costs to laboratory technologist at all DR-TB diagnostic sites</p> | <p>updated recording formats at NIDCH, Shymoli, and Chankharpool CDC</p> <p>Provide mobile costs to laboratory technologist at all DR-TB diagnostic sites</p> | <p>updated recording formats at NIDCH, Shymoli, and Chankharpool CDC</p> <p>Provide mobile costs to laboratory technologist at all DR-TB diagnostic sites</p> | <p>Providing mobile costs to laboratory technologists is continuing</p> | | <p>in Q3.</p> |
|--|--|---|---|---|---|---|--|---------------|



The visiting team interviews a DR-TB patient at his home



The team interviews admitted DR-TB patients at Pabna CHD



Training on cPMDT for outpatient DR-TB teams in the Khagrachari District



Sensitization workshop to increase referral of presumptive DR-TB cases



Meeting with BILS



Orientation on contact tracing by CWCH for newly-recruited NTP program organizers in Tangail



Meeting in a factory at Sylhet with STTA Netty Kamp

| Sub-objective 4. Targeted screening for active TB | | | | | | | | |
|---|------------|--|--|--|--|---|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone Status | Milestone met? (Met, partially met, 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 2015–Mar 2016 | | |
| Develop clear SOP on contact tracing to improve active case finding (ACF) of pediatric TB cases, and disseminate to all health staff countrywide, using all developed material | 4.1.1 | | Develop SOP implementation plan and contact tracing tool Consensus meeting at central level Regular monitoring of contact tracing activity | Regular monitoring of contact tracing activity | Regular monitoring of contact tracing activity | CTB has organized a consensus workshop on March 29–30, 2016, where a draft SOP has been formulated for DS-TB, DR-TB, and childhood TB. A total of 24 participants from NTP and other stakeholders attended. | Partially met | Contact tracing is being conducted in specific areas covered by CTB sub-grantee. In Q4, CTB will facilitate scale up of contact tracing through utilizing NTP endorsed standardize tool. Regular monitoring of contact tracing will begin in Q4. |
| Phase-wise completion of capacity development for doctors and field workers of all divisions on childhood TB | 4.1.2 | Conduct child TB training for Dhaka (NGO Health Service Delivery Program [NHSDP]) and Sylhet divisions | Update training materials as per revised childhood TB guidelines Printing of Child TB Training | Printing of Child TB Training Manual Conduct child TB training for Dhaka and Sylhet divisions | | Training module updated in Q2. Training modules will be reprinted for CTB sub-grantee (BPA), as per request. | Partially met | In Q3, BPA will start training in Sylhet Division, as per sub-grantee agreement. |

| | | | | | | | | |
|---|-------|--------------------------------------|---|---|---|---|----------------------|--|
| | | | Manual Conduct Child TB training for Dhaka and Sylhet divisions (NHSDP) | (NHSDP) | | | | |
| Integration of NTP child TB activity into other child health-providing organizations | 4.1.3 | | Organize inter-departmental meeting on integration of child TB activities with the Integrated Management of Childhood Illness and MCH activities and develop a pilot plan | Two-day orientation meetings prior to piloting | | Meeting could not be organized due to busy schedule of stakeholders | Not met | Meeting is planned for May 2016 |
| Implement local grants program | 4.1.4 | Continue current case finding grants | Continue current case finding grants Develop and release RFA for new round of grants | Continue current case finding grants Negotiate, award, and sign grants | Continue current case finding grants Implementati on of new grants | Continuation of current case finding grants ongoing | Partially met | Icddr,b Concept note on Prison Model reviewed for potential scale up. Justification for sole source to be done April' 2016. Expected awarding (sub-award/ contract) to be done in June, 2016. |

| | | | | | | | | |
|---|-------|--|---|---|---|--|----------------------|---|
| Finalize TB urban poor strategic plan, mobilize key community leaders to develop their action plans | 4.2.1 | Sharing of successful experiences from other countries as an input to urban strategic plan | Final Urban TB Strategy | | | STTA deferred to Q3. All groundwork (TOR finalization, preparatory work for field visit and workshop) completed in Q2. | Partially met | Workshop will be conducted in Q3 (April 2016) with STTA. Urban Plan to be finalized, including the workshop deliverables. |
| Undertake regular cough surveys with NGOs in the targeted areas | 4.2.2 | Biweekly survey for 10 months among floating people | Biweekly survey for 10 months among floating people | Biweekly survey for 10 months among floating people | Biweekly survey for 10 months among floating people | NGOs in the initial plan are unable to participate in the cough survey. | Not met | TB activities have been excluded from NGOs' service delivery of the Urban Primary Health Care Services Delivery Project. As an alternative, other organizations were approached. |
| Involve peers for DOTS provision | 4.2.3 | | Involve peer groups, among migrant population, for social mobilization of school youth in TB projects | Involve peer groups, among migrant population, for social mobilization of school youth in TB projects | Involve peer groups, among migrant population, for social mobilization of school youth in TB projects | Youth group of migrant population and school youth were involved in social mobilization activities, such as wall painting and school drama, during commemoration of World TB Day, 2016 | Met | To be expanded to other schools and divisions |
| Advocacy meetings of NTP with the National Nutrition Services (NNS) and other nutrition stakeholders, such as UNDP, to foster collaboration and inclusion of poorest/malnourished TB patients in their | 4.2.4 | | Meetings between NTP and NNS, and other stakeholders | Meetings between NTP and NNS, and other stakeholders | | Could not be conducted due to busy schedule of stakeholders | Not met | Meeting to be scheduled in May 2016 |

| | | | | | | | | |
|--|-------|--|--|---|---|---|----------------|--|
| comprehensive nutritional plan | | | | | | | | |
| Link with public and NGO nutritional health workers in the slum areas to include TB | 4.2.5 | Link various NGOs working in slum areas to ensure coordinated efforts and attention for TB from nutrition programs | Link various NGOs working in slum areas to ensure coordinated efforts and attention for TB from nutrition programs | | | One meeting held on January 10, 2016, with the Town Federation with the assistance of STTA and Divisional Expert of NTP. | Met | Objective of this collaboration is to promote referrals of TB symptomatic from community supported by The Town Federation to microscopy centers. |
| Ensure extremely poor TB patients linked to the government safety net and nutritional incentive program of NGOs | 4.2.6 | | Ensure ongoing linkage between slum-area partners | Ensure ongoing linkage between slum-area partners | Ensure ongoing linkage between slum-area partners | Could not be conducted due to non-availability of stakeholders (Plan International, NHSDP). | Not met | Meeting scheduled in June 2016 with NGOs working on nutrition in slum areas (e.g., Plan International, NHSDP) |
| Engage informal providers, drug outlets, shopkeepers/owners in ACF/DOTS | 4.2.7 | Action-oriented community meetings | Action-oriented community meetings | Action-oriented community meetings | Action-oriented community meetings | Two sensitization meetings were organized with the Community Development Group and community leader under the leadership of the Town Federation in Sylhet city on March 23 (23 participants) and 24, 2016 (15 participants). Lessons learned to be drawn and next steps to be defined for scaling up: Community | Met | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | <p>Development Committee and community leaders have the potential to deliver community services. Their formal education is low, but they are skilled in community interaction and they are aware of their problems.</p> <p>Next Steps:</p> <ol style="list-style-type: none"> 1. Two persons from each Community Development Committee will be selected for community mobilization and referral of symptomatic individuals. 2. The referral slip and DOTS corner list has been distributed to them for the TB symptomatic referral. 3. The cluster leaders will disseminate the messages regarding TB symptoms, transmission, treatment adherence, and stigma in the community during their | |
|--|--|--|--|--|--|--|--|

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | <p>daily work of fund mobilization.</p> <p>4. Gradually, 16 clusters of Sylhet City Corporation will be covered.</p> | | |
|--|--|--|--|--|--|--|--|--|



Action-oriented community group meeting in Sylhet



Murals painted by the youth group and school students for World TB Day, 2016

| Sub-objective 5. Infection control | | | | | | | | |
|--|------------|---|--|---|--|---|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone Status | Milestone met? (Met, partially met, 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 2015–Mar 2016 | | |
| Establishing Infection Control (IC) committee at central NTP level | 5.1.1 | Establish IC committee at central level to formulate action plan and implement it | Formulate action plan and implement IC Plan | Organize quarterly meeting of IC committee at central level Implement IC Plan | Organize quarterly meeting of IC committee at central level Implement IC Plan | TB IC working group was formed in this quarter. Action plan developed with support from STTA. Quarterly meeting on TB IC will be organized in April 2016 for sharing and implementation of action plan. | Met | |
| Develop a complete curriculum/training manual for implementation of the IC guidelines, including a revision of supervision checklist for IC items | 5.1.2 | | Analysis of the risk assessment done by TB CARE II | Analysis of the risk assessment done by TB CARE II Infection control training of 6 facilities' staff Revise supervision checklist for | Analysis of the risk assessment done by TB CARE II | Analysis of risk assessment done in three hospitals and report has been prepared with support from STTA this quarter To pilot the curriculum, two-day training on TB IC conducted on February 22–23, 2016, for five health facility staff, with 20 total HCWs in attendance The TB IC section of TB | Met | |

| | | | | | | | | |
|---|-------|---|--|----------|--|---|----------------------|---|
| | | | | IC items | | supervision checklist revised and will be shared with NTP Curriculum and training guide to be delivered by STTA in April | | |
| Evaluate Finding TB cases Actively, Separating safely, and Treating effectively (FAST) approach in three hospitals and consider scale-up to two more chest disease hospitals | 5.1.3 | Evaluate present status FAST activities (NIDCH, BIRDEM, Chittagong CDH) in the existing 3 hospitals post-TB CARE II | Address gaps identified in the 3 initial hospitals and take necessary steps and/or measures to ensure sustainability of activities | | | Assessment conducted in three hospitals | Partially met | The findings will be discussed with NTP during the TB IC Working Group meeting in April 2016 before undertaking next steps. |



Training on TB IPC for participants from health facilities



Participants from health facilities conduct group work on TB IPC



Inaugural ceremony for training on TB IPC for health facility staff

| Sub-objective 7. Political commitment and leadership | | | | | | | | |
|---|------------|---|---|--|----------|--|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone Status | Milestone met? (Met, partially met, 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 2015–Mar 2016 | | |
| Enabling the NTP to promote and coordinate TB activities in Bangladesh | 7.2.1 | Participate in International Congress on AIDS in Asia and the Pacific (ICAAP) 2015 Conference | Formation of a budget mobilization (caucus) group Meeting with the group/ donor annually Observance of World TB Day | Sensitize the policy makers biannually Second meeting of caucus | | CTB participated at the ICAAP from March 12–14, 2016. A symposium on TB-HIV was held on March 13, 2016, with speakers from WHO Regional Office for South-East Asia SEARO-New Delhi and various organizations in Dhaka. It was attended by approximately 70 participants. A booth exhibiting the activities of CTB and the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project of MSH was displayed at the exhibition area. Meeting for the formation of a budget mobilization (caucus) group was held on March 16, 2016, and attended by 22 participants. It was treated as the first meeting of the group. | Met | |

| | | | | | | | | |
|---|-------|---|---|---|---|---|----------------------|--|
| | | | | | | World TB Day was observed at central and divisional (all 7) levels. Please see Annex-1 for details. | | |
| Provide technical and management support to the Country Coordinating Mechanism (CCM) and support appropriate budgetary allocation for the TB program | 7.2.2 | Assist the Line Director and other NTP officials to ensure funding in the OP Continuous support to the CCM Secretariat | Assist the Line Director and other NTP officials to ensure funding in the OP Continuous support to the CCM Secretariat | Assist the Line Director and other NTP officials to ensure funding in the OP Continuous support to the CCM Secretariat | Assist the Line Director and other NTP officials to ensure funding in the OP Continuous support to the CCM Secretariat | Assisting Line Director and other NTP officials to ensure funding in OP is ongoing | Partially met | Support to CCM will be provided by engaging two short-term consultants for six months, effective May 2016. Proposed ToR have been placed for endorsement by the CCM Oversight Committee. Upon endorsement, hiring will commence. |
| Support NTP in ensuring unified TB program in Bangladesh | 7.3.1 | Support NTP in arranging coordination meetings | CTB is supporting NTP in arranging coordination meetings. The last coordination meeting was held on December 23, 2015. Due to vacancies at the post of Program Manager-NTP and the transition of Line Director-NTP, this quarter meeting was not held. CTB supported the NTP quarterly partners meeting as well as the PPM and ACSM Working Group meetings. | Met | |



Dr. Ashrafuddin, NTP Manager; Andre Villanueva, CTB, Bangladesh Country Project Director; Chris Welch, MSH Regional Lead, Eurasia; Dr. Lisa Stevens, USAID; and Mozaffar Hossain Poltu, President, NATAB at the meeting on the formation of a fund mobilization group (March 16, 2016)

| Sub-objective 9. Drug and commodity management systems | | | | | | | | |
|--|------------|--|--|--|--|---|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone Status | Milestone met? (Met, partially met, 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 2015–Mar 2016 | | |
| Coordinate with SIAPS on the strengthening and utilization of the current procurement and supply chain management system in place | 9.1.1 | Ensure strong linkages between NTP, SIAPS, and GF activities | Ensure strong linkages between NTP, SIAPS, and GF activities | Ensure strong linkages between NTP, SIAPS, and GF activities | Ensure strong linkages between NTP, SIAPS, and GF activities | <p>This is an ongoing activity whereby CTB collaborates closely with NTP, SIAPS, and GF to ensure complementation of activities and maximization of available resources.</p> <p>CTB regularly coordinates with NTP (various program issues like training, workshop, supervision). SIAPS (eTB manager scale up and training, TB drug quantification etc.) and GF (GeneXpert functionality, social support in cPMDT, health financing etc.) activities in ongoing efforts ensuring complementation and maximization of available resources.</p> | Met | |

| | | | | | | | | |
|--|--------------|--|---|--|--|------------------------------------|-----------------------|---|
| <p>Support operational research on nine-month regimen</p> | <p>9.2.1</p> | | <p>Agreement with the research organization</p> <p>Facilitate the preparation and finalization of tools</p> <p>Procure equipment for safety monitoring</p> <p>Procure four test kits for second-line line-probe assay screening</p> | | | <p>This activity was not done.</p> | <p>Not met</p> | <p>USAID Mission advised cancellation of the request for proposal in anticipation of forthcoming recommendations on a shorter regimen from WHO.</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 met, 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 2015–Mar 2016 | | |
| Conduct quarterly M&E meeting at central level | 10.1.1 | Conduct quarterly M&E meeting at CTB/B central level for grantees and CTB project staff | Conduct quarterly M&E meeting at CTB/B central level for grantees and CTB project staff | Conduct quarterly M&E meeting at CTB/B central level for grantees and CTB project staff | Conduct quarterly M&E meeting at CTB/B central level for grantees and CTB project staff | <p>Quarterly M&E meeting with CTB Sub-grantees was conducted on March 28' 2016. Total 28 participants attended this meeting. 3 persons from each sub-grantee (including program and finance) attended this meeting. Apart from the programmatic issues, administrative and financial issues were also discussed in this meeting.</p> <p>CTB also organized Quarterly M&E meeting with CTB project staff on March 28-29' 2016.</p> | Met | |
| Conduct joint and regular data quality audits and dissemination of findings | 10.1.2 | Conduct joint data quality assurance (DQA) visit to district and upazila levels | Conduct joint DQA visit to district and upazila levels | Conduct joint DQA visit to district and upazila levels | Conduct joint DQA visit to district and upazila levels | Draft DQA tool developed in Q2 | Partially met | This tool will be finalized with STTA (Navindra Persaud), which continues into April 2016. A joint visit will be conducted after finalization of the tools. |

| | | Dissemination of findings from DQA visits | Dissemination of findings from DQA visits | Dissemination of findings from DQA visits | Dissemination of findings from DQA visits | | | |
|--|--------|--|---|---|---|--|----------------------|---|
| Cascade three-day training on M&E, e-TB manager, and analysis of data of NTP and NGO staff for different levels | 10.1.3 | Cascade training on M&E, e-TB manager, and analysis of data of NTP and NGO staff for different levels, to complement SIAPS sites | | | | M&E plan, M&E tools, and module on data analysis will be finalized by STTA in April 2016, in coordination with NTP unit and SIAPS M&E. Joint meeting with partners regarding potential integration of e-TB Manager with DHIS2 and its scale-up will be conducted. | Not met | Finalization of tools and training manuals will be done in May 2016 in coordination with partners. This training will be conducted in June 2016. This meeting will be conducted in May 2016. |
| Organize two workshops to develop operations research protocols and finalize research findings | 10.1.4 | Shortlisting of prioritized research topics done in APA1 by the NTP research working group Workshops to develop research protocol as a result of identified research agenda in APA1 | | | | NTP approved the shortlist of prioritized research topics | Partially met | All preparatory work for the workshop was done in Q2. The workshop for the development of a research protocol is scheduled for April 3–7, 2016, with support from STTA (Susan Van Der Hoff). |



Participants in quarterly M&E meeting with CTB sub-grantees

| Sub-objective 11. Human resource development | | | | | | | | |
|---|------------|--|---|---|---|--|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone Status | Milestone met? (Met, partially met, 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 2015–Mar 2016 | | |
| Develop a new human resources development (HRD) plan for the NTP | 11.1.1 | Revise implementation of the expiring HRD Plan (2000-2015) and draft a new 2015-2020 HRD Plan addressing training, supervision, M&E, and recognition system Meetings for revision and endorsement of NTP and partners | Dissemination through regional staff and advisors during regular quarterly meetings | Dissemination through regional staff and advisors during regular quarterly meetings | Dissemination through regional staff and advisors during regular quarterly meetings | Draft revised plan circulated to get opinions from workshop participants. Two workshops (one for formulation and one for validation of draft revised plan) were organized on March 22, 2016, and March 31, 2016, respectively. In addition to NTP and other stakeholders, it was attended by the Joint Secretary-Human Resource Management (HRM) Unit of the Ministry of Health and Family Welfare (MOHFW). | Met | |
| Reinforce supportive supervision | 11.1.2 | With a task force, develop updated and aligned supervision | Disseminate the new supervision tools to divisional experts and | Conduct joint supervision using the tools | Conduct joint supervision using the tools | Discussion was held with NTP and GFTM M&E consultant for developing M&E plan of NTP | Partially met | Joint supervision will be conducted in Q3. |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | tool (checklist) and data compilation system (electronic) | partners Conduct joint supervision using the tools | | | | | |
|--|--|--|--|--|--|--|--|--|



Dr. MD. Sajedul Hasan, Joint Secretary, HRM, MOHFW, leading discussions at the validation workshop for the HRD Plan attended by various TB stakeholders on March 31, 2016



Mr. William Kiarie, STTA consultant, facilitating discussion at the formulation workshop for the HRD Plan (March 22, 2016)

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

Current Global Fund TB Grants

| Name of grant & principal recipient (<i>i.e., TB NFM - MOH</i>) | Average Rating* | Current Rating | Total Approved Amount | Total Disbursed to Date | Total expensed (<i>if available</i>) |
|---|-----------------|----------------|-----------------------|-------------------------|--|
| TB NFM from July 2015 | | | | | |
| ERD (MOF) | A2 | A1 | 25,433,938USD | 6,335,788 USD | |
| BRAC | A2 | A1 | 41,812,692 USD | 10,689,279 USD | |

* Since January 2010

In-country GF status: Key updates, current conditions, challenges, and bottlenecks

GF has been funding Bangladesh since 2004. The country is currently implementing the New Funding Model (NFM) amounting to USD 80.9M for both purchase requests. The grant duration is 30 months, from July 2015 to December 2017. NTP has completed recruitment of the field staff (TLCAs), officers, and experts. The TLCAs are undergoing training and will be joining their work stations soon. This will help overcome the gaps created at the field level due to retrenchment of 800 staff by BRAC in 2015.

The GF rating on performance has been improving progressively from B1 to A2. The present average rating for NTP is A2 and the current rating is A1, while the PR BRAC average rating is A1 and current rating is A2.

CTB involvement in GF support/implementation, any actions taken during this reporting period

CTB is working in close collaboration and coordination with GF, in partnership with the NTP. CTB is providing technical support to GF-supported trainings, specifically on PMDT.

On March 13, 2016, the CTB team met with Richard Cunliffe, Fund Portfolio Manager, and the High Impact Asia Department on the sideline of the ICAAP Conference. They discussed various aspects of the proposed PPM model. The CTB team advised GF to consider installation of new GeneXpert machines as a comprehensive package (satisfactory infrastructure, adequate manpower and steady supply of cartridges) to overcome the shortcomings at proposed sites.

Success Stories – Planning and Development

| | |
|---|---|
| Planned success story title: | Development of national contact investigation tools and SOP; a new dimension for active case finding |
| Sub-objective of story: | 3. Patient-centered care and treatment |
| Intervention area of story: | 4.1. Contact investigation implemented and monitored |
| Brief description of story idea: | <p>Investigation of contacts of patients with TB is a priority for TB control. TB control programs should have written guidelines for the use of and approaches to contact investigation. Despite the maximum effort of NTP and stakeholders for fighting TB, the country could only achieve a 53% case notification rate and NTP could only enroll 20% of estimated DR-TB patients for treatment. The proportion of childhood TB is 4% among all notified new TB cases. Thus, the diagnosis and under-reporting of child TB remains a challenge. Moreover, children under five years of age and people living with HIV are particularly at risk.</p> <p>Therefore, the large number of undiagnosed cases needs to be addressed as a priority. Considering the situation, CTB adopted an initiative for contact investigation of TB/ DR-TB/child TB patients, as per discussion with NTP.</p> <p>In Bangladesh, a number of implementing stakeholders have already initiated contact investigation on a small scale; but, they are following as per their own organizational procedures, and there is no systematic reporting to NTP. In order to synchronize these efforts, CTB supported NTP in preparing standardized formats for undertaking contact investigation of DS-TB, DR-TB, and childhood TB to ensure a systematic approach to reporting. A consensus workshop was organized by NTP, with support from CTB, to formulate formats for contact investigation, which was initially approved by NTP in February 2016.</p> <p>CTB also realized the importance of having SOPs that will identify persons to be placed on contact investigation, which includes the unique algorithm for contact investigation nationally with a recording and reporting format. It also comprises the roles and responsibilities of program personnel during investigations and the collection of data with proper documentation.</p> <p>With the aim of developing the SOP, a two-day workshop was organized on March 29 and 30, 2016, with support from CTB. The draft SOP was developed and the preliminary recording and reporting formats were shared and approved by NTP in the presence of stakeholders. A total of 22 invitees (16 male, 8 female) representing different stakeholders were present at the workshop and there was active participation from NTP. The contact tracing format is now ready for printing. The draft SOP will be shared with NTP and the stakeholders for their final comments. After comments have been incorporated, it will also be printed.</p> |
| Status update: | |

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 rifampicin-resistant TB or MDR-TB cases detected (3.1.4) | Number of MDR-TB cases initiating second-line treatment (3.2.4) | Comments |
|-----------------|--|---|--|
| Total 2011 | 612 | 390 | There has been an increase in presumptive DR TB cases in Q1 of 2016 (11,761) in comparison to Q1 of 2015 (9,902), also in comparison to Q4 of 2015 (11,216). |
| Total 2012 | 701 | 505 | |
| Total 2013 | 807 | 684 | |
| Total 2014 | 994 | 945 | |
| Total 2015 | 896 | 880 | |
| Jan-Mar 2016 | 242 | 208 | |
| Apr-Jun 2016 | | | |
| Jul-Aug 2016 | | | |
| To date in 2016 | | | |

Table 5.2 Number of pre-/extensively drug-resistant TB (XDR-TB) cases started on bedaquiline (BDQ) or delamanid (DLM) (national data)

| Quarter | Number of pre-/XDR-TB cases started on BDQ nationwide | Number of pre-/XDR-TB cases started on DLM nationwide | Comments |
|-----------------|---|---|--|
| Total 2014 | | | According to the BDQ team overview, there is already commitment to introduce BDQ through End TB. The first patients are expected to start treatment in June. |
| Total 2015 | | | |
| Jan-Mar 2016 | 0 | 0 | |
| Apr-Jun 2016 | | | |
| Jul-Aug 2016 | | | |
| To date in 2016 | | | |

Table 5.3 Number and percent of cases notified by setting (e.g., private sector, prisons) and/or population (e.g., gender, children, miners, urban slums) and/or case finding approach (CI/ACF/ICF) (3.1.1)

| | | 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</i> | | | | | | <p>NTP collects quarterly data the following month after each quarter is completed. Compilation and analysis takes another month. Jan-Mar 2016 data is not available as of yet. This may be available in April 2016.</p> <p>In CTB area, 8,093 TB cases notified (all forms) from sub-grantees through ACF and contact tracing in Jan-Mar 2016. Sub-grantee geographical areas are in Annex-1.</p> |
| | National | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | TB cases (all forms) notified for all CTB areas | 7,666 (CTB sub-grantee data; Oct - Dec 2015) | 8,093 (CTB sub-grantee data; Jan-Mar 2016) | | | | |
| | All TB cases (all forms) notified nationwide (denominator) | 52,714 (NTP Oct-Dec 2015 data) | 54,615 (NTP Jan-Mar' 2016 data) | | | | |
| | % of national cases notified in CTB geographic areas | 14.5% | 14.8% | | | | |
| Intervention (setting/population/approach) | | | | | | | |
| Contact investigations | CTB geographic focus for this intervention | National | National | | | | Only for children under 5; 151 reflects CTB-area data from Jan-Mar 2016. |
| | TB cases (all forms) notified from this intervention | | 151 | | | | |
| | All TB cases notified in this CTB area (denominator) | | 8,093 | | | | |

| | | | | | | | |
|--|--|----------|----------|--|--|--|---|
| | % of cases notified from this intervention | | 2% | | | | |
| Active case finding (ACF) (e.g. case finding among key populations in the community)Active case finding (ACF) (e.g. case finding among key populations in the community) | CTB geographic focus for this | National | National | | | | <p>This is CTB area data for Jan–Mar 2016.</p> <p>Probable reasons are:</p> <ul style="list-style-type: none"> - In case of one sub-grantee- there were major vacancies at management team and disruption of services due to withdrawal of TB related activities in UPHSDP. - In another case, observed lack of coordination between implementing partners on contact tracing (refer to page 28) <p>Following actions have been taken to overcome this:</p> <ul style="list-style-type: none"> - Recruitment done and peoples are on board. - Sub-grantees those are working on child TB (BPA, CWCH) are constantly advocating for child contact investigation that will add some number of active case findings. |
| | TB cases (all forms) notified from this intervention | 852 | 301 | | | | |
| | All TB cases notified in this CTB area (denominator) | 8,161 | 8,093 | | | | |
| | % of cases notified from this intervention | 10% | 4% | | | | |
| | CTB geographic focus for this intervention | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | TB cases (all forms) notified from this intervention | | | | | |
| | All TB cases notified in this CTB area (denominator) | | | | | |
| | % of cases notified from this intervention | | | | | |

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

| # | Partner | Name of consultant | Planned quarter | | | | Specific mission objectives | Status (cancelled, pending, completed) | Dates completed | Duration of visit (# of days) | Additional remarks (Optional) |
|---|---------|--------------------|-----------------|-----|-----|-----|---|--|-----------------|-------------------------------|---|
| | | | Q 1 | Q 2 | Q 3 | Q 4 | | | | | |
| 1 | MSH | Reid Hamel | X | | | | 1. Assess existing CTB Bangladesh M&E system; collect and consolidate M&E data from APA1 2. Assist in building a CTB Bangladesh data collection and management system and tools to support project implementation 3. Assist in the recruitment and selection of a new M&E Advisor | Complete | Nov 6, 2015 | 15 days | Arlington, US – Dhaka, Bangladesh – Arlington, US |
| 2 | MSH | Chris Welch | | X | | | To include “Formation of budget mobilization (caucus) group including parliament members” and to have meeting with this group | Complete | March 28, 2016 | 17 days | |
| 3 | MSH | Chris Welch | | | | X | Supervision and support | Pending | | 21 days | |
| 4 | MSH | Nana SangBender | | | | X | Supervision and support | Pending | | 14 days | |
| 5 | MSH | Dan Brame | | | X | | Operations strengthening | Pending | | 7 days | |
| 6 | MSH | Ummuro Adano | X | | | | Revision of the HRD Plan | Complete | March 31, 2016 | 14 days | Ummuro Adano was replaced by William Kiarie |
| 7 | MSH | Alaine Nyaruhirira | | X | | | Focus on strengthening | Pending | | 17 days | Moved to Q3 |

| | | | | | | | | | | | |
|----|-----|-------------------------|---|--|---|--|--|----------|--------------|---------|---|
| | | | | | | | and improving the monitoring of the performance of GX machines through the development of an SOP incorporating indicators (GX performance) and a checklist | | | | |
| 8 | MSH | Kausari Jahan | X | | | | 1. Attend the Union Conference in South Africa 2. Participate in MSH Global Team meeting | Complete | Dec 8, 2015 | 8 days | Dhaka, Bangladesh – Cape Town, South Africa – Dhaka, Bangladesh |
| 9 | NTP | Md. Mozammel Haque | X | | | | 1. Attend the Union Conference in South Africa | Complete | Dec 7, 2015 | 6 days | Dhaka, Bangladesh – Cape Town, South Africa – Dhaka, Bangladesh <i>(arrived Cape Town Dec 2, 2016)</i> |
| 10 | NTP | Md. Jahangir Sarker | X | | | | 1. Attend the Union Conference in South Africa | Complete | Dec 7, 2015 | 7 days | Dhaka, Bangladesh – Cape Town, South Africa – Dhaka, Bangladesh |
| 11 | MSH | Andre Daniel Villanueva | X | | | | 1. Attend the Union Conference in South Africa 2. Participate in MSH Global Team meeting 3. Apply for re-entry visa to Bangladesh in the Philippines | Complete | Dec 21, 2015 | 21 days | Dhaka, Bangladesh – Cape Town, South Africa – Manila, Philippines – Dhaka, Bangladesh |
| 12 | MSH | Navindra Persaud | | | X | | M&E Performance Management Evaluation | Pending | | 14 days | Trip combining M&E and Urban DOTS started in Q2, to be completed in Q3 |

| | | | | | | | | | | | |
|----|--------------------|---|---|---|---|--|---|----------|-------------------|---------|--|
| 13 | MSH | Qader, Ghulam | X | | | | Urban DOTS | Complete | | 6 days | Replaced by Navindra Persaud; Trip combining M&E and Urban DOTS started in Q2, to be completed in Q3 |
| 14 | MSH | Hamim, Azizullah | | X | | | Urban DOTS | Complete | | 10 days | Replaced by Navindra Persaud due to visa issues; see above |
| 15 | MSH | Sarder Tanzir Hossain | X | | | | Cepheid training on GeneXpert maintenance and repair | Complete | Feb 29, 2016 | 4 days | Move to Q2 due to Cepheid training schedule |
| 16 | NTP | Monirul Haque M&E Officer (NTP) | X | | | | Cepheid training on maintenance and repair | Complete | Feb 29, 2016 | 4 days | Move to Q2 due to Cepheid training schedule |
| 17 | KNCV | Marleen Heus | | X | | | IPC curriculum | Complete | February 26, 2016 | 13 days | |
| 18 | Initiatives , Inc. | Rebecca Furth, Zacharoula Hara Mihalea | | X | | | PPM | Pending | | 14 days | Moved to Q3 |
| 19 | KNCV | Netty Kamp | | X | | | Active case finding urban slum/prisons ACSM strategy/IEC development | Complete | January 29, 2016 | 25 days | |
| 20 | KNCV | Marleen Heus | | X | | | Training curriculum on use of patient-centered IEC package for TB HCWs | Pending | | 18 days | Move to Q3 |
| 21 | KNCV | Valentina Anisimova | | | X | | HRD Plan/Lab assessment network | Pending | | 16 days | |
| 22 | KNCV | Valentina Anisimova | | X | | | Accreditation of TB microscopy laboratories | Complete | March 26, 2016 | 13 days | |

| | | | | | | | | | | | |
|----|------|----------------------------------|---|---|---|---|---|-----------|----------------|---------|---|
| 23 | KNCV | TBD (KNCV Laboratory Consultant) | | | X | | Accreditation of NTRL and RTRLs | Pending | | 15 days | |
| 24 | KNCV | Susan van den Hof | | X | | | 9-month regimen | Cancelled | | 14 days | Merged with STTA on operational research workshop |
| 25 | KNCV | Susan van den Hof | | X | | | To conduct operational research workshop | Pending | | 14 days | Move to Q3 |
| 26 | KNCV | Netty Kamp | | | x | X | APA3 development | Pending | | 16 days | |
| 27 | KNCV | Asif Mujtaba Mahmud | X | | | | <p>1. Review progress and challenges towards achievements of TB-related Millennium Development Goals targets</p> <p>2. Discuss adaptation and implementation of End TB strategy in the context of South East Asia region</p> <p>3. Discuss mechanisms on achieving universal access to high-quality care for all people with TB</p> | Complete | | 5 days | Dhaka, Bangladesh – Colombo, Sri Lanka – Dhaka, Bangladesh |
| 28 | MSH | Andre Daniel Villanueva | X | | | | <p>1. Apply for re-entry visa to Bangladesh</p> <p>2. Apply for visa to South Africa to attend the Union Conference</p> | Complete | | 15 days | Dhaka, Bangladesh – Manila, Philippines – Dhaka, Bangladesh |
| 29 | MSH | Mohammad Hossain | | X | | | 1. To attend (11 th meeting of the sub-group on Public Private mix for TB care and prevention) organized by WHO | Complete | March 05, 2016 | 7 days | Dhaka- Mumbai, India |

| | | | | | | and PATH | | | | | |
|---|-----|-------------------------|--|---|---|--|--|---------------|--------|-----------------------------------|--|
| 30 | MSH | Andre Daniel Villanueva | | | X | To attend Country Director's meeting | Pending | June 25, 2016 | 6 days | Dhaka – Hague, Netherland - Dhaka | |
| 31 | MSH | Dr. Md. Shahrear Farid | | | X | To attend Country Director's meeting | Pending | June 25, 2016 | 6 days | Dhaka – Hague, Netherland - Dhaka | |
| 32 | IRD | Ali Habib | | X | | To conduct landscape assessment for mandatory notification | Cancelled | Feb, 2016 | 9 days | Karachi – Dhaka-Karachi | |
| Total number of visits conducted (cumulative for fiscal year) | | | | | | | 17 | | | | |
| Total number of visits planned in approved work plan | | | | | | | 32 | | | | |
| Percent of planned international consultant visits conducted | | | | | | | 53% annual trips/50% (6 out of 12) of planned Q2 trips | | | | |

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 |
| Number and percent of cases notified by setting and/or case finding approach | Total number (NTP) | Quarterly and annually | National: 191,166 (2014) Source: NTP | 210,500 | 209,439 (NTP MIS data, 2015) | In January–March 2016, total 52,714 cases notified nationally |
| Percent of TB cases successfully treated (all forms) | Percent | Quarterly and Annually | 94% (2014) | 94% | 94.37% (NTP data, Oct–Dec 2015) 94% (NTP, 2014 cohort, Jul–Sept) | NTP data is usually available two months after each quarter end. Therefore, Q2 data is expected to be available in late April 2016 or early May 2016. |

| Sub-objective: | 2. Comprehensive, high quality diagnostics | | | | | |
|--|--|-------------------------|----------------------|--------------------|---|----------------------------------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| Number and percent of laboratories showing adequate performance in external quality assurance for smear microscopy | Number | Quarterly and annually | 1,038 (2014) | 1,048 | 1,042 (NTP data, 2014) | This data is available annually. |
| | Percentage | Quarterly and annually | 94% (2014) | 95% | 94% (NTP data, 2014) | This data is available annually. |
| Number and percent of laboratories enrolled in EQA for culture/DST | Number | Annually | 1 (2014) | 3 | 2015 data is not available yet | Data collected annually |
| | Percentage | Annually | 33% (2014) | 100% | 2015 data is not available yet | Data collected annually |
| Percent of confirmed TB cases who undergo DST and receive their results | New Cases | Quarterly | 2.8% (2014) | | Year 1 data is not available as there was no target for this indicator. It will be measured from Years 2–5. | This data is not available yet. |

| Sub-objective: | 2. Comprehensive, high quality diagnostics | | | | | |
|-----------------------|--|-------------------------|----------------------|--------------------|---|---------------------------------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| | Previous Cases | Quarterly | 8% (2014) | | Year 1 data is not available as there was no target for this indicator. It will be measured from Years 2–5. | This data is not available yet. |
| | All Cases | Quarterly | 3% (2014) | | Year 1 data is not available as there was no target for this indicator. It will be measured from Years 2–5. | This data is not available yet. |

| 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 |
| Case notification rate | N/A | Annually | 122 (2014) | 131 | 130.20 (NTP MIS data, 2015) | |
| Number of MDR-TB cases detected | N/A | Quarterly and Annually | 994 (2014) | 1,900 | 242 (NTP data, Jan–Mar 2016) | |
| Percent of TB cases (all forms) diagnosed among children (0-14) | N/A | Annually | 2.9% (2014) | 3% | 3.9% (8,104 child cases out of total 209,439 cases) (NTP MIS data, 2015) | Through CTB sub-grantees, in Jan–Mar 2016, total of 337 cases (children, 0-14 years) were diagnosed TB out of total 8,093 TB diagnosed cases (4.2%). 151 of the children (2% of all cases) were identified through contact tracing. |
| Percent of TB cases successfully treated (all forms) | Percent | Quarterly and Annually | 94% (2014) | 94% | 94.37% (NTP data, Oct–Dec 2015) 94% (NTP, 2014 cohort, Jul– | NTP data is usually available two months after each quarter end. Therefore, Q2 data is expected to be available in late April 2016 or early May 2016. |

| 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 |
| | | | | | Sept) | |
| Number of MDR-TB cases initiating second-line treatment | Number | Quarter/ Annual | 945 (2014) | 1,900 | 208 (NTP data, Jan–Mar 2016) | |
| Percent of MDR-TB cases successfully treated | Percent | Annually | 73% (2014) | 73% | N/A | Data collected annually |
| Number of extra-pulmonary TB cases detected | Number | Annually | 37,712 (2014) | 46,400 | 43,767 (NTP MIS data, 2015) | Through CTB sub-grantees. A total 2,169 extra-pulmonary TB cases were detected in Jan–Mar 2016. |

| Sub-objective: | 4. Targeted screening for active TB | | | | | |
|---|--|-------------------------|----------------------|--------------------|--|---|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| Number and percent of children (under five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB | Number | Quarterly/ Annually | 0 (2014) | 5,850 | 1,519 (CTB project data, Jan–Mar 2016) | Through CTB sub-grantees. National data of reporting period is not yet available. |
| | Percent (of all identified child contacts) | Annually | 0% (2014) | 100% | N/A | Data collected annually |

| Sub-objective: | 5. Infection control | | | | | |
|--|------------------------------------|---------------------------|----------------------|--------------------|-----------------|---|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| Number and percent of health facilities implementing TB IC measures with CTB support (PMDT services) | Number implementing PMDT services | Quarterly and Annually | 0 (2014) | 4 | 0 | TB IC Assessment was done at NIDCH, BIRDEM and IDH FAST Assessment was done at NIDCH, BIRDEM and Chittagong CDH. Training was conducted on TB-IC among 20 participants from NIDCH, Chittagong CDH, Khulna DCH, Rajshahi CDH, Lalmonirhat 100 bedded Hospital. |
| | Percent implementing PMDT services | Annually | 0% (2014) | 67% | 0 | Data collected 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 |
| Number of children under the age of five years who initiate IPT | N/A | Quarterly/ Annually | 3,848 (2014) | 4,500 | 1,364 (CTB data, Jan–Mar 2016) | Through CTB sub-grantees. In Q2, a total 1,519 children under age of five were identified as eligible for IPT. |

| Sub-objective: | 7. Political commitment and leadership | | | | | |
|--|--|-------------------------|----------------------|--------------------|-----------------|-------------------------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| Percent of NTP budget financed by domestic resources | N/A | Annually | 4.9% (2014) | 13% | N/A | Data collected annually |

| Sub-objective: | 11. Human resource development | | | | | |
|---|--------------------------------|-------------------------|----------------------|--------------------|--------------------------------|-----------------------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| Number of HCWs trained | Male | Quarterly/ Annually | 0 (2014) | 4,200 | 2,653 (CTB data, Jan–Mar 2016) | |
| | Female | Quarterly/ Annually | 0 (2014) | 2,800 | 505 (CTB data, Jan–Mar 2016) | |
| | Total | Quarterly/ Annually | 0 (2014) | 7,000 | 3,158 (CTB data, Jan–Mar 2016) | |
| Private providers trained in TB screening, identification, and referral, including both | N/A | Quarterly/ Annually | 0 (2014) | 2,800 | 1,388 (CTB data, Jan–Mar 2016) | 1,336 male, 52 female |

| | | | | | | |
|------------------------------|---------------------------------------|--------------------------------|-----------------------------|---------------------------|------------------------|-----------------|
| Sub-objective: | 11. Human resource development | | | | | |
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| graduate and non-graduate | | | | | | |

Annex-1: Performance of Sub-Grantees during Jan–Mar 2016

Sub-grants to local NGOs (LNGOs) for community case finding activities

The project awarded eight sub-grants to local NGOs (six), one trust deed organization (CWCH), and one professional body (BPA). The NGOs are implementing their “community-based active case finding” activities particularly in urban slums, hard-to-reach areas, and among targeted populations.

The table below shows the case identification by these NGOs in their current reporting period (Jan–Mar 2016) in their respective project areas.

Table: Case notification by sub-grantees in reporting quarter

| Name of Sub-Grantee | Districts | Case Notification by Sub-Grantees | | | | |
|-----------------------|---|--------------------------------------|--------------------------------|--------------|----------------|-----------------------------|
| | | Bacteriologically Positive (Smear +) | Clinically Diagnosed (Smear -) | EPTB | Total TB cases | Number of child TB detected |
| RDRS | Lalmonirhat, Kurigram | 267 | 152 | 126 | 545 | 65 |
| LAMB | Nilphamari, Dinajpur | 165 | 112 | 36 | 313 | 6 |
| Damien Foundation | Faridpur, Gopalganj, Madaripur, Rajbari, Sariatpur | 3,270 | 899 | 1,765 | 5,934 | 202 |
| Nari Maitree | Dhaka North City Corporation, Dhaka South City Corporation | 109 | 71 | 114 | 294 | 11 |
| HEED Bangladesh | Moulvibazar, Habiganj, Sylhet | 418 | 114 | 62 | 594 | 42 |
| BADAS (among TB-DM) | Dhaka City Corporation and 63 districts | 265 | 80 | 58 | 403 | 1 |
| CWCH (among children) | Tangail | 1 | 1 | 8 | 10 | 10 |
| BPA | Sylhet Division, Dhaka City | N/A | N/A | N/A | N/A | N/A |
| Total | | 4,495 | 1,429 | 2,169 | 8,093 | 337 |

In this quarter, a total of 1,519 children were identified eligible for IPT, out of which 1,364 children were on treatment with IPT.

Out of 8,093 notified TB cases, a total of 337 were child TB cases.

Annex-2: Commemoration of World TB Day on March 24, 2016

Every year, people across the world observe World TB Day on March 24. Keeping the theme “Unite to End Tuberculosis” in mind, Bangladesh also observes World TB Day with enthusiasm and festivities. There are many events performed by the TB fighters from the central to the peripheral level. Events were arranged through cooperative initiatives between the government and existing implementing NGOs and technical partners. The CTB project in Bangladesh arranged several events to commemorate the day, along with providing technical support to the National Tuberculosis Control Program.

On March 23, 2016, there were press conferences at the national level as well as the divisional level. CTB participated actively in these conferences.

A colorful rally and a discussion meeting following the rally were organized on March 24, 2016.



Central rally



Central rally



Discussion meeting after a rally

The CTB Bangladesh project organized a special event involving mural paintings and school drama through the engagement of youth groups in Dhaka.



Mural painting



Mural painting



School drama

At the divisional and district level, there were also special events such as rallies, folk songs, Boy Scout campaigns, special sputum collection camps, school orientations, and distribution of inserts carrying TB messages through the daily newspapers.



Rally in Chittagong Division



Advocacy meeting with people with HIV/AIDS and TB-HIV, and caregivers at Ashar Alo Society, Sylhet



Rally in Rangpur Division



Distribution of TB messages through a daily newspaper



Boy Scout campaign in Rajshahi



Folk song in Barishal Division



Civil surgeon observing CTB's "Sputum Collection Camp" in Khulna Char Bosti (slum)



Folk song in Khulna Division