



Challenge TB - Democratic Republic of Congo

Year 2

Quarterly Monitoring Report

January-March 2016

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Cover photo: Nutritional support in form of milk, sugar, rice, beans, and cooking oil provided to a MDR-TB patient in the CPLT of Sankuru (SKR) by staff of the Provincial TB Program and Challenge TB teams in February, 2016 (Credit : Dr Mathieu Ntumba)

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Disclaimer

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

1. Quarterly Overview

Country	Democratic Republic of Congo (DRC)
Lead Partner	International Union Against Tuberculosis and Lung Disease (The Union)
Other partners	Management Sciences for Health (MSH)
Work plan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements:

Some activities planned for quarter 2 (Q2) work plan had to be postponed. However, the key achievements in line with the PNLT work plan are the following:

- The number of confirmed RR-TB detected increased between Q1 and Q2 among samples transported to be tested by Xpert in the 7 CTB-supported CPLTs.** Sputum samples were transported with CTB support from the diagnostic treatment centers “centre de diagnostic et de traitement” (CDST) to the provincial coordinations (coordination provinciale de lutte contre la lèpre et la tuberculose (CPLT) to be tested by Xpert and from CPLTs to the National Reference Laboratory (NRL) to be tested by culture. In Q2, in the 7 CTB-supported CPLTs, samples of 441 patients have been transported: samples of 288 presumed MDR-TB patients has been transported for Xpert examination, and 177 samples were transported from the 7 CPLTs to the NRL (98 for culture and sensitivity test and 76 for cultures for MDR patients treatment monitoring). Among the 288 presumed MDR-TB patients, 267 (93%, 267/288) were tested (3 new cases contacts of MDR- TB patients and 264 retreatment) of which 122 (46%, 122/267) were confirmed Mtb of which 29 (24%, 29/122) with rifampicin-resistance (RR-TB). 3 RR are identified among the 3 new cases tested and 26 among the 264 retreatment cases tested. In Q1, of the 346 presumed MDR-TB patients, 333 were tested (96%, 333/346) of which 175 (53%, 175/333) were confirmed Mtb , of which 20 (11%, 20/175 of *M. tb* detected specimens) were confirmed RR-TB
- Active TB case finding activities by the four local partner non-governmental organizations (NGOs) continued.** 27 845 persons has been sensitized and among them 2,151 have been identified as presumed cases of tuberculosis and were tested by smear examination during Q2 (of whom 1873 patients were oriented and 117 sputum samples of their patients collected). A total of 409 patients (19%, 409 /2,151) were diagnosed with TB (Table 1). The cascade for the TB active case finding and the methodology of the 4 NGO’s are described in the tables 2 and 3. In Q1 a total of 740 (18%, 740/4,065). The “Ambassadeurs de lutte contre la tuberculose” (ALTB) and Femme plus (FP) detected more TB cases in Q2 than in Q1. The “Club des Amis Damien” (CAD) and the “Ligue nationale antituberculeuse et antilèpreuse du Congo” (LNAC) detected less TB cases in Q2 than Q1 as shown in the table below:

Table 1: Active TB case finding activities by the four NGOs in Q1 and Q2 in APA 2

NGO	Q2		Q1		Q1+Q2	
	# Presumptive TB patients tested	# (%) TB cases all forms identified	# Presumptive TB patients tested	# (%) TB cases all forms identified	# Presumptive TB patients tested	# (%) TB cases all forms identified
ALTB	1,368	164 (12)	1,269	154 (12)	2,637	318 (12)

CAD	239	122 (51)	1,208	279 (23)	1,447	401 (28)
FP	267	48 (18)	385	40 (10)	652	88 (13)
LNAC	277	75 (27)	1,203	267 (22)	1,480	342 (23)
Total	2,151	409 (19)	4,065	740 (18)	6,216	1,149 (18)

The marked decrease in the number of presumptive TB cases sensitized and diagnosed during Q2 by the two above-mentioned NGOs could be explained by the reduction of their working areas: in Q2 the CPLTs Kasai Oriental Sud, Sankuru, Kasai Occidental Ouest, Equateur EST adjusted the NGO operation areas. The CAD area of work consists now of 16 instead of 36 health zones in Equateur Est and in Kasai Occidental Ouest and LNAC has 11 health zones instead of 31 in Sankuru and Kasai Oriental Sud. CTB will monitor active TB case finding closely and consider re-negotiating the areas if decreasing trends in Q3 will be observed.

- **TB care and prevention activities improved in the 70 private health facilities after the training which was provided in Q1** (from December 3 to 24, 2015). The number of TB cases notified by these structures increased significantly from 266 cases in Q1 to 467 in Q2. The majority of TB cases were detected in Kasai Oriental Sud (364) and in Kasai Occidental Ouest (49). During Q3, the private structures with the highest number of TB cases will be visited to ensure adherence to diagnostic algorithms and good quality TB treatment and support.
- **The number of TB cases notified in children increased in the 8 health facilities whose staff members were trained in childhood TB and who were supported** through post-training supervision visits conducted in Q1 (from December 1 to 13, 2015) by the joint National TB Program (PNLT) and CTB teams. In Q2, 119 paediatric TB cases were identified compared with 61 in Q1. The increase is for all the forms of tuberculosis, including smear-positive TB cases. However, the highest increase is related to smear-negative and extra-pulmonary tuberculosis as can be expected in children. Access to Xpert testing and chest X-rays is important. X-ray facility at Lukalaba Hospital became functional on March 31, 2016. Regular supervision of these health facilities is required to maintain the strengthened diagnosis of child TB cases and quality of care.
- **Supervision capacity among the PNLT Central Unit members was strengthened and a supervisory check list was provided.** The training was held in Kinshasa at the PNLT office from January 19 to 23, 2016 facilitated by staff members of CTB, World Health Organization (WHO) and Action Damien. A total of 42 participants (20 F and 22 M) of the PNLT central unit (doctors, laboratory technicians, pharmacists, financial staff, and administrators) participated. In the 7 CPLTs supported by CTB, the trained PNLT staff supervisors will be coached by CTB staff during the first supervision visits in Q3. The supervisory check list will be used by all PNLT partners' supervisors.

Technical/administrative challenges and actions to overcome them:

- **A significant number of MDR-TB patients identified in Q2 have not started on treatment yet.** At the national level, out of 99 MDR-TB patients detected in Q2, only 45 (45%) were started on treatment, and in the 7 CTB-supported CPLTs, out of 29 MDR-TB patients, only 15 (52%) are on treatment. This was caused by a stock-out of Cycloserine since February 29, 2016 and Levofloxacin since January 2016. In addition, Kanamycin stocks held at the central level expired in February 2016 and could not be distributed to the CPLTs. New stocks of Kanamycin arrived in the country on February 2, 2016. Stocks of Cycloserine and Levofloxacin will be delivered to Kinshasa by air with the Global Fund (GF) intervention by April 30, 2016.

- **A delay in implementation of the 9-month short course regimen for MDR-TB at the national level.** The PNLT has decided to expand implementation of this treatment based on the high success rate and the low rate of side effects reported by the observational study. USAID through the *Systems for Improved Access to Pharmaceuticals and Services* "SIAPS project" implemented by the Management Sciences for Health (MSH) provided second-line drugs for 300 MDR-TB patients and 10 XDR-TB patients. Drugs for 650 MDR-TB patients funded by GF have also arrived at the national level. These drugs will be sent to patients in the CPLTs only after a PNLT assessment to ensure that all conditions (that include, for example, availability of clinicians to ensure follow up, a laboratory to conduct routine biochemical tests, access to electrocardiograms, and nutritional support) to introduce this treatment are in place in each CPLT. This assessment with the CPLT coordinators was planned for the second week of April and the introduction of this regimen will start as a priority activity in the 7 CTB-supported CPLTs that are likely to fulfill the assessment criteria.
- **Development of the National Laboratory Strategic Plan for 2016-2020 (NSLP) planned in year 1 has been postponed to April-May 2016.** The first draft of the plan was provided by the consultant (Prof Yala Djamel) after the first short-term technical assistance (STTA) visit in August 2015. A second draft was developed during a workshop held from March 16-21, 2016 with 9 participants from WHO, PNLT, and Action Damien. This draft was then sent to the Project Management Unit (PMU) and The Union Head Quarters on March 24, 2016 for review. An international laboratory consultant will provide distant support to Prof Yala Djamel with the finalization of the NSLP in April-May 2016.
- **The positions of the CTB Deputy Director and Senior Monitoring and Evaluation Officer were not filled in Q2.** The Union was permitted by USAID to engage services of an international recruitment agency to headhunt a successful candidate to fill the deputy director position. The Union was provided with a shortlist of the candidates who fulfil the strict criteria (USAID experience, and good written and spoken language skills in English and French) on April 8, 2016

A successful candidate has been identified for the Senior Monitoring and Evaluation Officer Position, and the candidate accepted the job offer on April 15, 2016. She is available in May 2016. Acquiring necessary work permits may delay her arrival to June 2016.

2. Year 2 Activity Progress

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Finalize the National Laboratory Strategic Plan (NLSP) and its Operational Plan	2.1.1		Workshop done LTTA STTA		Report of the workshop available	STTA not done/delayed LTA and Workshop done in Q2	Partially met	<p>A second draft of NSLP has been developed during a workshop held from March 16-21, 2016 with 9 participants from WHO, PNLT, and Action Damien. This draft was shared with the PMU and The Union HQ on March 24, 2016.</p> <p>This draft will be used by Prof Djamel during the STTA planned for NLSP finalization and its first year operational plan preparation from April 25,2016</p> <p>This STTA planned for Q2 was postponed to Q3. A KNCV consultant will provide distant support to Prof Djamel in finalizing the document.</p> <p>The second STTA initially planned for</p>

								Q3 for the assessment for operational plan implementation is rescheduled for Q4.
Set up accreditation process for the reference laboratories and PRLs based on Laboratory Quality Management System (LQMS)	2.2.1		National Laboratory Reference (NLR) assessment by STTA done		STTA report available and NRL assessment done	National Laboratory Reference (NLR) assessment by STTA not done	Not met	Deferred to Q4 to be provided during the above-mentioned STTA
Assess microscopy network based on check list of the 11 GLI-approved standards in order to identify the actions required to improve it and obtain its accreditation	2.2.2		STTA and Workshop done		Microscopy network assessment done	STTA and Workshop not done	Not met	Deferred to Q4 to be provided during the above-mentioned STTA for the assessment for operational plan implementation
Maintenance of equipment at the NRL and PRLs	2.3.1	Preventive and curative maintenance done		Preventive and curative maintenance done	Maintenance report available	Preventive and curative maintenance not done	Not met	"Fournimed" , a company with more than 5 years' experience in the field, has been identified by NTP with the support of the Ministry of Health in March 2016 for this purpose, and the contract will be sent to the PMU in early April for review.
Revise the national laboratory guidelines and Xpert algorithm in line with the latest	2.3.2	Guidelines printed and distributed	548 laboratory technicians	Guidelines printed and	Laboratory guidelines and training	Laboratory guidelines are being printed. First training sessions were conducted in the 7 CTB-	Partially met	Distribution of the Laboratory guidelines planned in Q3.

global recommendations			(LTs) trained	distribute	report available	supported CPLTs from 7-21 March 2016. 142 laboratory technicians from the CSDTs were trained (19 F and 123 M) during five days. The evaluation of training impact will be done during the next external quality control of these CSDTs.		The other training sessions planned in Q3 to reach the target of 548 laboratory technicians trained												
Transport 3,600 sputum samples for MDR-TB cases (for diagnosis and control) from CSDTs to culture or GeneXpert laboratories	2.3.3	Transport of 1,200 samples done	Transport of 1,200 samples done	Transport of 1,200 samples done	Final report available	<p>For the 7 CTB-supported CPLTs: in Q2 441 samples for presumptive MDR-TB patients and for treatment follow up of diagnosed MDR-TB patients were transported which was less than in Q1 (691 samples). Of these only samples from presumptive TB patients are tested with Xpert.</p> <p>A total of 1,132 samples were transported out of the 2,400 planned in Q1 and 2 which is 47% (1,132/2,400).</p> <p>The number of samples tested with Xpert decreased in Q2; however, more RR-TB cases were identified as shown in the table below.</p> <table border="1"> <thead> <tr> <th>Period</th> <th># samples tested by Xpert</th> <th># (%) M. tb cases</th> <th># (%) M. tb_RR cases</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>665</td> <td>175 (26%)</td> <td>20 (11%)</td> </tr> <tr> <td>Q2</td> <td>267</td> <td>122 (32%)</td> <td>29 (24%)</td> </tr> </tbody> </table>	Period	# samples tested by Xpert	# (%) M. tb cases	# (%) M. tb_RR cases	Q1	665	175 (26%)	20 (11%)	Q2	267	122 (32%)	29 (24%)	Partially met	<p>Reaching only 47% of the target for the 1st semester is due to the facts that i) there are MDR-TB patients awaiting to be started on treatment (and to have their follow up samples collected and examined) and ii) following a recommendation of a STTA for DRS in October 2015, the NTP now recommends collection of only one sample instead of 2.</p> <p>In Q2 more RR-TB cases have been identified than in Q1. But fewer patients were able to start their treatment due to stock outs of certain SLDs as explained in Summary above and see below.</p>
Period	# samples tested by Xpert	# (%) M. tb cases	# (%) M. tb_RR cases																	
Q1	665	175 (26%)	20 (11%)																	
Q2	267	122 (32%)	29 (24%)																	

						<p>In Q2 only 3 presumed MDR patients are new cases contacts of MDR-TB all others are retreatment cases,</p> <p>Among the 49 RR-TB cases identified in Q1 and Q2, 35 (71%) were started the second line treatment (35/49). This indicator decreased from 100% in Q1 (20/20) to only 52% (15/29) in Q2.</p>		
Purchase three solar kits for the 3 CPLTs and one converter	2.3.4	3 Solar kits and cartridges ordered	Equipment in place		Equipment in place functioning with data report available	Solar kits and cartridges ordered	Partially met	Solar kits and one converter will be installed and functional in Q3 and work will be done by Solar Regal Energy. Cartridges will also be available in Q3.
3.Industrial solar kit provided for NRL	2.3.5	Industrial Solar kit ordered	Solar kit functional		Machines in place, functional and report available	Industrial Solar kit order done	Partially met	Industrial Solar Kit will be provided, installed, and functional and report available in Q3 by Solar Regal Energy. The cost was \$33,840 over the amount planned (\$15,000) and we are waiting the approval before purchase.







Photograph showing solar panel roof made of NRL and controller, inverter and battery in a laboratory room April 25, 2016(Credit: Dr Stephane Mbuyi)

Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Increase TB detection by private health facilities	3.1.1	<p>1. Visit by the central unit done in – 4 CPLTs</p> <p>2. visit of 6 private CDSTs in each CPLT done</p>	<p>1. Visit by the central unit done in 3 CPLTs</p> <p>2. Visit of 6 private CDSTs in each CPLT done</p>	<p>1. Visit by the central unit done in 4 CPLTs</p> <p>2. visit of 6 private CDSTs in each CPLT done</p>	All planned visits done and reports available	<p>5 visits were carried out by PNLT and CTB staff: Kasai Occidental Est (KOE), Kasai Oriental Sud,(KORS) Maniema (MNM), Kasai Occidental Ouest (KOO) and Sud Kivu (SKV) and 2 visits by CTB staff : Equateur Est (EQE) and Sankuru (SKR).</p> <p>The total of 7 visits was carried out from 12/01/2016 to 31/03//2016. Presumptive TB cases were identified and referred to the CSDTs for diagnosis. DOT is not always provided and will be strengthened. A total of 467 TB cases were detected in the 70</p>	Met	The new data collection tools are being printed and will be provided to the PNLT in Q3 (in early May 2016).

						health facilities where staff has been trained. More TB cases were detected compared with Q1(266) CPLT doctors visited the 9 private CDSTs in each CPLT.		
Increase TB detection in children	3.1.3	2 follow up visits done in 2 CPLTs previously trained and one day medical conference	1 Workshop done in 2 CPLTs 2. One Data analysis done in the 2 CPLTs that were followed up in Q1 5. TB pediatric guideline printed	1. Workshop done in 1 CPLT 2. follow up visit done in 4 CPLTs where training was previously done and one day medical conference	Workshop done in the 3 CPLTs (6 CSDTs in each CPLT), Report on data analysis of childhood TB Follow up in 4 CPLTs	Follow up visits to two CPLTs where staff was previously trained were done in Q2. Workshop done in 1 CPLT MNM at Kindu from March 12-16, 2016. 29 participants were trained (7 F and 22 M) and included 8 doctors and 21 nurses. Facilitators were from the PNLT and CTB central staff. The data analysis from 8 health facilities trained in childhood TB showed an increase of cases from 61 (in Q4/APA 1, before training) to 119 TB cases in Q2. 1,000 copies of the childhood TB guidelines are being printed and they are expected to be ready for distribution on April 30, 2016	Partially met	X-ray unit and equipment was installed in the HGR Lukalaba by Caritas on March 31, 2016 and will be operational in Q3. Childhood TB cases detected by Xpert: 4 sputum samples were sent to the provincial laboratory, 2 returned positive for <i>M. tb</i> . Workshop is planned in Q3 in Kananga.
Active TB case finding in 3 prisons (CSDT near the prison) in the following	3.1.4	TB detection result in Mbuji Mayi Prison	Supervision done in Mbuji Mayi Prison	TB detection result available in prisoners done	Report TB in prisoners result	Supervision visits done to 5 prisons, including Mbuji Mayi. A total of 952 prisoners were screened and 13 cases (12 TB cases and	Met	Only prisoner with symptom were tested by Xpert in Mbuji mayi and Muene ditu prison. The X-ray near was not functional in Q2. The data received from the CPLT, information missed for presumptive TB patient in prison. This will improve next quarter

CPLTs: KORS (Muene ditu), KOO (Tshikapa), KOE (Kananga)				2. Supervision done in the 3 prisons 3. Data analysis of TB in prison done	available	1 MDR-TB case) were detected and started treatment in Q2. 7 of these 13 cases were detected in Mbuji Mayi prison, including the 1 MDR-TB cases. The number of prisoners decreased in Mbuji Mayi from 958 in 2015 to 681 in February 2016 according to the recommendation made in Q1 2015.		
Training session to guide detection of cases in at-risk group (Activity 6 of the indicator 3.1.1): 4 NGOs, staff CPLTs and CTB	3.1.6		1. STTA done for training	2. NGOs Data analysis done	Reports of STTA and data analysis available-	The STTA for training not done	Not met	The STTA was identified: Sandra Kik from KNCV and will be done from June 6-10, 2016
Support the four local partner NGOs	3.1.7	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR-TB done)	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR-TB done)	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR-TB done)	Report on NGOs support activities available	Report of activities of Ambassadeurs de lutte contre la Tuberculose du Sud Kivu (ALTB du Sud Kivu) working in the Province of South Kivu (Bukavu): Number of persons sensitized: 21,683 of whom 9,856 females and 11,827 males. Number of presumed TB patients referred: 1410 were physically referred and for 36 patient's	Partially met	Training was not done and awareness creation among prisoners and mining workers was also not done. The NGOs are still waiting to sign their contracts. The Memorandum of Understanding preparation is about to be completed after which these activities can take place in Q3.

		MDR-TB done)				<p>sputum has been collected (12 of them among contacts of TB cases). A total of 1,446 presumed TB patients have been referred (7%: 1,446/21,683 Among the 1446 presumptive TB patients referred, 1,368 were tested by smear (95%, 1,368/1,446).</p> <p>The number of presumed TB cases with sputum samples examined and the number of confirmed smear+ PTB cases were higher in Q2 than in Q1 as shown in the table below.</p> <table border="1"> <thead> <tr> <th></th> <th># Presumptive Patients TB tested</th> <th># (%) TB cases</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>1,269</td> <td>154 (12)</td> </tr> <tr> <td>Q2</td> <td>1,368</td> <td>164 (12)</td> </tr> </tbody> </table> <p>Sputum samples were transported for 41 patients : 36 for presumptive patients identified during active case finding and 5 for treatment monitoring</p>		# Presumptive Patients TB tested	# (%) TB cases	Q1	1,269	154 (12)	Q2	1,368	164 (12)	
	# Presumptive Patients TB tested	# (%) TB cases														
Q1	1,269	154 (12)														
Q2	1,368	164 (12)														
	3.1.7 (cont.)	NGOs activities (Trainin	NGOs activities (Training, sample	NGOs activities (Training, sample	Report NGOs activities	Report on the activities of the " Club des Amis de Damien (CAD) working in two provinces	Partially met	In APA1, CAD worked in 7 CPLTs with the three other NGOs (LNAC, Femmes Plus and ALTB) and they had overlap of their activities. In APA2, CAD was requested to work in 2								

		g, sample transport, nutritional support, TB case detection and MDR-TB done)	transport, nutritional support, TB case detection and MDR-TB done)	transport, nutritional support, TB case detection and MDR-TB done)	available	<p>KOO (8 HZ) and EQE (8 HZ):</p> <p>Number of presumed TB referred: 239 in Q2 (143M and 96F). The numbers of presumed TB patients with sputum samples examined and diagnosed TB cases decreased compared to Q1 as shown in the table below.</p> <table border="1"> <thead> <tr> <th></th> <th># Presumptive Patients TB tested</th> <th># (%) TB cases all forms</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>1,208</td> <td>277 (23)</td> </tr> <tr> <td>Q2</td> <td>239</td> <td>122 (51)</td> </tr> </tbody> </table> <p>However, the proportion of patients who were diagnosed with TB (all forms) reached 51% (122/239) of whom 95 (40%, 95/239) had smear-positive TB. This is considered a high proportion and could be due to the fact that CAD screens patients in health facilities.</p> <p>In addition 90 sputum samples for patient's treatment monitoring were transported in Q2.</p>		# Presumptive Patients TB tested	# (%) TB cases all forms	Q1	1,208	277 (23)	Q2	239	122 (51)	<p>CPLTs that are, Kasai Occidental Ouest and Equateur EST. In these CPLTS, the coordinators assigned them into health zones with the biggest challenges and the highest need for assistance to increase TB case finding. This resulted in a decrease of the working areas (measured by number of health zones).</p>
	# Presumptive Patients TB tested	# (%) TB cases all forms														
Q1	1,208	277 (23)														
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	3.1.7 (cont.)	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	Report NGOs activities available	<p>Report on the activities of the "Ligue Nationale Anti Lépreuse et Tuberculose au Congo (LNAC) working in two provinces SKR (5 HZ) and KORs (6HZ). In Q2, the number of persons sensitized was: 3,476 (1,829 F and 1,647M). Number of persons with presumed TB referred: 277 (235 physical referred , 42 presumed TB patients with sputum transported) (8%: 277/3,476. A total of 277 persons with presumed TB had their sputum examined of whom 75 were diagnosed with TB all forms (27%:75/277) .</p> <table border="1" data-bbox="1088 885 1400 1157"> <thead> <tr> <th></th> <th># Presumptive Patients TB tested</th> <th># (%) TB cases</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>1,203</td> <td>267 (22)</td> </tr> <tr> <td>Q2</td> <td>277</td> <td>75 (27)</td> </tr> </tbody> </table> <p>As shown in this table, between Q1 and Q2 the numbers of samples examined and diagnosed TB cases decreased dramatically though smear-positive PTB</p>		# Presumptive Patients TB tested	# (%) TB cases	Q1	1,203	267 (22)	Q2	277	75 (27)	Partially met	In APA1, LNAC worked in 7 CPLTs with the three other NGOs (LNAC, FP and ALTB). In APA2, we assigned LNAC to 2 CPLTs (Sankuru and Kasai Oriental Sud). These CPLTs then assigned them to work in the health zones with the biggest need for increasing TB case finding. This resulted in a decrease in the number of health zones for LNAC.
	# Presumptive Patients TB tested	# (%) TB cases															
Q1	1,203	267 (22)															
Q2	277	75 (27)															

						detection increased from 22% to 27%.		
	3.1.7 (cont.)	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	Report NGOs activities available	<p>Report of activities by Femmes plus (FP) that works in two provinces: MNM in 3 health zones, and KOE in 4 health zones.</p> <p>Number of persons sensitized: 2,686 in Q2 (1,272 M and 1,414 F). 267 presumptive TB patients identified and sputum samples examined (238 patients physically referred and for 29 patients sputum samples has been transported). No Xpert test reported by FP this Q.</p> <p>Between Q1 and Q2, numbers of presumed TB patients referred and samples tested decreased, but the number of TB cases identified increased as</p>	Partially met	The training for the new members staff is planned in Q3 after the MOU sign

						<p>shown in the table below.</p> <table border="1"> <thead> <tr> <th></th> <th># Presumptive Patients TB tested</th> <th># (%) TB all form</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>385</td> <td>40 (10)</td> </tr> <tr> <td>Q2</td> <td>267</td> <td>48 (18)</td> </tr> </tbody> </table> <p>Among the 48 (18%) TB cases identified in Q2, 29 (11%: 29/267) were Smear+ PTB cases, 8 (3%) smear -PTB and 11 (4%) are extra pulmonary tuberculosis (EPTB).</p>		# Presumptive Patients TB tested	# (%) TB all form	Q1	385	40 (10)	Q2	267	48 (18)	
	# Presumptive Patients TB tested	# (%) TB all form														
Q1	385	40 (10)														
Q2	267	48 (18)														
Capacities reinforcement of the 4 local partner NGOs by an international NGO	3.1.8	Support for Action plan and workshop resource mobilization done		Follow up the NGOs action plan	NGOs action plan and workshop resource mobilization report available	The support was provided to the four local NGOs for development of their 2016 action plans by two Initiative Inc consultants in Q1 from 11/19/2015 to 12/4/2015.	Met									

Increase number of confirmed MDR-TB cases	3.1.9	<p>Analysis done in 3 CPLTs, GenXAlert software order done</p> <p>Phone subscription done</p> <p>2. Supervision/on job training done in 3 CPLTs</p>	<p>GenXAlert functional</p> <p>Support for phone subscription done</p>	<p>Analysis done in 3 CPLTs Support for phone subscription done</p> <p>2. supervision/ on job training done in 4 CPLTs done</p>	<p>Recommendations to improve GX utilization on Final report on purchase GenXAlert software and phone subscription available</p> <p>Report supervision in the 7 CPLTs</p>	<p>GenXAlert not functional yet.</p> <p>Support for phone subscription was not done in the 7 CTB-supported CPLTs.</p> <p>288 presumed MDR-TB patients were identified (mostly among retreatment cases) in Q2.</p> <p>-267/288 (93%) persons with presumed TB had their sputum samples transported.</p> <p>-258 (97%) of those persons had an Xpert test.</p> <p>- 122 (47%, 122/258) <i>M. tb</i> detected</p> <p>- 29 (24%, 29/122) confirmed RR-TB (of whom 26 were retreatment and 3 new cases)</p> <p>- 15 (52%, 15/29) have been started on treatment.</p> <p>More MDR-TB cases detected (29) compared to Q1 (20).</p> <p>Please see comparison for Qs 2 and 1 in the table in the remarks column.</p>	<p>Not met</p>	<p>The GenXAlert software will be procured in Q3.</p> <p>In Q1, two samples were systematically Collected for each presumed MDR-TB patient. In Q2, only one sample per patient was collected and transported and if it indicated RR, a second sample was collected and sent to the NRL for culture and sensitivity test. This change was decided by the NTP according to the short-term technical assistance recommendations for the "Drug Resistance Survey "at the end of October 2015.</p> <p>14 patients with confirmed RR-TB are waiting for treatment. This was caused by a stockout of Cycloserine since 29 February 2016 and Levofloxacin since January 2016. In addition, Kanamycin stocks held at the central level expired in February 2016 and it could not be distributed to the CPLTs. New stocks of Kanamycin arrived on 2 February 2016, and Cycloserine will be delivered to Kinshasa by air after a Global Fund (GF) intervention by April 30, 2016</p> <table border="1" data-bbox="1514 914 2085 1238"> <thead> <tr> <th>Q</th> <th># pres MDR-TB</th> <th># (%) with samples</th> <th># (%) with test result</th> <th># (%) with M. tb</th> <th># (%) RR</th> <th># (%) on Tx</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>691</td> <td>665 (96)</td> <td>665 (96)</td> <td>175 (25)</td> <td>20 (11)</td> <td>20 (100)</td> </tr> <tr> <td>2</td> <td>288</td> <td>267 (93)</td> <td>258 (97)</td> <td>122 (47)</td> <td>29 (24)</td> <td>15 (52)</td> </tr> <tr> <td>1+2</td> <td>979</td> <td>932 (95)</td> <td>923 (99)</td> <td>297 (32)</td> <td>49 (16)</td> <td>35 (71)</td> </tr> </tbody> </table>	Q	# pres MDR-TB	# (%) with samples	# (%) with test result	# (%) with M. tb	# (%) RR	# (%) on Tx	1	691	665 (96)	665 (96)	175 (25)	20 (11)	20 (100)	2	288	267 (93)	258 (97)	122 (47)	29 (24)	15 (52)	1+2	979	932 (95)	923 (99)	297 (32)	49 (16)	35 (71)
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1+2	979	932 (95)	923 (99)	297 (32)	49 (16)	35 (71)																														

Training on MDR-and XDR-TB patient management by an international consultant for 6 days.	3.1.10	Training done			Report on training available	Training did not take place	Not met	Training has been postponed to July 2016 when French-speaking facilitators will be available.
Improved treatment success rate of all notified TB patients and selected risk groups.	3.2.1	Transport of medicines done (2 CPLTs)	Transport of medicines done (3 CPLTs)	Transport of medicines done (2 CPLTs)	Final report available (7 CPLTs)	Transport of medicines done to the 7 CPLTs by CTB.	Met	All 7 CPLTs were covered by transportation of TB medicines all the way to the health zones.
Improve MDR- and XDR-TB patient management	3.2.2	Support biological test, audiometric test for 25 MDR-TB patients done	Support biological test, audiometric test for 35 MDR-TB patients done STTA For BDQ project done	Support biochemical test, audiometric test 40 for MDR-TB patients done STTA for BDQ project done Support second line DST with INRB for 100 patients done	Final report available	Support biochemical test, audiometric test for 59 MDR-TB in Q, including urea, creatinine and liver function tests were provided for monitoring of 135 patients on second line treatment. This support was less than in the Q1 when 117 patients benefited from various tests. 18 MDR-TB cases benefited from nutritional support provided by CTB: KOO (7 patients), SKR (5 patients), MNM (3 patients), EQE (3 patients). This nutritional support included milk, rice,	Met	One MDR-TB focal doctor in each of the 7 CTB-supported CPLTs was identified by the PNLT and CTB. Their role is to ensure the follow up of MDR-TB patients in collaboration with CSDTs. These focal points have been nominated to attend the international MDR-TB course planned for July 2016.

						beans, sugar, cooking oil, maize meal.		
Improve TB-HIV patient treatment	3.2.3	Quarterly TB-HIV meeting available in the 7 CPLTs	Quarterly TB-HIV meeting available in the 7 CPLTs	Quarterly TB-HIV meeting available in the 7 CPLTs	Final report available	<p>Quarterly meetings in 4 CPLTs: MNM, SKV, SKR, and KOE took place in March 2016.</p> <p>In each CPLT the average number of participants was 15.</p> <p>Attention was paid to harmonization of the roadmap of joint activities. However, HIV screening of TB patients remains low: out of 9,231 TB patients, 2,312 (25%) were tested for HIV in 7 CPLTs. The main reason is shortage of HIV test kits.</p> <p>National level: out of 30,825 TB patients, 15,382 (50%) were tested for HIV in Q1. Q2 data will be available in May 2016.</p> <p>The STTA for BDQ is planned for May in Q3</p>	Partially met	<p>The EQE CPLT does not have a provincial HIV coordinator on site but will convene these meetings with the Provincial Health Division from Q3.</p> <p>The local USAID mission plans to provide HIV test kits for the CTB-supported 7 CPLTs. Required quantities were estimated by the CTB team and sent to the USAID Mission for approval.</p>

Figure 1: Types of tests performed of the samples transported for presumptive and diagnosed patients with multidrug-resistant tuberculosis by Challenge TB in Q2/APA2

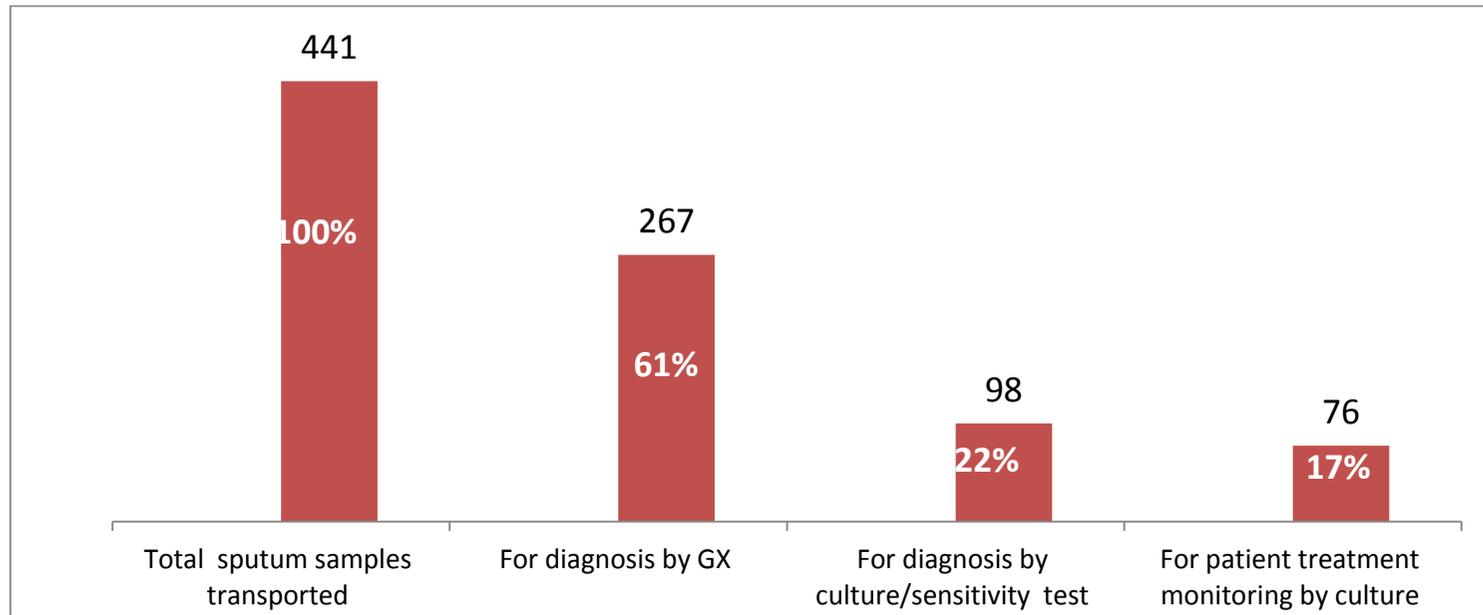
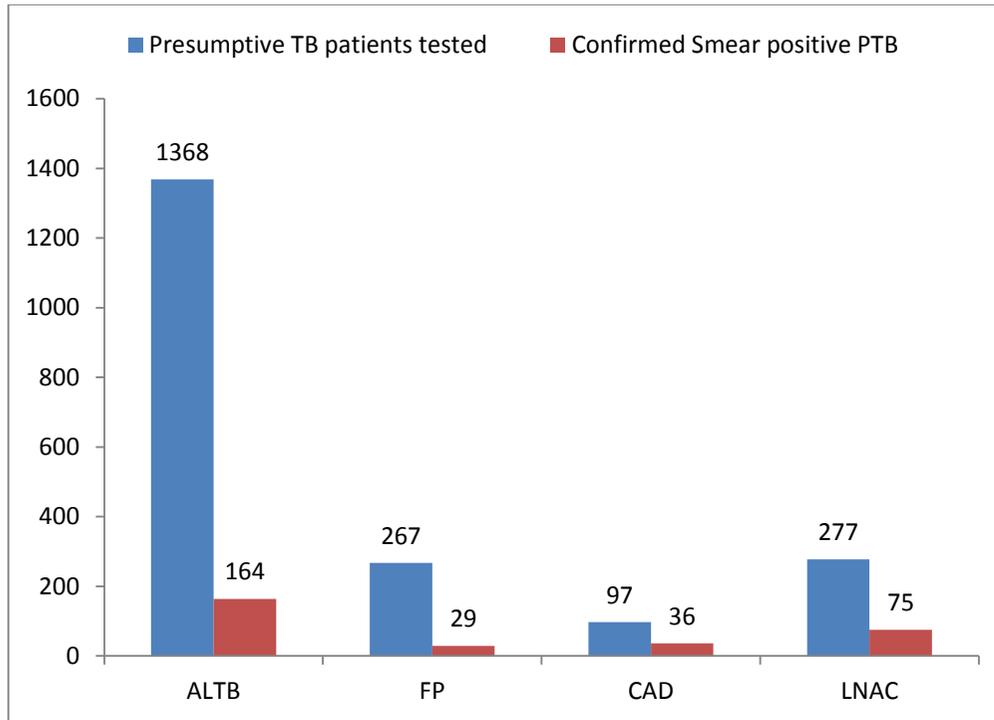


Figure 2: Number of presumptive TB patients tested and smear-positive pulmonary tuberculosis cases identified by the local partner NGOs in Year 2, Q2 in the 7 CTB-supported CPLTs



ALTB (Ambassadeurs de la lutte contre la tuberculose dans le Sud Kivu,), CAD (Club des Amis de Damien), LNAC (Ligue Nationale de la lutte anti Lépreuse et Tuberculeuse du Congo)¹

ALTB: 12% of examined presumptive TB patients were diagnosed with smear+ PTB (164/1,368)

FP: 11% of examined presumptive TB patients were diagnosed with smear+ PTB (29/267)

CAD: 40% of examined presumptive TB patients were diagnosed with smear+ PTB (95/239)

LNAC: 27% of examined presumptive TB patients were diagnosed with smear+ PTB (75/277)

Table 2 below describes the cascade of active tuberculosis case finding among patients referred for presumptive TB investigations by the 4 local partner NGOs.

Table 2: Cascade of the active TB case finding by the local partner NGOs in Year 2, Q2 in the 7 CTB-supported CPLTs

	Persons screened	Presumptive TB referred to CDSTs			Presumptive TB patients tested	Confirmed Smear+ PTB		Smear negative PTB identified		Extra-pulmonary tuberculosis		TB all forms identified	
		Physically referred	Presumptive TB patient with Sputum transported	Total referred		#	%	#	%	#	%	#	%
Femmes Plus	2,686	228	39	267	267	29	11%	8	3%	11	4%	48	18%
ALTB	21,683	1,410	36	1,446	1,368	164	12%					164	12%
CAD					239	95	40%	11	4%	16	7%	122	51%
LNAC	3,476	235	42	277	277	75	27%					75	27%
Total	27,845	1,873	117	1,990	2,151	363	17%	19	1%	27	1%	409	19%

Femme Plus: Among the 267 presumed TB examined: 18% of TB all forms was identified (48/267): 11% (29/267) were smear-positive PTB, and 3% (8/267) were smear-negative PTB and 4% (11/267) extra-pulmonary tuberculosis (EPTB) **ALTB:** among 1,368 presumed TB patients, there were 12% (164/1,368) smear-positive PTB cases.

CAD: Among 239 presumed TB tested, there were 40 % smear-positive PTB (95/239), 4% (10/239) were smear-negative PTB and 7% (16/239) EPTB.

LNAC: Among the 277 presumed TB patients who were tested, there were 27% (75/267) who had smear-positive PTB.

A total of **409 TB cases** were identified by the 4 local partner NGOs in Q2: 363 smear-positive PTB, 19 smear-negative PTB, and 27 EPTB. The proportion of diagnosed TB cases was different among persons attended to by the NGOs. This could be due to their different approaches to identification of presumptive TB patients as shown in the table 3 below.

Table 3: Approaches to identification of presumptive TB patients by the local NGOs

NGO	Approach to identification of presumptive TB patients
Femmes Plus	Sensitization in health facilities among persons living with HIV, in the FP consultation offices (for symptomatic patients living with HIV) and in the general population using a questionnaire to identified presumed TB
ALTB	Interviews of persons living near an index case through a door-to-door approach among hard-to-reach population using a questionnaire to identified presumed TB patient
CAD	Sensitization of patients in health facilities and CDSTs using a message and questionnaire to identified presumed TB patient
LNAC	Sensitization of key vulnerable populations in specific settings, such as schools, prisons, poorest areas using a questionnaire to identified presumed TB patient

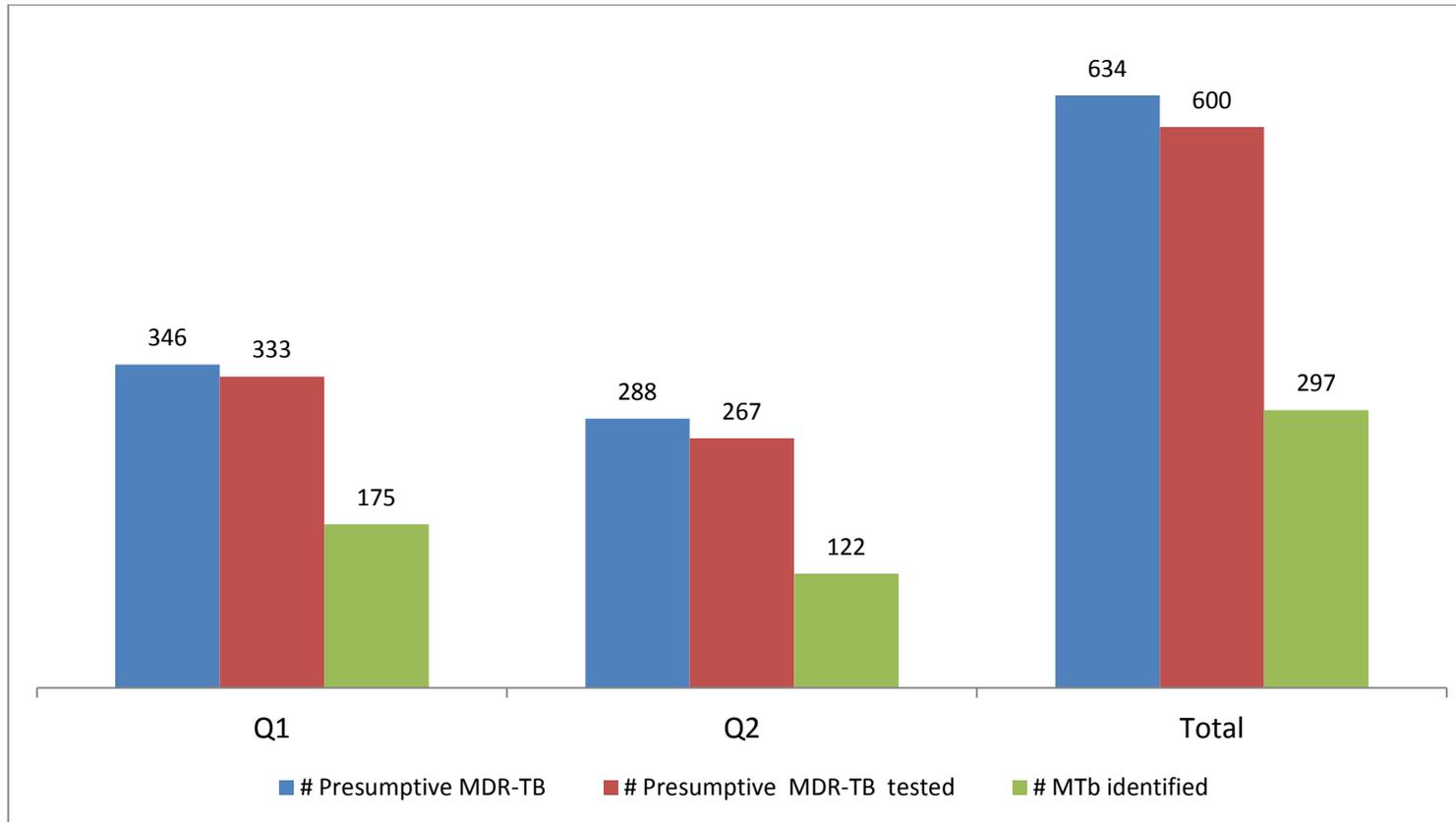
The number of TB cases identified by CAD and LNAC decreased between Q1 and Q2. This decrease in active TB case finding undertaken by these 2 NGOs could be explained by the reduction of their working areas from Q1 to Q2 (CAD: from 36 health zones to 16 and LNAC: from 31 health zones to 11 health zones). This reduction was recommended by the CPLTs and determined by the perceived needs by various health zones. The CTB team will closely monitor the number of screened, examined and diagnoses cases in Q3.

Table 4: Comparison of the results of the active TB case finding by the local partner NGOs in Year 2, Q1 and Q2 in the 7 CTB-supported*

NGO	Quarter 2					Quarter 1*		Total Q1 and Q2	
	# Presumptive TB patient	# (%) Smear + PTB	# (%) Smear-PTB	# (%) EPTB	# (%) TB cases	# Presumptive TB patient	# (%) TB cases	# Presumptive TB patient	# (%) TB cases
ALTB	1,368	164 (12)	0	0	164 (12)	1,269	154 (12)	2,637	318 (12)
CAD	239	95 (40)	11 (5)	16 (7)	122 (51)	1,208	279 (23)	1,447	401 (28)
FP	267	29 (11)	8 (3)	11 (4)	48 (18)	385	40 (10)	652	88 (13)
LNAC	277	75 (27)	0	0	75 (27)	1,203	267 (22)	1,480	342 (23)
Total	2,151	363 (17)	19 (1)	27 (1)	409 (19)	4,065	740	6,216	1,149 (18)

*NB: In Q1 the smear -PTB and EPTB were not reported by the NGOs

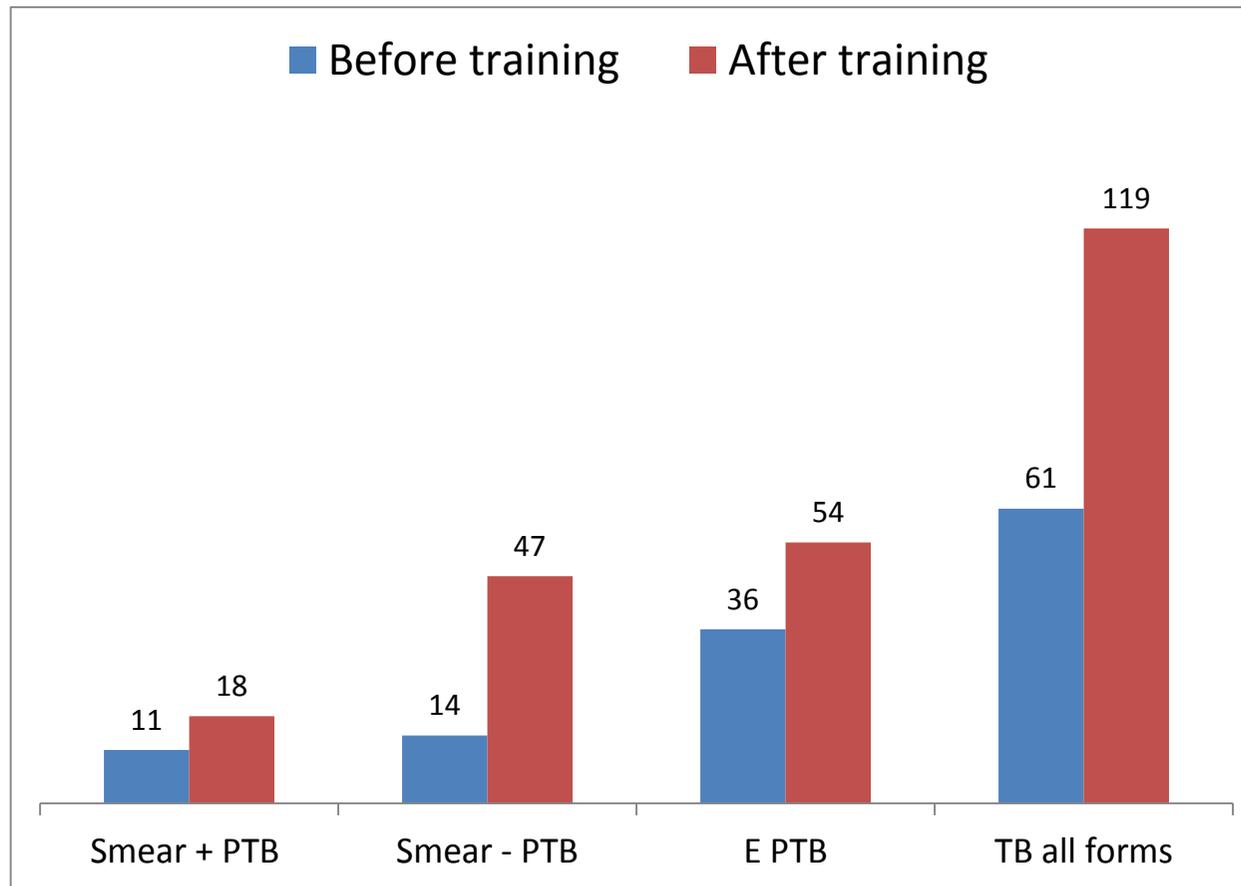
Figure 3: Tuberculosis among presumptive MDR TB patients whose sputum samples were transported by Challenge TB in Q1 and Q2 of APA 2 *



* **In Q1 in the 7 CTB-supported CPLTs, for each presumed case of MDR-TB, 2 sputum samples were systematically transported.** 346 presumed tuberculosis patients were identified of which 333 (333/346: 96%) were tested by Xpert, 175 (53%) were confirmed TB cases (*M. tb* detected) and among them 20 (11%) were RR-TB confirmed, and started on second line treatment.

* **In Q2: based on the revised PNLT recommendations only one sample for each presumed case of MDR-TB was transported for GeneXpert examination and a second sample was collected and transported for culture for RR confirmation when GeneXpert identifies Rifampicin Resistance.** 288 presumed tuberculosis patients were identified/had their sputum examined, of which 267 (267/288 = 96%) were tested by Xpert, 122/267(46%) were confirmed TB cases (*M. tb* detected), among them 29 (24%) were RR-TB confirmed, and 15 started on second line treatment.

Figure 4: Childhood tuberculosis case finding before (Q1) and after training (Q2) in 8 health facilities supported by CTB



Before training, 61 TB cases were detected: 11 smear+ PTB cases (18%), 14 smear-PTB cases (23%) and 36 EPTB (59%)

After training, 119 TB cases were detected: 18 smear+ PTB cases (15%), 47 smear-PTB cases (40%) and 54 EPTB (45%)

Table 5: Tuberculosis case finding in 5 prisons in the CPLT Kasai Oriental Sud in Q2, APA2

Prison	Number of prisoners	Drug-sensitive TB cases identified	MDR-TB cases identified	Total TB cases
Mbuji Mayi	647	6	1	7
Muene Ditu	132	1	0	1
Ngandajika	55	5	0	5
Luputa	38	0	0	0
Kabinda	80	0	0	0
Total	952	12	1	13 (1.4%)

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Develop health worker TB surveillance guidelines. Add costs for a regional consultant in the budget	5.2.1	1.National workshop done 2. Survey questionnaire available			Report of national workshop and survey questionnaire available	National workshop not done	Not met	The STTA will be carried out by Dr Claude Rutanga from Rwanda. Workshop will take place from May15-19, 2016.
Conduct a sentinel surveillance study in at least 3,000 HCW annually	5.2.2		Sentinel survey done	1.Data analysis survey done	Report of sentinel survey available	Sentinel survey not done	Not met	Will be due in Q4 after the STTA planned in Q3.

				2. Workshop done				
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Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Increase case detection in all risk groups	6.1.1		Quarterly report of the childhood TB working group available	Quarterly report of the childhood TB working group available	Final report available	Childhood TB working group meeting held on January 21, 2016 at the WHO country office with 10 participants (4 females and 6 males) who examined the recommendations of the Johannesburg meeting on pediatric TB, and the current status of childhood TB in DRC. The meeting started to prepare the terms of reference for pediatric TB working group.	Met	A small group of stakeholders is in place and it consists of representatives of the WHO country office, PNLT, and CTB. The draft ToR of the "Pediatric TB working group" has been sent to the group for comments before finalization. The purpose of Johannesburg meeting was to put in place the TB pediatric working group. The deliverable was : <ul style="list-style-type: none"> - Elaboration of pediatric guide line - A team of facilitator - Training and follow up

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		

								<i>address challenges, etc.)</i>
Assess the financial contribution of private sector.	7.2.1		Report on the task force meeting available		Financial contribution of private sector available	Report on the task force meeting not available	Not met	CTB will follow up with PNLT about a task force meeting (with GF budget support). PNLT did not organize this meeting in Q2.

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Have available the breakdown of funding by source of the local partner NGOs budgets	8.1.1			USAID questionnaire filled in by the local partner NGOs available	NGOs budget breakdown of funding by source available	N/A	N/A	Due in Q3
Improved Global Fund (GF) financial management performance	8.2.1	Summary of monthly meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB... available	Summary of monthly meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB... available	Summary of monthly reports on the meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB... available		Three GF-supported activity progress assessment meetings were conducted in January, February and March, 2016 at the PNLT offices with the participation of GF, WHO, CAG, CARITAS, Action Damien, and CTB. 19(5F, 14M) persons attended the meetings.	Met	No delay in GF disbursement was noted in Q2.

						<p>The major recommendations were:</p> <p>i) Re-programming activities with the savings;</p> <p>ii) Harmonized support to the communities: Global Fund leave SKV and KOE; and</p> <p>iii) Support to the Government Medical Stores "Central D'achat et de distribution des medicaments".</p> <p>It was concluded that</p> <p>i) CTB will support three provincial drug stores in 3 CPLTs supported by CTB (SKV,KOE, KOR);</p> <p>ii) CTB will support ALTB in SKV and Femmes Plus in KOE.</p>	
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Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Improve procurement and supply chain management	9.1.1		Quarterly report of PATIMED	Quarterly report of PATIMED	Final report available		Not met	No PATIMED meeting was held in Q2. A meeting is

			meeting available	meeting available				planned for April 5-6, 2016 by PNLT.
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Sub-objective 10. Quality data, surveillance and M&E									
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016			
Improve PNLT data collection through collaboration between the PNLT and the CTB Country Director to ensure progress in introduction of electronic TB register and Data Health Information System (DHIS2)	10.1.1		Report meeting contact available					Not met	Initial discussions with PNLT about the new tools for data collection were held in Q2. Completion deferred to Q3.
Support PNLT data validation	10.2.1	Quarterly data validation done Routine Data Quality Assessment (RDQA) done	Quarterly data validation done Routine Data Quality Assessment (RDQA)	Quarterly data validation done Routine Data Quality Assessment (RDQA) Union STTA done	1. Annual report on the CTB data validation and STTA available 2. Routine Data Quality Assessment (RDQA) report available	Quarterly data validation meetings were conducted in the 7 CTB-supported CPLTS from February 25, 2016 to March 9, 2016. 253 participants attended (10F and 243M). In majority of the CSDTs, the lack of printed data collection tools was the main obstacle. Capacity building in data analysis was provided to the 253 participants.		Met	Data collection tools will be provided by the USAID consortium TB partners [Challenge TB (CTB), Integrated Health Project, (IHP), and World Health Organization (WHO)] in Q3 for one semester.

						<p>In 3 CPLTs (SKV, MNM and KORs), PNLT and CTB national staff participated.</p> <p>A total of 9,231 (30%) TB cases were notified in the 7 CTB-supported CPLTs out of the total notifications of 30,825 at the national level during the last quarter 2015. Data for the first quarter 2016 are not yet available.</p>		
Improve operational research	10.2.2	Meeting of the research committee done		Meeting of the research committee done	Final reports available	Meeting of the research committee not done	Not met	Due in Q3

Sub-objective 11. Human resource development									
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016			
Competent PNLT staff available	11.1.1			Three CPLTs coordinators trained (Union TB Course in Cotonou) 2. Two Coordinators and two	Reports on training are available	N/A		N/A	Due in Q3

				PNLT staff registered for The Union World conference				
Enabling environment to support the operations of the PNL Central Unit, including the NRL, and the 7 CPLT (detailed budget appended)	11.1.2		Support for one quarter available	Support for one quarter available	Quarterly support done for the central unit and for each of the 7 CPLTs	<p>Training held in Kinshasa at the PNL offices from January 19-23, 2016 facilitated by staff members of CTB, WHO and Action Damien. 42 participants (20 F and 22 M) attended to reinforce capacities and discuss and distribute the supervisory check list.</p> <p>The Central Unit and the NRL benefited from the following support: vehicle maintenance, fuel supply, and payment of communication expenses.</p>	Met	
Improve communication by purchasing a VSAT communication satellite for the PNL Central Unit and telephones for the Unit and the 7 CTB-supported CPLTs, and purchase of IT equipment.	11.1.3	Support for the PNL Central Unit and the 7 CTB-supported CPLTs for one quarter available			Report available	Support for the PNL Central Unit and the 7 CTB-supported CPLTs for one quarter was provided: fuel, internet communication, and VSAT.	Met	

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

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TBNFM ZAR-911-G13/14-T (MOH/CARITAS)	B1	A2	139,1m	92,2m	

* Since January 2010 (seen on April 2, 2016)

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

The Global Fund (GF) disbursement level was 12% in the whole country during this reporting period. The adopted concept note for TB/HIV has been implemented since 1 July 2015. The working plan was developed and it will be followed and evaluated each quarter during the coordinating meeting by all partners

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

On November 5, 2015, the second year plan was revised in the presence of the leaders of the Global Fund Principal Recipient (Cellule d'Appui à la Gestion financière du Ministère de la Santé), and PNLT to ensure that the support provided is going to be complementary. It turned out that the GF, the DRC government and others partners did not cover all the operational expenses of the PNLT. CTB will fund the remaining portion to cover the gap within the limits of the APA2 budget.

Three coordinating meetings of the PNLT financial partners were held from January to March 2016. The meetings took place every last Thursday of the month at the PNLT Head office. It brought together the key partners and the principal recipients (CARITAS and CAG (Cellule d'Appui à la Gestion du Ministère de la Santé)). The GF delegation from Geneva (Dr Myriam) participated in the last meeting held on March 31, 2016. During the meeting the following items were discussed: i) the reprogramming activities for the savings; ii) stock out of data collection tools; iii) training PNLT staff in MDR-TB, pediatric TB, and infection control; iv) the drug store; v) harmonization of support to the NGOs active in TB; and vi) the commemoration of the World TB day.

During this reporting period, it was decided that CTB should help printing of the data collection tools and contribute to the gap in the World TB day (support for community testimonials by children with TB and, and print the pediatric TB messages). No delays in the implementation of GF-supported activities in the 7 CPLTs was observed in Q2.

4. Success Stories – Planning and Development

Planned success story title:	A return from a nightmare of MDR-TB in Mbuji Mayi
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	The story will report on an MDR-TB patient in Mbuji-Mayi prison who fell ill of tuberculosis in prison and how nutritional support helped him to recover his smile.
Status update:	<p>Mr Mbuyi Kalonji (MK), a male aged 24, now considers himself lucky. MK and his twin brother were working in a diamond mine with 200 other co-workers in Boya, Eastern Kasai. As life goes, influenced by friends, and all the tricky things that happen when one is young, in October 2015, MK ended up in jail in Mbuji-Mayi. While in prison, he slept in a small dormitory that he shared with 150 other in-mates. All men felt as if they were suffocating, there was very little natural ventilation. The small windows were all covered by prisoners' clothes because there was nowhere to hang them.</p> <p>MK started to lose weight. His weight dropped to 60 kg though initially; he thought it was due to the poor prison diet. He felt often hungry and saw how other prisoners were also starving most of the time. In November 2014, while still in jail, MK was diagnosed with multidrug-resistant tuberculosis (MDR-TB) based on a GeneXpert test that showed he was rifampicin resistance. This was a great surprise for him. He had never had TB before. He also remembered having hardly any cough which he thought was the main symptom of TB. At times, he had had some fevers.</p> <p>On February 7, 2015, MK started his MDR-TB treatment at the prison. Every morning at 7AM, a nurse gave him a Kanamycin injection, and in addition, he swallowed 15 pills with a large cup of water while the nurse watched and encouraged him. Of course, this stomach was empty. MK started feeling an excruciating pain in his knees. Both his legs were hurting, and he was always about to throw up. He felt so weak that he could not even stand up for a long time.</p> <p>For 6 months and in spite of these side effects, MK complied with all his treatment. His twin brother helped him and brought him food regularly from outside prison. His discomfort started waning over the weeks. On October 10, 2015, MK was released from jail and he was able to return to his family feeling much stronger and better.</p> <p>Looking back MK remembers how he felt so desperate and weak earlier: he even thought that his life was over. He realized that he was lucky. Today at the thirteenth month of his treatment, MK is weighing 80kg, feels well, and is planning to go back to work in the diamond mine. He is still taking each morning his 15 pills and looks forward to completing his treatment which will be in September 2016.</p>



Picture 1: Mbuyi Kalonji at 12th month of treatment. Taken by Francois Kapita on February 5th, 2016



Picture 2: Mbuyi Kalonji--Pictures taken by Jacques Mbuyi, April 4, 2016

5. Quarterly reporting on key mandatory indicators

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

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	88	138	kjhk 44 patients with confirmed RR-TB are waiting for treatment at the national level among them 14 from 7 CPLTs. This was caused by a stockout of Cycloserine since 29 February 2016 and Levofloxacin since January 2016. In addition, Kanamycin stocks held at the central level expired in February 2016 and it could not be distributed to the CPLTs. New stocks of Kanamycin arrived on 2 February 2016, and Cycloserine will be delivered to Kinshasa by air after a Global Fund (GF) intervention by April 30, 2016
Total 2012	133	269	
Total 2013	261	359	
Total 2014	401	432	
Total 2015	476	429	
Jan-Mar 2016	99	45	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/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	0	0	5 cases died, 9 waiting treatment The BDQ purchased by SMCS under PEPFAR not provided to the NTP until the end of the quarter.
Total 2015	2	0	
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

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

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		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)	Oct-Dec 2015					
	Equateur Est	378					
	Kasai Occidental Est	1,318					
	Kasai Occidental Ouest	1,202					
	Kasai Oriental Sud	3,561					
	Maniema	853					
	Sankuru	659					
	Sud Kivu	1,260					
	TB cases (all forms) notified for all CTB areas	9,231					
	All TB cases (all forms) notified nationwide (denominator)	30,825					
	% of national cases notified in CTB geographic areas	30%					
Intervention (setting/population/approach)							
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention	Oct-Dec	Jan-Mar				
	Equateur Est	3	8				
	Kasai Occidental Est	7	9				
	Kasai Occidental Ouest	24	49				
	Kasai Oriental Sud	202	364				
	Maniema	18	13				
	Sankuru	6	8				
	Sud Kivu	6	16				
	TB cases (all forms) notified from this intervention	266	467				
	All TB cases notified in this CTB area (denominator)	9,231	NA				

	% of cases notified from this intervention	2,8%	NA				
Reported by prisons	CTB geographic focus for this intervention	Oct-Dec	Jan-Mar				
	Equateur Est	4	5				
	Kasai Occidental Est	6	1				
	Kasai Occidental Ouest	8	2				
	Kasai Oriental Sud	19	13				
	Maniema	4	4				
	Sankuru	2	2				
	Sud Kivu	NA	5				
	TB cases (all forms) notified from this intervention	43	32				
	All TB cases notified in this CTB area (denominator)	9,231	NA				
% of cases notified from this intervention	0,47%	NA					
Community referral	CTB geographic focus for this intervention ¹	Oct-Dec	Jan-Mar				
	Equateur Est	35	27				
	Kasai Occidental Est	113	2				
	Kasai Occidental Ouest	110	95				
	Kasai Oriental Sud	48	57				
	Maniema	136	46				
	Sankuru	61	18				
	Sud Kivu	237	164				
	TB cases (all forms) notified from this intervention	740	409				
	All TB cases notified in this CTB area (denominator)	9,231	NA				
% of cases notified from this intervention	8%	NA					

¹ Data is captured under Global Health Workplan.

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

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	The Union	Dr Riitta Dlodlo	x				CTB activities monitoring in DRC, induction of new recruits, preliminary discussions on the survey on the transmission of MDR-TB. Support for the CTB local team in drafting activity reports, and discussion of the recommendations made by Dr Mukadi at completion of his visit to DRC.	Completed	From 8/11 to 13/11/2015	5	Visit necessary for CTB staff induction, initial contact with government officials and face-face discussions with the USAID Mission officials and the CTB country director.
2	Union	Prof Nadia Ait-Khaled and Monicah Andefa	x				1. Technical support visits budgeted under S&O 2. Financial & admin monitoring visits budgeted under S&O	Completed	From March 27- April 5, 2016		Work plan for APA2 has not been approved yet Postponed in Q3 for Monicah
3	Union	Jean Pierre Kabuayi	x				1. 46th World Union conference in Cape Town	Completed	From 3/12 to 9/12 2015		2 additional days for The Union meeting
4	Union	Stephane Mbuyi MDR-TB focal point	x				1. 46th World Union conference à Cap Town	Completed	From 2/12 to 7/12 2015		
5	Union	Alberto Piubello and Nadia Ait Khaled	x				Training on MDR TB and XDR patient management by an international consultant	Pending			Postponed to July 18-22, 2016.

6	Union	Claude Rutanga	x				Develop health worker TB surveillance guidelines	Pending			MOT not yet approved, activity postponed to Q3 (May 2016)
7	Union	Drs Marcel Kazadi and Donat Mbombo	x				2.46th World Union conference	Complete	From 2/12 to 6/12 2015	15 days	Marcel Kazadi representing CPLT of Kasai Oriental (TB in prison, mining sites) Donat Mbombo from the CPLT of Lisala, CPLT difficult to access, with low level of detections. Visit to/from Kinshasa fully paid for.
8	Union	Prof Djamel Yala	x				Finalize Laboratory strategic plan	Pending			MOT completed and activity postponed to Q3
9	Union	Paula Fujiwara, Monicah Andefa, Nadia Ait Khaled		x			Technical support visits, financial & administration monitoring visits	Pending			Postponed to Q3 for Monicah
10		Jean Pierre Kabuayi		x			Country Union office meeting in Paris	Pending			Planned in Q3
11		Jean Pierre Kabuayi and Deputy director		x			Country Director Challenge TB meeting	Pending			Planned for Q3
12		Yala Djamel		x			Assessment of National Reference Laboratory and Microscopy network	Pending			Planned for Q4
13		Yala Djamel			x		Assessment of Operational Laboratory Plan	Pending			Planned for Q4

14		Nico Kalisvaart (KNCV) and Nadia Ait Khaled (Union)			x		Data quality assessment based on Standards and Planned Benchmarks for tuberculosis	Pending			Planned for Q4 July8-16, 2016
15		3 CPLT			x		Tuberculosis Management International course in Benin	Pending			Planned for Q3
16		Sandra Kik			x		kjh .Data quality assessment based on "Standards and Benchmarks for Tuberculosis Surveillance and Vital Registration System	Pending			June 6-10,2016
17		Max Meis and Nadia Ait-Khaled				x	APA3 development and Technical assistance	Pending			July1-8, 2016
18	Initiative Inc	Rebecca Furth			x		Support local NGOs	Pending			
Total number of visits conducted (cumulative for fiscal year)								5			
Total number of visits planned in approved work plan								18			
Percent of planned international consultant visits conducted								27%			

7. Quarterly Indicator Reporting

Sub-objective: 2. Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.		Annually	0	2	'Measured annually'	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).		Annually	Score not available (SNA)	1/3 = 33%	'Measured annually'	
2.2.7. Number of GLI-approved TB microscopy network standards met		Annually	SNA	SA	'Measured annually'	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.		Quarterly	0,50% (2014)	1%	0,1% (20/20,380)	20 MDR-TB cases were detected among 20,380 bacteriologically confirmed TB cases (data for Q1)

Sub-objective:		2. Comprehensive, high quality diagnostics				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other)		Annually	Among 41 GX distributed only 30 are functional at National level .and among them 3 are under CTB (10%)	Nationally, 35 and out of them 3 CTB-supported platforms (9%)	'Measured annually'	
2.4.6. #/% of new TB cases diagnosed using GeneXpert		Quarterly	N/A	TBD	In Q2, in the 7 CTB-supported CPLTs, 122 new TB cases, including 29 RR - TB cases were confirmed by GeneXpert.	Unable to calculate % due to the fact that the PNLT data for this Q becomes available at the end of April 2016 (at earliest).
2.6.4. # of specimens transported for TB diagnostic services		Quarterly	In 2104, 5,368 at national level and 2,148 in the 7 CTB-supported CPLTs	3,600 (in the 7 CTB-supported CPLTs)	In Q2, 267 samples were transported from diagnostic and treatment centers to the provincial laboratories in each of the 7 CTB-supported CPLTs.	
2.6.5. #/% of TB cases detected through a specimen transport system		Quarterly	NA		In Q2 122 (47%) M.tb detected through a specimen transported	

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children,		Quarterly	National TB (all forms): 116,894 (2014) Private sector: 9,110 (8%) Children: 12,785 (11%) 7CTB CPLTs:	6527 (13%) children Private sector: TBD ACF: TBD	TB cases notified from October-December 2015 (data for Jan-March 2016 not available): At the national level:	Refer to Table 5.2 for more information

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
miners, urban slums, etc.) and/or case finding approach			34,540 Private sector: N/A Children: 4,239 (12%) CTB- ACF initiative: N/A		TB all forms: 30,825 Children: 3,377 (11%) In the 7 CTB-supported CPLTs (from October-December 2015): TB all forms : 9,231 Children: 1,221 (13%) In Q2, TB notified in key populations: Private sector: 467 CTB -ACF Initiative: 409 Prisons : 32 Childhood: 119 (8 health facilities in one CPLT)	
3.1.4. Number of MDR-TB cases detected		Quarterly	405 RR-TB of which 126 (31%) in the 7 CTB-supported CPLTs	100 in the 7 CTB-supported CPLTs out of 450 at national level	From October to December 2015: 29 RR-TB cases detected in the 7 CTB-supported CPLTs	
3.1.13. #/% of presumptive TB patients referred by community referral systems		Quarterly	?	40,800 Number (10 %)	In Q2: : 7% (1,990/27,845) presumptive TB patients referred from communities through sensitization efforts of the 4 local partner NGOs under Global Health Workplan	

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).		Quarterly	98,633/110,943 89% and 30,702/33,837 91% in the 7 CPLT	90%	Success rate of TB patients (TB all forms) registered from October to December 2014 : - National : 88% (25,425/28,801) - in the 7 CTB-supported CPLTs : 91% (7,571/8,305) Data not available by setting and/or by population.	
3.2.4. Number of MDR-TB cases initiating second-line treatment		Quarterly	436 in 2014 and 126 in the 7 CTB-supported CPLTs	100 in the 7 CTB-supported CPLTs out of 450 at national level	In Q1 and Q2, in the 7 CTB-supported CPLTs 49 RR-TB patients were identified, of which 35 initiating second line treatment and 14 are awaiting treatment.	14 patients with confirmed RR-TB are waiting for treatment. This was caused by a stockout of Cycloserine since 29 February 2016 and Levofloxacin since January 2016. In addition, Kanamycin stocks held at the central level expired in February 2016 and it could not be distributed to the CPLTs. New stocks of Kanamycin arrived on 2 February 2016, and Cycloserine will be delivered to Kinshasa by air after a Global Fund (GF) intervention by April 30, 2016
3.2.7. Number and percent of MDR-TB cases successfully treated		Quarterly	162 (60%) among patients treated with the WHO-recommended 24 months regime	? 43 (70%) in the 7 CTB-supported CPLTs	2013 MDR-TB cohort treated with the WHO-recommended 24 months regime in the 7 CTB-supported CPLTs:	

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
			and 57 (83%) among patients who received the 9 months. 17 successfully treated patients out of 29 patients treat (58%) in the 7 CTB-supported CPLTs		66% (19/29) successfully treated. In Q1: 7/12 and in Q2: 12/17	
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register		Quarterly	46% (71,178/116,894) at national level; 27 % in the 7 CTB-supported CPLTs (9,232/34,525) in 2014	50%	From October to December 2015 : National:50% (15,382/30,825) In the CTB-supported 7 CPLTs 25% (2,312/9,231)	In the 7 CPLTs, no improvement indicator for the following reasons: lack of availability of HIV test in the CPLTs and no TB/HIV activities implemented in 76 ZS among the 159 CTB supported ZSs

Sub-objective:		5. Infection control				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.4. % of TB service delivery sites in a specific setting (ex, prison-based, hospital-based, private facility) that meet minimum		Annually	Not available	will be collected via sentinel sites	'Measured annually'	

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
infection control standards						
5.2.3. Number and % of health care workers diagnosed with TB during reporting period		Annually	0,80%	Risk assessed at sentinel survey sites	'Measured annually'	

Sub-objective: 6. Management of latent TB infection						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT		Quarterly	Not available		NA	Data will be available at least end of April 2016. It will be reported on Q3

Sub-objective: 7. Political commitment and leadership						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity		Annually	Not available		'Measured annually'	

Sub-objective: 8. Comprehensive partnerships and informed community involvement						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership		Annually	0		'Measured annually'	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		Annually	Not available	% available	'Measured annually'	
8.2.1. Global Fund grant rating		Annually	B1	A	'Measured annually'	

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)		Quarterly	1 stock out at central level of more than 30 days		Central level stock out at of Cycloserine of more than 30 days since 29 February 2016 and of Kanamycin since date January 2016.	This has been caused by a stockout of Cycloserine since 29 February 2016 and Levofloxacin since January 2016. In addition, Kanamycin stocks held at the central level expired in February 2016 and it could not be distributed to the CPLTs. New stocks of Kanamycin arrived on 2 February 2016. The Cycloserine and Levofloxacin will be delivered to Kinshasa by aeroplane after a Global Fund (GF) intervention at least in April 30, 2016.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system		Annually	1		'Measured annually'	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		Annually	NO	Yes	'Measured annually'	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		Annually	0	0	'Measured annually'	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		Annually	NO	NO	'Measured annually'	

Sub-objective: 11. Human resource development						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded)		Quarterly	ND	100%	100% (3 CPLTs supervised out of the 3 planned)	
11.1.4. % of funding programmed at country level vs. headquarters		Annually	ND	64%	'Measured annually'	
11.1.5. % of USAID TB funding directed to local partners		Annually	0%	19%	'Measured annually'	
11.1.3. # of healthcare workers trained, by gender and technical area		Quarterly	N/A	650 community members (250 F+/LNAC, 350 CAD/AM) and 633 NTP health care worker (548 laboratory technician, 40 nurses, 45 doctors	Health care worker 171 trained (26 F and 145 M) Lab technician 142 (19F and 123M) TB pediatric (8 doctors and 21 nurses)	