



Challenge TB – DR CONGO

Year 2

Quarterly Monitoring Report

January-March 2016

Submission date: April 29, 2016

Cover photo: Coordination meeting of TB/HIV in Lubumbashi, March 19, 2016

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.

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List of Abbreviations and Acronyms

AD	Action Damien
ART	Antiretroviral therapy
ARV	Antiretroviral
ATS	American Thoracic Society
BCP	<i>Bureau de Coordination provinciale du PNLs</i> /Provincial Coordination Office of the National HIV Program
CTB	Challenge TB
CAD	<i>Club des Amis Damien</i> /Club of Friends of Damien
CS	<i>Centre de santé</i> /health center
Cordaid	<i>Organisation Catholique d'Aide et de Développement from the Netherlands</i>
CPLT	<i>Coordination Provinciale Lèpres Tuberculose</i> /Provincial coordination areas of the National Leprosy and TB Program
CPT	Cotrimoxazole preventive therapy
CTB	Challenge TB
CSDT	<i>Centre de Santé de diagnostic et Traitement de la tuberculose</i> /Center for diagnoses and treatment of TB
CST	Center for treatment of tuberculosis
DPS	<i>Division Provinciale de Santé</i> /Provincial Health Division
DRC	Democratic Republic of Congo
EGPAF	Elizabeth Glaser Paediatric Aids Foundation
FHI 360	Family Health International 360
FPLUS	<i>Femmes Plus</i>
HOP	Hôpital/Hospital
ICAP	International Center for AIDS Care and Treatment Program
IPS	Inspection Provinciale de Santé/Provincial Health inspection
KIN	Provincial Coordination of the National Leprosy and TB Program of Kinshasa
KNCV	KNCV Tuberculosis Foundation
KTO	<i>Katanga Ouest</i> /Provincial Coordination of the National Leprosy and TB Program of Katanga West
KTS	<i>Katanga Sud</i> / Provincial Coordination of the National Leprosy and TB Program Of Katanga South
LNAC	<i>Ligue nationale antituberculeuse et anti-lépreuse du Congo</i> /National League Against Tuberculosis and Leprosy
MDR-TB	Multidrug-resistant tuberculosis
MOH	Ministry of Health
MSH	Management Sciences for Health
NTP	National TB Program
NGO	Nongovernmental organization
PATH	Program for Appropriate Technology in Health
PEPFAR	<i>President's Emergency Plan for AIDS Relief</i>
PLHIV	People living with HIV
PNLS	<i>Programme National de Lutte contre le Sida</i> / National AIDS Control Program
PNLT	<i>Programme National de Lutte contre la Tuberculose</i> /National Tuberculosis Control Program
POE	<i>Province Orientale Est</i> /Provincial Coordination of the National Leprosy and TB Program of Katanga Est
POO	<i>Province Orientale Ouest</i> /Provincial Coordination of the National Leprosy and TB Program of Katanga West
ProVIC	<i>Programme de VIH Intégré au Congo</i> /Integrated HIV Program of Congo
PSI	Population Services International
SCMS	Supply Chain Management System
TB	Tuberculosis
Union	International Union Against Tuberculosis and Lung Disease
USAID	United States Agency for International Development
VIH	<i>Virus de l'Immunodéficience Humaine</i> /Human immunodeficiency virus
WHO	World Health Organization
ZS	Health zone

1. Quarterly Overview

Country	DRC
Lead Partner	The Union
Other partners	MSH
Workplan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Following approval of the work plan in late February 2016, implementation of project activities has started in earnest. CTB was not able to implement all the activities that were planned for this quarter due to the delays in approval of the FY2 work plan and the subsequent tardiness of the approval of the NGOs' scope of work and the signing of their contracts.

Most significant achievements:

Strengthening Coordination between HIV/AIDS and TB Programs and implementing Partners

Implementation of collaborative TB/HIV activities requires coordination between TB and HIV programs at all levels as well as PEPFAR Implementing Partners (Ips). This quarter, CTB has organized 4 coordination meetings, one with USAID PEPFAR partners at the central level and one in each of the three PEPFAR areas covered by the project (Kinshasa, Lualaba and Haut Katanga). The coordination meetings provided a well-established framework for all stakeholders in their response to HIV-related TB. It focuses on collaborative activities that address the interface of the TB and HIV epidemics and should be carried out as part of the health sector response to HIV/AIDS in the three provinces.

Internal coordinating meeting with USAID PEPFAR partners

Our team conducted a coordination meeting with USAID PEPFAR partners (IHP Plus, PROVIC Plus) on March 21, 2016 to enable them to share information related to the area of TB/HIV co-infection, harmonize and align the contents of their respective different approved work plans within the framework of their respective mandates. Eight participants (One female and 7 Males) from CTB (Union and MSH)/ and the IPs were present at the meeting.

The meeting addressed the following points:

- The progress in the development of the mapping exercise and assessment of HIV care in 48 HIV sites in Lualaba (IHP Plus, and for PROVIC Plus), 60 sites in Kinshasa (PROVIC Plus) and 106 sites in Haut Katanga (PROVIC Plus), which help to highlight the differences in support currently provided by the IPs.
- Strengthening TB activities at the Center for diagnosis and treatment of TB and the Center for treatment of tuberculosis. - Accurate data must be available on the prevalence of MDR-TB and HIV-associated TB to allow for decision-making on optimizing the use of Xpert MTB/RIF in targeted patient groups and prevent site stock-outs and expiry of cartridges, facilitate sustainability, enable the sharing of best practices and align M&E frameworks.
- Isoniazid Preventive Therapy (IPT) and cotrimoxazole prophylaxis (CTX) – Both IPs, (PROVIC Plus and IHP Plus,) are on track with IPT and CTX prophylaxis implementation in their respective sites. The Belgian Technical Cooperation (BTC) is also collaborating and made the INH protocol available to both IPs.
- Drug supply management - Procurement and supply management of drugs in the sites are adequate in all three provinces.

Challenges

- Shortage of trained manpower and high workload on existing staff., training will be provided and additional staff could be added with incentive
- Difficulty of integration of TB and HIV services at service delivery point. CTB will strengthen the capacity of the providers so they can better manage TB/HIV cases. Our coordination effort with the partners will facilitate the integration of YB and HIV services.
- Weak or non-existent infection control measures. CTB will ensure the formation of a staff per site for all sites of 2 IPs PEPFAR USAID (IHP plus and PROVIC plus)

Recommendations from the meeting

- Stakeholders engagement needs to be strengthened to facilitate integration at service delivery level and give incentive to the health worker.

- Intensive, continuous training and supportive supervision of health workers needs to be continued by IPs.
- Effective and constant supply of HIV test kits, drugs and other important commodities needs to be maintained.
- CTB will Support capacity building of health workers at different levels of health services and community workers including for TB/HIV patient management



Intermediary levels

CTB organized three coordination meetings in the three focuses provinces. TB/HIV activity coordination meetings were held under the chairmanship of the Division Provinciale de la Santé (DPS) and Provincial Health Inspections (IPS) with the participation of Coordination Provinciale de Lutte contre la Tuberculose (CPLT) and Bureau de Coordination Provinciale de lutte contre le Sida (BPC Sida) and all other partners involved in the fight against co -Infection TB / HIV.

2.1 Coordination TB/HIV meeting in the province of Lualaba

A TB/VIH coordination meeting was held with staff from the CPLT and BPC/PNLS in Kolwezi on March 19, 2016, under the chairmanship of the Provincial Division of Health. 21 participants (18 males, 3 females) from various stakeholders participated. Many partners such as: DPS/LLBA, IHP Plus, LPRS/PNLS, LNRS/PNLS, PNMLS/LLBA, CAD, CTB/MSH, CDR/CAMELU, FHI360, CPLT/KTO participated.

The meeting addressed the following points:

- Joint strategic planning to successfully and systematically scale up collaborative TB/HIV activities and deliver integrated TB and HIV services.
- Implementation Timeline for joint TB/HIV activities.

Summary of the comparative situation analysis - The analysis identified program strengths, weaknesses and gaps.

Challenges

- No coordinating body for TB/HIV activities in the province.
- The prevalence of HIV among TB patients and TB prevalence among PLHIV are unknown.
- Considerable discrepancies between TB/HIV co-infection data exist between CPLT and DPS.
- Many sites have yet to integrate TB/HIV activities.
- Health providers not trained on case management of TB/HIV co-infection.
- Many TB clinics with no access to HIV testing and ARVs.

Recommendations from the meeting for which CTB will accompany the intermediary level in coordinating TBHIV activities and will follow up in each health zone and health center:

- Set up a coordinating body for TB/HIV activities in the new province of Lualaba.
- Establish the mechanisms for collaboration between TB and HIV control programs.
- Incorporate monitoring and evaluation activities on TB/HIV and provide the means to assess the quality, effectiveness, coverage and delivery of services.
- Harmonize TB/HIV co-infection data between CPLT and DPS.
- Elaborate a joint work plan for TB/HIV activities for the PNLS and PNLT.
- Joint development of TB/HIV guidelines for prevention, diagnosis, treatment and care.
- Conduct joint supervision by CPLT and DPS to support TB/HIV activities.
- Make HIV testing and counselling available at TB diagnostic and treatment centers.

2.2 Coordination TB/HIV meeting in Kinshasa

A coordination TB/VIH meeting was held with staff from the CPLT and BPC/PNLS in Kinshasa on 22 March 2016 at the MSH office. It was attended by 10 participants including 9 males and 1 female from the DPS, CPLT, PCB/PNLS, IHP, ICAP, EGPAF and PROVIC plus. It was chaired by the office manager of the Provincial Medical Inspector delegate Kinshasa (MIP).

The meeting addressed the following points:

- Joint strategic planning to successfully and systematically scale up collaborative TB/HIV activities nationwide and deliver integrated TB and HIV services.
- Implementation timeline for joint TB/HIV activities.
- Summary of the comparative situation analysis - The analysis identified program strengths, weaknesses and gaps.

Recommendations from the meeting for which CTB will accompany the intermediary level in coordinating TBHIV activities and will follow up in each health zone and health center:

- Revitalize the coordination structure for collaborative TB/HIV activities in the CPLT and BPC/ PNLS in Kinshasa.
- Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services in the CPLT and BPC/PNLS.
- Establish and strengthen the mechanisms for delivering integrated TB and HIV services in the DPS.
- Supply co-infection sites with tools through the coordination mechanism.
- Share the timing for CTB activities with other IPs, the CPLT, the BPC/PNLS and the DPS Kinshasa.

2.3 Coordination TB/HIV meeting in Haut-Katanga

A TB/HIV coordination meeting was held in Lubumbashi March 30, 2016, under the leadership of the Provincial Health Division. 17 participants (11males, 6 females) from various stakeholders participated. The purpose of the coordination meetings was to facilitate building strong partnerships with all stakeholders at the provincial level. Participants were from the CPLT, PNLT/PNLS and many other partners such as IPs, DPS, MSH, PROVIC Plus, ICAP, LNAC, CAD, CTB, CDC, and EGPAF.

The meeting addressed the following points:

- Joint strategic planning to successfully and systematically scale up collaborative TB/HIV activities nationwide and deliver integrated TB and HIV services.
- Implementation Timeline for joint TB/HIV activities.
- Summary of the comparative situation analysis - The analysis identified program strengths, weaknesses and gaps.

Challenges

- TB/HIV activities are effective in sites PROVIC Plus, ICAP and EGPAF and data are available but the TB screening among PLHIV is still low;
- PNLT and PNLS have data on co-infection, but these data are discordant;
- ARVs and INH are not available in many sites;
- Lack of a roadmap for internal and external support for Xpert MTB/RIF test implementation;
- Lack of antiretroviral therapy (ART) initiation in TB-HIV co-infected cases.

Recommendations from the meeting for which CTB will accompany the intermediary level in coordinating TBHIV activities and will follow up in each health zone and health center:

- Set up and strengthen a coordinating body for collaborative TB/HIV activities in the province.
- Create and strengthen a joint national TB/HIV coordinating body, functional at provincial, district, facility and community levels.
- Expanding collaborative TB/HIV activities beyond the health sector through meaningful involvement with communities, non-governmental and civil society organizations.

1. Contract with the NGOs

The NGOs' scopes of works (SOWs) were finalized and their contracts approved in March 31, 2016. Follow-up meetings were held with each partner to review the SOW and to ensure that all parties clearly understand what work is required, the duration of the work involved, the deliverables and the conditions of acceptance. The formal contracts with all NGOs were signed on April 8, 2016.

2. Updating the TB/HIV activities Road Map

The project facilitated a workshop on March 23-25, 2016 to update the roadmap to TB/HIV activities at the central level. The workshop was attended by 11 participants (9 males, 2 females) from PNLT, PNLs, the CAG (Global Fund), ICAP, EGPAF, PROVIC plus, IHP plus, USAID, WHO, CTB/The Union and CTB. The work was carried out based on the previous road map of TB/HIV activities for the period 2015-2017. Following the workshop, the two programs, PNLT and PNLs, have updated their roadmap to TB/HIV. The Road Map intends to stipulate the pragmatic principles of effective efforts in TB/HIV and must be looked at as the way forward to achieve real progress in TB care, control and prevention. In addition, the Road Map will serve as a guiding document that seeks to outline the activities that need to be implemented to accelerate progress. An Action Plan will be developed later on as the first step of the roadmap. This Action Plan will be used to identify and document linkages between policy and programmatic indicators.

Technical/administrative challenges and actions to overcome them

The protracted work plan development/approval process in year 2 of the project

The unexpected delays, impediments, and challenges associated with the approval of the work plan and budget have resulted in the non-completion of many activities planned for this quarter January – March, 2016 and resulted also in low consumption of the funds available to the project for this fiscal year.

The project is highly dependent on several factors outside of the project team's control. There are aspects of the project that entail critical dependencies, which may determine whether the implementation targets and project outcomes are met. CTB will develop strategies to mitigate risks associated with project dependencies and in collaboration with The Union/USAID will take steps to reduce the probability and/or impact of delays associated with the approval of the annual WPs. To overcome this situation, the project has updated the implementation plan of activities by tailoring a schedule that takes into account the very important activities whose outcomes should provide clear guidance on the continued implementation of the activities of the year 2 of project.

The delay in the approval of scope of work and the signing of contracts with NGOs

Because of the delay associated with the approval of scopes of work for the NGOs, the project missed the opportunity to organize the celebration of World Tuberculosis Day on March 24 2016. To work around this situation CTB suggested to NGOs to organize awareness campaigns in health areas in collaboration with the CPLT and BPC/ PNLs as provided for in their WPs

The absence of the PNLs office in Kolwezi resolved by the involvement of DPS

The absence of a provincial coordination office of the PNLs in the province of Lualaba posed serious problems for the implementation of joint activities for TB/HIV in that province. Following our discussion with the Head of DPS, he agreed to designate one of the department heads as responsible for TB/HIV activities pending the formal restructuring of the Provincial Health Division.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
3.1. Ensured intensified case finding for all risk groups by all care providers								
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		
Organize two training sessions for community members on adherence to treatment equipment and awareness / orientation of TB patients or TBVIH who in turn will train other members of their community	3.2.1		-Community training report available			Activity not done yet	Not met	This activity was not carried out due to the project's late start and contracts with NGOs were not yet approved in the reporting quarter Jan-Mar 2016
Supporting community-based DOT through the CAD, Femme Plus and LNAC	3.2.1		CB-DOTS implemented			Activity not done yet	Not met	This activity was not carried out due to the project's late start and contracts with NGOs were not yet approved.

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Finance 21 days joint mission of assessment in 21 Health zones on control infection by 3 people per visit (1 CTB) for 3 provinces				'Assessment report for 21 health zones available		NA	N/A	Due in Q3

Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
1) Organize 3 quarterly ad hoc meetings Working Group central level of IP PEPFAR and all agencies working in the fight against TB and co-infection TB / HIV (IHP Plus, Provic Plus CAD, LNAC, FF Plus and CTB)	8.1.1		Central level working group meeting conducted	Central level working group meeting conducted -Roadmap meeting conducted	Central level working group meeting conducted (3 total for year)	Two working group meeting conducted 3 provincial coordination meetings meet conduct Provincial coordination meetings conducted in Kinshasa on 22 March 2016. It was attended by 10 participants including 9 males and 1 female, March 30, 2016, under the leadership of the Provincial Health Division. 17 participants (11males, 6 females) in Kolwezi on March 19, 2016, under the chairmanship of the Provincial Division of Health. 21 participants (18 males, 3females)	Met	Despite the delay in the approval of the work plan and budget, the working group TB / HIV central level has been established , and a meeting was held in Kinshasa in the month of March 2016
2) Support two days for develop a TB/VIH roadmap	8.1.1		Roadmap meeting conducted	Roadmap meeting conducted		The two-day workshop was held and co-infection draft of roadmap TB / HIV is available it will be adopted at the next large group	Met	

						coordination meeting to be held in the month of April 2016		
3) Support the holding of quarterly and extra-ordinary meetings TB/HIV in Central level	8.1.1		'- -1 Central level general TB/HIV meeting conducted -	1 Central level general TB/HIV meeting conducted	3 Central level general TB/HIV meeting conducted , plus adhoc meetings)	Activity not done yet	Not met	An additional meeting is planned for the working group of central level IP / PEPFAR all organizations working in the fight against TB and co-infection TB/HIV is expected in Q3.
4) Quarterly 3 meeting of 3 CPLT BCP/PNLS (Kinshasa, Haut Katanga, Lualaba)	8.1.1		3 provincial coordination meetings conducted TB/HIV Road drafted	3 provincial coordination meetings conducted TB/HIV Road drafted	3 provincial coordination meetings conducted (9 total for year)	the Quarterly meeting in the 3 CPLT BCP/PNLS (Kinshasa, Haut Katanga, Lualaba) is done 33%	Met	For the next quarter three quarterly coordination meetings CPLT/BCP (Kinshasa, Haut Katanga , Lualaba) are scheduled in May 2016 to the Lualaba, and in June 2016 for Kinshasa and Haut Katanga

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		
1) Fund joint mission supervise the CPLT and BCP / PNLS to ZS and sites	10.1.1		'-Quarterly supervision for TB/HIV sites conducted A joint mission supervise the CPLT and BCP / PNLS to ZS and sites	'-Quarterly supervision for TB/HIV sites conducted A joint mission supervise the CPLT and BCP / PNLS to ZS and sites	Quarterly supervision for TB/HIV sites conducted A joint mission supervise the CPLT and BCP / PNLS to HZ and sites	No quarterly supervision for TB/HIV sites conducted	Not met	This activity was not carried out due to the project's late start Briefing and coordination meeting were prioritized over supervision. Planned for Q3.

2) Finance two workshops validations of TB-HIV data within 3 CPLT (Kinshasa, Haut Katanga and Lualaba)	10.1.1			3 validation workshops conducted and IHPplus PROVICplus Q2 data TB/VIH validated and available in the 3 provinces (Haut-Katanga , Kinshasa and Lualaba) .	3 validation workshops conducted and IHPplus PROVICplus Q3 data TB/VIH validated and available in the 3 provinces (Haut-Katanga , Kinshasa and Lualaba) .	No validation workshop conducted for this quarter in the 3 provinces (Haut Katanga , Kinshasa and Lualaba)	Not met	This activity was not carried out due to the project's late start A workshop has been planned on Q3 and Q4 in Kinshasa , Lubumbashi and Kolwezi
3) Financing a workshop to harmonize collection tools by integrating the aspect of the cascade by the PNLs and PNLT with the participation of others partner	10.1.1		The collection tools harmonized and available in provinces.			Activity not done yet	Not met	This activity was not carried out due to the project's late start Activity planned for Q3.
4) Print 1,000 TB- HIV co-infection guidelines and 1,000 V PATI updated for sites supported by Provicplus and more IHP plus	10.1.1		TB/HIV guidelines printed and available in provinces.			Activity not done yet	Not met	This activity was not carried out due to the project's late start. Activity scheduled for Q3 after updating these guidelines in a workshop by the two programs (PNLT and PNLs).
5) Finance the printing of TB- HIV management tools Harmonized TB/HIV co-infections sites in three provincial coordinations (Kinshasa, Haut Katanga and Lualaba)	10.1.1		TB- HIV management tools Harmonized printed and available in provinces.			Activity not done yet	Not met	Activity scheduled for Q3 after the guidelines are updated in a workshop PNLT and PNLs.
1) MSH: Short Term Technical Assistance Provider (STTA) for 15	10.1.1		-STTA report available			Activity not done yet	Not met	Activity programmed in Q3

days to monitor TB HIV								
2) Joint supervision for each area by the Senior Technical Advisor MSH with National Program staff (PNLS and PNLT). 3 Provinces, 21 days each. During the year 2 times.	10.1.1		3 provinces received joint supervision	-3 provinces received joint supervision	-3 provinces received joint supervision	-Activity not done yet	Not met	Planned for Q3 and Q4.
3) Driving missions RDQA data produced by the sites supported by ProVIC in Haut-Katanga and IHP (14 days for each mission) in Lualaba	10.1.1		RDQA conducted to I province (Katanga or Lualaba		RDQA conducted in 2nd province (Katanga and Lualaba)	Activity not done yet	Not met	Planned in Q4
Fund a survey on the use of INH in HIV TB-sites (in Lualaba and Haut katanga)	10.2.1		Protocol approved and data collection completed	Study report available		Activity not done yet	Not met	Planned in Q3
Operational study on the detection of HIV virus among children with presumed or confirmed TB using GeneXpert HIV test for Viral Load and Dried Blood Spot for children from HIV-positive mothers, using samples of known HIV positive children. (PNLS for the Protocol)	10.2.2		protocol develop and approved	data collection/analysis completed	Study report available	Activity not done yet	Not met	Planned in Q4

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		
1) Organize joint training on the management of co-infection TB / HIV to providers and ECZ health zones and sites in Kinshasa and Lubumbashi supported by ProVIC, as well as sites in Lualaba supported by IHPplus.	11.1.1		Coinfection training conducted in Kinshasa -Lab training conducted in Kinshasa, Haut Katanga and Lualaba	-Coinfection trainings conducted in Haut Katanga and Lualaba -IC training conducted for 80 providers (3 provinces) - Nurses training conducted in 3 provinces quarter		The joint training on the management of co-infection TB/HIV facilitated by a joint team provincial PNLT and PNLs for 6 days to providers of nine old sites of PROVICplus done in Kinshasa was attended by 27 participants (13 males, 14females) on March14-19, 2016	Partially met	Despite the delay of the approval of the workplan and budget, training of TB / HIV co- infection occurred in Kinshasa for 9 old HIV PROVIC Plus sites with their fund but with the expertise of TB Challenge project. The other trainings are planned for Q3.
2) Financing the training of providers of 35 TB / HIV coinfection sites in Kinshasa, 30 TB / HIV coinfection sites in Haut Katanga, and 15 TB / HIV coinfection sites in Kolwezi on infection control.	11.1.1		- Coinfection training conducted in Kinshasa -	Coinfection training conducted in Haut katanga and Luluaba		Activity not done yet	Not met	Planned in Q3
3) Train laboratory technicians sites on HIV and TB quality control in Kinshasa, Haut Katanga, and Lualaba.	11.1.1		- -Lab training conducted in Kinshasa, Haut Katanga and Lualaba	Lab training conducted in Kinshasa, Haut Katanga and Lualaba quarter		Activity not done yet	Not met	Planned in Q3

4) Finance the training of nurses and other structures maternity organizing the activities of CPS on the management of TB and HIV pediatric in Kinshasa, Haut-Katnga and Lualaba.	11.1.1		-	Nurses training conducted in 3 provinces		Activity not done yet	Not met	Planned in Q3
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3. Success Stories – Planning and Development

Planned success story title:	Facilitating effective coordination and collaboration between TB and HIV programs in the province of Lualaba
Sub-objective of story:	1. Enabling environment
Intervention area of story:	7.2. In-country political commitment strengthened
Brief description of story idea:	<p>After the coordination meeting in Kolwezi, the absence of the PNLs office in Lualaba was resolved following the intervention of the DPS</p> <p>The absence of a provincial coordination office of the PNLs in the province of Lualaba, posed serious problems for the implementation of joint activities for TB HIV co-infection in that province. Following our discussion with the Head of DPS, he agreed to designate the one of its head of department as responsible for TB / HIV activities pending the formal restructuring of the Provincial Health Division.</p>
Status update:	On-going

4. Quarterly reporting on key mandatory indicators

1. Revive and strengthen the collaborative TB/HIV framework at the central and provincial levels

Table 4.1: National and provincial TB/HIV coordinating bodies established and meeting at least quarterly

N ^o	Indicator	Target	Accomplishment (Jan-Mar 2016)				Total	% achievement	Comments
			National	Province					
				Haut Katanga	Kinshasa	Lualaba			
1	National and provincial TB/HIV coordinating bodies established and meeting at least quarterly	4	1	1	1	1	4	100%	
2	Availability of national and provincial TB/HIV action plans	4	1	1	1	1	4	100%	There are 4 joints plan which 3 relate to provincial coordination PNLs and PNLT in Kinshasa , in Haut-Katanga, in Lualaba, and 1 national level PNLT and pnl , the collection will be done quarterly and monitoring will be done during the meeting of coordination whose secretariat will be held by the CTB project is an annual

2. Training and capacity building for improved management of TB/HIV (The collection will be done after training and reporting will be quarterly)

Table 4.2.1 Number of health providers for TB/HIV co-infection trained in TB/HIV management by Challenge TB

Province	Target	Q1(Oct-Dec 2015)	Q2(Jan-Mar 2016)	Q3(Apr-Jun. 2016)	Q4(Jul.-Sept 2016)	Comments
		accomplishment	accomplishment	accomplishment	accomplishment	

	M	F	M	F	M	F	M	F	
Haut Katanga	0	0	0	0					N/A
Kinshasa	0	0	0	0					
Lualaba	0	0	0	0					
Total	0	0	0	0					

N.B.: The collection will be done after training and reporting will be quarterly

3. Quality supportive supervision visits of clinics conducted from the central and provincial levels

Table 4.3. Number of quality supportive supervision visits of clinics conducted from the central and provincial levels

	Q1(Oct-Dec 2015)		Q2(Jan-Mar 2016)		Q3(Apr-Jun. 2016)		Q4(Jul.-Sept 2016)		% achievement	Comments
	target	accomplishment	target	accomplishment	target	accomplishment	target	accomplishment		
Central	0	0	1	0	0		1			N/A
Haut Katanga	0	0	1	0	1		1			
Kinshasa	0	0	1	0	1		1			
Lualaba	0	0	1	0	1		1			

4. Strengthen TB infection control

Table 4.4. Number of USAID PEPFAR-supported sites assessed during the assessments missions on TB infection control

Province	Target	Q1(Oct-Dec 2015)	Q2(Jan-Mar 2016)	Q3(Apr-Jun. 2016)	Q4(Jul.-Sept 2016)	Comments
		accomplishment	accomplishment	accomplishment	accomplishment	
Haut Katanga	108	0	0			This activity was not carried out because the Workplan and

						Budget were approved late in the third week of February 2016
Kinshasa	58	0	0			
Lualaba	59	0	0			
Total	225	0	0			

N.B.: The sites that will be involved in the development plan for the control of infection after the assessment will be done in the various TB HIV USAID PEPFAR sites; collection is quarterly and monitoring of this indicator will be at quarterly meetings.

5. Strengthen Monitoring and Evaluation

Table 4.5 Number of missions RDQA will be made by members of the PNLT and PNLs accompanied by those of CTB

Province	target	Q1 (Oct-Dec 2015)	Q2 (Jan-Mar 2016)	Q3 (Apr-Jun. 2016)	Q4 (Jul.-Sept 2016)	Comments
		accomplishment	accomplishment	accomplishment	accomplishment	
Haut Katanga	1	0	0			This activity was not carried out because the Workplan and Budget were approved late in the third week of February 2016
Kinshasa	0	0	0			
Lualaba	1	0	0			
Total	2	0	0			

N.B.: Two missions RDQA will be made by members of the PNLT and PNLs accompanied by those of CTB. This activity will concern the TB HIV sites in Kinshasa, in Haut-Katanga and in Lualaba. The collection will be quarterly.

For this quarter we do not have data for community events, NGO activities have not yet started. We hope that NGOs will have the funds for their activities from the next quarter after contract signing with MSH approved .

Table 5. Improve adherence in TB/HIV patients through community-based care and support services (CARE-COMM-DSD)

	Indicators	Disaggregation	TARGET	KINSHASA					HAUT KATANGA		LUALABA			TOTAL	% achievement	Comment
				KING ASANI	KIKIMI	KINGASANI	BINZAME TEO	BANDALUNGWA	RUASHI	KAMPEMBA	MANIKA	LUALABA	KANZENZE			
TARGET (health zone)																
CARE_COMM-DSD	Number of HIV-infected adults and children receiving care and support services outside of the health facility															The collection and transmission of data will be made by NGOs in contract with CTB quarterly. This will begin in Q3 when the NGOs are officially implementing. The CTB project will monitor the quality of service during supervision and RDQA missions.

Table 6. Increase effective use of INH in preventing TB in PLHIV

	Indicators	Disaggregation	TARGET	KINSHASA					HAUT KATANGA		LUALABA			TOTAL	% achievement	Comment
				KING ASANI	KIKIMI	KINGASANI	BINZAMETEO	BANDALUNGWA	RUASHI	KAMPEMBA	MANIKA	LUALABA	KANZENZE			
TARGET (health zone)																
TB_IPT_TA	Percentage of PLHIV newly enrolled in HIV clinical care who start isoniazid preventive therapy (IPT). (Technical Assistance)															The collection will be made by the USAID PEPFAR IPs and quarterly CTB will obtain the data at quarterly data validation coordination meetings of Kinshasa, Haut- Katanga and Lualaba.

Table 7. TB-HIV cases detected and initiating second line treatment in country (national data)

Code MER	Indicator name	2016 TARGET	Haut-Katanga	Kinshasa	LUALABA	TOTAL	% achievement	Comments
TB_STAT (N, TA)	Proportion of registered new and relapsed TB cases with documented HIV status, during the reporting period.	%						The collection will be made by the USAID PEPFAR IPs and quarterly CTB will obtain the data at quarterly data validation coordination meetings of Kinshasa, Haut-Katanga and Lualaba.
	Number of registered new and relapsed TB cases with documented HIV status, during the reporting period.							
	Total number of registered new and relapsed TB cases, during the reporting period.							
	TB_STAT (N, TA, Sex): New/Relapsed TB with HIV (Female)						#DIV/0!	
	TB_STAT (N, TA, Sex): New/Relapsed TB with HIV (Male)						#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (<1)						#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (1-4)						#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (5-9)						#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (10-14)						#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (15-19)						#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (20+)						#DIV/0!	
	TB_STAT (N, TA, Result): New/Relapsed TB with HIV (Positive)						#DIV/0!	
	TB_STAT (N, TA, Result): New/Relapsed TB with HIV (Negative)						#DIV/0!	
TB_ART (N, TA)	Proportion of registered TB cases who are HIV-positive who are on ART	%					%	The collection will be made by the USAID

	The number of registered new and relapse TB cases with documented HIV-positive status who are on ART during TB treatment during the reporting period.							%	PEPFAR IPs and quarterly CTB will obtain the data at quarterly data validation coordination meetings of Kinshasa, Haut-Katanga and Lualaba.
	The number of registered new and relapse TB cases with documented HIV-positive status during TB treatment during the reporting period.(Denominator)							%	
	TB_ART (N, TA, Sex): TB/HIV on ART (Female)							#DIV/0!	
	TB_ART (N, TA, Sex): TB/HIV on ART (Male)							#DIV/0!	
	TB_ART (N, TA, Age): TB/HIV on ART (<1)							#DIV/0!	
	TB_ART (N, TA, Age): TB/HIV on ART (1-4)							#DIV/0!	
	TB_ART (N, TA, Age): TB/HIV on ART (5-9)							#DIV/0!	
	TB_ART (N, TA, Age): TB/HIV on ART (10-14)							#DIV/0!	
	TB_ART (N, TA, Age): TB/HIV on ART (15-19)							#DIV/0!	
	TB_ART (N, TA, Age): TB/HIV on ART (20+)							#DIV/0!	
	TB_ART (N, TA, Known/New): TB/HIV on ART (Known at Entry Positive)							#DIV/0!	
	TB_ART (N,TA, Known/New): TB/HIV on ART (Newly Identified Positive)							#DIV/0!	
	TB_ART (N, TA, ART): TB/HIV on ART (< 8)							#DIV/0!	
TB_ART (N, TA, ART): TB/HIV on ART (> 8)							#DIV/0!		

5. 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	Paultre Desrosiers			X		Technical supervision of activity implementation	Pending		15 days	1 May 2016
2	MSH	Malia Mayson				X	Financial management of the project.	Pending			3 August 2016
3	MSH	Paultre Desrosiers				X	workplanning for Year 3	Pending			3 August 2016
4	MSH	Dan Nelson				X		Pending			16 June 2016
6								Choose an item.			
7								Choose an item.			
8								Choose an item.			
9								Choose an item.			
10								Choose an item.			
Total number of visits conducted (cumulative for fiscal year)								0			
Total number of visits planned in approved work plan								4			
Percent of planned international consultant visits conducted								0			