



Challenge TB - East Africa Region

Year 2

Quarterly Monitoring Report

January-March 2016



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***Cover photo:* People crossing River Dawa from Ethiopia into Kenya including students going to school.(Credit: Victor Ombeka)**

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1. Quarterly Overview

Country	EAST AFRICA
Lead Partner	KNCV
Other partners	MSH, The Union
Work plan timeframe	April 2015 – March 2016
Reporting period	January-March 2016

Most significant achievements:

Staffing and operations

1. Registration of KNCV Nairobi office was finalized with the NGO Coordination Board. This was followed by securing office space, furnishing, developing relevant manuals (finance and procurement), and IT set-up. The KNCV Nairobi office is now fully operational.
2. All the key staff (the Project Coordinator, M&E officer and Finance and Administration officer) was recruited and joined the office in January and February respectively.
3. **Cross-border initiative.** Two of the three border counties on the Kenyan side (i.e. Garissa and Marsabit) that are earmarked for cross-border TB care and prevention activities, were engaged during the Challenge TB cross-border team meeting which were attended by the respective county health teams including the county health directors, the TB coordinators, an EPI coordinator and a surveillance coordinator. The teams were taken through the objectives and the scope of the project. The meeting resulted in concurrence and support to the border facilities workshop and agreements to the dates of this workshop (to take place in the next quarter). The county TB coordinator was also incorporated into the existing cross-border committee.

Thirty border health facilities were identified in the three counties on the Kenyan side; These are the facilities close the borders in the respective counties and those that cater for refugees in the camps.

Bio-safety measures in laboratories ensured

4. Translation of the SOPs on TB-IC in the Somali language was finalized based on the comments made by the Somali laboratory teams. Printing and distribution of these SOPs is planned for the next quarter.

Well-functioning procurement and supply chain management system in place

5. The team finalized the concept and design of the ECSA TB commodities supply chain portal, which contained two major parts: a commodities dashboard and a virtual resources center. Tanzania was enrolled in the portal and two more countries will be enrolled to start using the portal to coordinate and improve TB commodities supplies
6. A technical assistance mission was conducted to Tanzania with the key focus of collecting TB program reports, policies, and training materials relevant for TB commodities supply chain management. In addition, various stock status data and pipeline information were collected, analyzed, and was put into the regional TB commodities supply chain portal.

Qualified staff available and supportive supervisory systems in place

7. An inventory of existing and potential training institutions for the training corridor in the region has been developed. This activity will be finalized during the regional NTP meeting.
8. Childhood TB Training course. An on-line training course on Childhood TB was developed previously by the Union. Up till now , 671 users had started the online course on the Union website with 22% (150 users) completing the course also to cater for application of the concepts learned in the online course to one’s work setting in order to improve the care of children with TB, a draft facilitator guide for face-to-face training on “Childhood TB for Healthcare Workers: An online course” was completed To access the course contents the following link is to be used; <https://childhoodtb.theunion.org/courses>.
9. A contract was signed with the Rwanda based Center of Excellence (COE) to support COE’s capacity strengthening efforts to strengthen its establishment as a regional center of excellence. KNCV also selected a consultancy firm to develop a business plan for COE in line with its objectives to become a regional center of excellence. The contract will be signed next quarter.

Technical/administrative challenges and actions to overcome them:

Technical

Due to the devolved system of the Kenyan government where counties are autonomous in their operations, the buy-in of relevant county officials is critical prior to commencement of activities in these counties. The implementation of the cross border TB initiatives therefore required first making contact with the County Health Directors (CHDs) in the selected counties i.e. Turkana, Marsabit and Garissa. Conflicting schedules of the CHDs resulted in delays in meeting with them and by extension, a delay in the commencement of project activities at the county level. Early planning after the initial contacts will address this. Security on the Kenya-Somalia border remains a challenge and the office is finalizing a security policy and plan to operate in such environments.

With the whole team on board, the team developed an action plan with a detailed timeline in close collaboration with the USAID Regional Bureau with the objective of fast-tracking the work under this project. This will result into a revised work plan in April covering the remaining months of APA 2.

Administrative

There were administrative delays due to the delay in the registration of the office and the opening of the bank account. The team put interim arrangements in place to allow for smooth administrative functioning. This included processing payments from HQ, advance payments to staff allowing for small administrative expenditures as well as the planning and implementation of the cross border facility sensitization meeting in Garissa.

Summary milestone data as of March 2016

Total # of milestones expected by Q2 (cumulative for April 15 - Mar 16)	Milestones met by Q2 (cumulative for April15 - Mar 16)		Milestones partially met by Q2 (cumulative for April 15 - Mar 16)		Milestones not met by Q2 (cumulative for April 15 - Mar 16)	
	#	%	#	%	#	%
N						
15	2	13%	13	87%	0	0%

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Jan-Mar 2016		
Implementation of an effective patient referral and transfer system across three countries in the region (Ke, SOM and TZ)	1.4.1			Launch of the Strategy on Cross Border and Regional Programming in TB Control (Print 150 copies, Banners, Launch activities)		The team received feedback from some NTPs on the inter-country referral tool. The tool will be finalized at the regional NTP meeting to be held in April.	Partially met	The tool will be finalized at the regional NTP meeting to be held in April.
Operationalize cross-border planning in 4 high volume border areas including horn of Africa (KE/SOM, TZ/UG, KE/UG, SOM/ET)	1.4.2	Development of scope, work and ToRs for cross-border committees/ members				A near final cross border initiative operational guide has been developed with input from some NTPs. The guide contains the scope, work and TORs for the cross border committee. This will be finalized during the regional NTP meeting in April	Partially met	During the regional NTP meeting in the next quarter, the project aims to finalize the guide since all the NTPs representatives from the region will be available
Operationalize cross-border planning in 4 high volume border areas including horn of Africa (KE/SOM, TZ/UG, KE/UG, SOM/ET)	1.4.3			Map health facilities at border areas and their use by mobile/im migrant populations		Priority counties for the implementation of the cross border demonstration sites were agreed on with the Kenya NTP. Border facilities have already been identified in Turkana, Marsabit and	Partially met	Selection of the facilities on the Kenyan side has already been done though the detailed operational features will be addressed during the following quarters when the

				for TB services	<p>Garissa counties. Ten from Garissa (Hamey Dispensary, Liboi Health Centre, Damajale, Hulugho Sub County Hospital, Amuma Dispensary, Bula Golol, IFO II Hospital, Dagahaley MSF Hospital, IFO I Hospital and Hagadera), 12 from Marsabit county (Anona Dispensary, Dambalafachana Health Centre, Godoma Model Health Centre, Heillu Dispensary, Moyale Sub County - Custom Dispensary, Kinisa Dispensary, Manyatta Dispensary, Gurumes Dispensary, Mansile Dispensary, Somare Dispensary, Uran Health Centre and Yaballo Dispensary) and 8 in Turkana county (Kakuma Refugee Hospital, Letea Dispensary, Lokichogio (AIC) Health Centre, Lokipoto Dispensary, Lopiding Sub-County Hospital, Loreng Dispensary, Nanam Dispensary and Oropoi Dispensary). Efforts of identification of the corresponding border facilities across the</p>	<p>facility sensitization workshops will be held. The project aims to get the names of the focal persons from the other sides of the border to engage in the selection of the sites. The mapping will be completed in the next two quarters.</p>
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						border have also begun.		
				<p>Hold bi-annual cross-border program planning meetings (at local level) in each border area to operationalize national level strategies.</p> <p>Meeting reports with outcomes and next steps will be developed</p>		<p>Two meetings with the county government of Garissa and Marsabit were held to introduce the project. Health facility sensitization is planned for April in the 2 counties. In total, the project plans to work with three counties on the Kenyan side.</p> <p>A sensitization workshop of the regional NTPs is planned for April after which the other local border units will be brought on board with the cross-border committees.</p>	Partially met	<p>Due to the change of the governance structure in Kenya the process of engaging the two levels of government (national and county) has been slow. So far the project has been able to engage two county governments and is yet to engage Turkana county which will be done in the next quarter.</p> <p>Health Facility staff sensitization in the counties is planned for next quarter.</p> <p>Furthermore the Regional NTP meeting has also been planned for the next quarter.</p>
Develop a regional coordination system to enhance networking and multi-country partnerships for cross-border TB control	1.4.4		Identify a regional focal point	TA for review of algorithms for migrant screening and their harmonization		ECSA has designated a focal person. The coordination will be done through the regional NTPs meeting.	Partially met	To be developed after the regional meeting

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.)	
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Jan-Mar 2016			
Support to the SNRL in Uganda for recurrent costs and salaries in the interim period	2.7.1		Salary and recurrent costs for part of the staff				Sub-agreement with the SNRL was signed for the retention of 3 staff (SNRL Manager, Lab manager and a Microbiologist).	Met	
Provide TA to Somalia for laboratory biosafety implementation	2.7.2		TA to Somalia Translate the SOPs into Somali language Print SOPs as booklets-300copies	Print & Disseminate the SOPs to all laboratories in Somalia	Monitor implementation of SOPs (by SNRL) 3 one week missions by SNRL/KNCV		Translation of the SOP into Somali language and revisions based on comments from Somali laboratory team has been done. Formatting & printing will be done in the next quarter. The TA will follow in the next quarter	Partially met	Technical assistance will follow in the next quarter

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.)	
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Jan-Mar 2016			
Strengthening PMDT	3.2.1	Support endorsement of X/MDR TB policy at ECSA-HC health ministers conference (HMC) Print the policy					Criteria for identifying the country for implementation of a pilot/demonstration site on managing the failures including palliative care have been developed. The criteria will be discussed in the	Partially met	X/MDR TB policy will be launched during the 63 rd Health Ministers Conference in November 2016 in Swaziland

		(50 copies) and e-copies				upcoming regional NTP meeting slated for April.		
		Document the MDR-TB failures in the ECSA-HC region and identify a country for demonstration site for implementing palliative care/new drugs containing regimen.				ECSA reviewed and finalized the Policy on the Management of M/XDRTB failures and also engaged the countries on documentation of pre-XDR and XDR TB cases. The project anticipates that the X/MDR TB policy will be launched during the 63 rd Health Ministers Conference in November 2016 in Swaziland.		

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.)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Jan-Mar 2016		
Maintenance of regional drug management Dashboard	9.1.1	Identify countries which are not implementing QuanTB and advocate for buy-in among stakeholders	Identify and contact persons in each country in the region responsible for QuanTB and reporting/posting of stocks to ECSA-HC on dashboard		TA from MSH to maintain dashboard	The MSH team finalized concept and design of the ECSA TB commodities supply chain portal, which contained two major parts: that is Commodities dashboards and Virtual resources center. Implementation of the system has already commenced in	Met	

			(monthly/ quarterly basis)			<p>Tanzania. It is planned to have on board Kenya, Uganda and possibly Malawi before it is taken up to the whole region.</p> <p>Technical assistance mission to Tanzania conducted with Tanzania enrolled as the first country in the ECSA TB supply chain portal</p> <p>Tanzania NTLP staff were oriented on ECSA TB supply chain portal</p>		
Training in QuanTB	9.1.2		Organize training in QuanTB for identified countries			The focus now is to first work with those NTPs which already are using QUANTB _Kenya, Tanzania and Uganda and then scale up in year 2.	Partially met	It was found necessary to first pilot with the 3 countries which have been using QuanTB for some time and do any revisions before it is scaled up
ECSA secretariat	9.1.3		ECSA-HC secretariat to support the system and provide technical input. (LoE 0,5 fte) with clear ToRs and expected deliverables , reporting lines and deadlines			Sub-agreement signed with ECSA and now actively involved in the finalization of the dashboard.	Partially met	

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.)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Jan-Mar 2016		
Support COE to get regional accreditation	11.1.1		Identify consultancy firm for Business plan development	Development of Business plan		The contract with Blue Edge Marketing is being finalized and the consultancy will commence in April.	Partially met	The contract with Blue Edge Marketing will be signed in April so that this activity can be accelerated.
Establish a Regional Training Corridor	11.1.2			Map the existing training organizations and trainings		Inventory of existing and potential training institutions in the region has been developed. Mapping tool and the Training corridor TOR have already been developed	Partially met	The inventory and TORs will be discussed during the NTPs meeting in April for adoption and implementation.
Create a regional NETWORK of TB/MDR-TB Pediatric experts	11.1.4			1. E-learning course: Childhood MDR-TB - Development of a design document for the online MDR-TB in children course. 2. Facilitator guide for the 'Childhood TB for		A design document for the online MDR-TB in children course was developed; those involved in the process were subject-matter experts in the care of MDR-TB in children as well as TB training. A draft facilitator guide for face-to-face training on "Childhood TB for Healthcare Workers: An online course" was completed TB TOT – Training was completed in	Partially met	

				<p>healthcare workers'- Completion of a draft facilitators' guide for face-to-face training on "Childhood TB for Healthcare Workers: An online course"</p> <p>3. Trainer-of-Trainers course on Childhood TB</p>		<p>Hargeisa, Somalia where 14 health workers were trained.</p> <p>Population of the database of TB experts in the region with support from the USAID Knowledge for Health initiative is on going</p>		
Operationalize the Pre-service Competency Based TB Curriculum for Nursing	11.1.5			<p>-Identify one institution</p> <p>-Up-date tutors from pre-service nursing schools on TB</p>		<p>The team Continued engagement with the Ministry of Health and Social Welfare of the United Republic of Tanzania and the National TB program to identify a Nursing Institution for piloting of the curriculum and training of tutors.</p>	Partially met	<p>The project team is still awaiting the identification of the pilot site/Demonstration Site by Tanzania</p>

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)
QPA-T-ECSA	N/A	Not Available	6,136,774	745,905	Not Available

* Since January 2010

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

The Global Fund regional ECSA project was signed on 27th October 2015 and started on the 1st November 2015. It was launched in December 2015. So far baseline assessment has been done in 18 countries and technical assistance for culture and DST provided to Somalia, Ethiopia and South Sudan.

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

Challenge TB has so far not been involved in the implementation or support

4. 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)
			Q1	Q2	Q3	Q 4					
1	KNCV	Ieva Leimane		Q2			Project start up meeting	Complete	31 July 2015	5	PO replaced the Technical advisor
2	KNCV	Ieva Leimane			Q3		CoE Support	Complete	30 January 2016	2	Project coordinator replaced TA. This was to facilitate the sub-contracting
3	KNCV	Ieva Leimane				Q4	CoE support	Pending		7	Delayed sub-agreement signing One of this travels was replaced by TFP.
4	KNCV	Mischa Heeger			Q3		Management support	Complete	31 July 2015	5	In Q2 the Portfolio manager, together with the Project officer attended the Stakeholders meeting in Nairobi.
5	KNCV	Victor Ombeka			Q3		Attend Country Directors meeting	Complete	5 June 2015	6	Hague
6	KNCV	Victor Ombeka			Q3		EAR project presentation to ECSA	Complete	25 June 2015	2	Arusha
7	KNCV	Victor Ombeka			Q3		Meeting-IMW	Complete	25 September 2015	6	Hague
8	KNCV	Various			Q3		Workshop for development and harmonization of a recognized cross referral tool and universal registration system	Pending		3	Due in April
9	KNCV	ECSA			Q3		Map TB health facilities for border areas	Cancelled		28	Approach changed to getting details

											during facility sensitization
10	KNCV	Various				Q4	Annual review meetings	Pending		16	Deferred to year 2
11	KNCV	Victor Ombeka				Q4	UNION Conference	Complete	8 December 2015	5	Cape town
12	KNCV	TBD				Q4	QUANTB training	Cancelled		7	Countries in the area of focus have been trained through other sources
13	KNCV	Ieva Leimane			Q3		COE, NTPs in a Region	Pending		7	Delayed BP and action plan development for COE, Rwanda.
14	KNCV	Millicent Ngicho			Q3		CoE Sub contract	Complete	29 January 2016	5	PO travelled to Kenya for operations and Rwanda for sub-contracting.
15	MSH	Mavere Tukai				Q4	Support regional medicines dashboard	Complete	9 February 2016	14	
16	KNCV	1 SNRL person				Q4	Lab biosafety implementation-Somalia	Pending		14	Scheduled for Q4
17	KNCV	1 SNRL person				Q4	Lab biosafety implementation-Somalia	Pending		14	Translation of SOPs delayed. Deferred/Scheduled for Q4
Total number of visits conducted (cumulative for fiscal year)										9	
Total number of visits planned in approved work plan										17	
Percent of planned international consultant visits conducted										53%	