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## **Challenge TB - Namibia**

**Year 2**

**Quarterly Monitoring Report**

**January-March 2016**

**Submission date: April 29, 2016**

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### *Cover photo:*

Community TB awareness: Participants marching along the road to the venue of the World TB Day commemorations in Oshikuku town, Omusati region, Namibia. (*credit: Errollice Tjipura*)

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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	Namibia
Lead Partner	KNCV Tuberculosis Foundation (KNCV)
Other partners	
Work plan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

In addition to activities approved from October to November 2015, Challenge TB (CTB) Namibia implemented activities pre-approved for the period December 2015 to March 2016 while awaiting approval of the 10-month work plan December 2015-September 2016. Below are the pre-approved activities, which form part of this report.

### Pre-approved activities for December 2015 to March 2016 included:

1. Recruitment of key personnel: TB/HIV Officer: Deputy Director Operations, M&E Technical Adviser, 5 District TB/HIV Coordinators, Administrative Assistant (GF) (0.0.2)
2. Visit for Management Backstopping: Jan Willem planned for February (0.0.3)
3. Procurement of vehicles (one 4X4 and a smaller passenger vehicle) (0.0.4)
4. Procurement of computers and laptops for new staff (0.0.4)
5. Develop MoU with Ministry of Safety and Security (MoSS) (3.1.1)
6. Facility Site assessments (activity 3.2.6)
7. Monitoring of Contact Investigation (activity 4.1.3)
8. Support to the continuation of the multi sectoral National TB & Leprosy Steering Committee meeting (activity 8.1.1)
9. Support quarterly zonal TB/HIV review meetings (activity 10.1.6)
10. Train participants in Electronic Recording and Reporting (10.1.5)
11. Finalize and disseminate the DRS report (10.2.1)
12. Provide STTA for the DPS (10.2.2)
13. Support TB/HIV Program Supervision (10.1.7)

### **Most significant achievements:** *(Max 5 achievements)*

In March 2016, CTB staff participated in the annual World TB Day commemoration in one of the high TB/HIV burden regions of Omusati in the northern part of Namibia. This participation boosted national level support to the host region and also provided an opportunity for CTB staff to meet and interact with senior management from the MoHSS, WHO and other Civil Society Organisations as well as leadership from various regions to foster improved relations for improvement of collaboration and planning.

As part of the country's preparations to conduct a TB Disease Prevalence Survey (DPS), CTB supported the ministry in conducting a stakeholder consultative meeting and short-term technical assistance (STTA) for protocol development. This STTA, led by a Senior Epidemiologist from KNCV was a huge success as it led to a draft protocol with clear task allocations for the members of the DPS technical working group as well as a clearer detailed DPS implementation plan with realistic time-lines. The working group comprises of members from MoHSS, KNCV, NIP, MSH, Namibia Statistic Agency, Project Hope, WHO, Cohena, USAID Namibia, CDC Namibia, Namibia Global Fund, etc. The stakeholder consultative meeting agreed on the following:

- Finalize protocol and budget by April 2016
- Development of SOPs by September 2016
- Finalize procurement process by December 2016
- Finalize recruitment of staff by December 2016
- Database development and testing by January 2017
- Training of staff by February 2017
- Pre pilot test by March 2017
- Pilot study by April 2017
- Formal launch of the survey by May 2017
- Complete field data collection by June 2018

With CTB support, 3 out of 4 districts in Namibia (**Engela, Katima Mulilo and Oshakati** in the northern part of the country) achieved ART coverage of 97% among TB/HIV patients (up from 88% in 2013/14) compared to a national average of 90% in the reporting period. CTB attributes this to strong TB/HIV collaborative activities resulting from introduction of District TB/HIV Coordinators in these districts. This initiative is going to be expanded to 10 of the 14 regions of Namibia from quarter 3.

**Improved TB data quality and use** - This quarter CTB supported five routine quarterly zonal review meetings. These review meetings are led by CHPA's and SHPA's, and regional levels, and in addition attended District TB and Leprosy Coordinators (DTLC's), and TB/HIV District Coordinators. The main purpose of these meetings is to review regional data through cross check and verification of the district data in order to improve data quality and use, also provide an opportunity for orientation, information sharing and capacity building for new staff. The review meetings provide verified data to be submitted to the national level for compiling of national reports. Three of the five CTB District TB/HIV Coordinators participated in the zonal review meetings this quarter. Participation of CTB District TB/HIV Coordinators in these meetings is envisaged to improve timeliness and accuracy of reporting on key CTB indicators in the future.

In addition, CTB supported the MOHSS in training 89 health care workers (33 males and 56 females) on the use of electronic recording and reporting tools in February 2016. Health care workers at regional and district level were provided with electronic tablets through TB CARE I, the same cadres were then trained on use of these tools to improve efficiency and effectiveness of data usage at all levels. Two separate trainings were conducted during this quarter. During these training, two ERR systems were used (ETR.net for susceptible TB cases and eTB manager for DR-TB cases). Improved use of electronic recording and reporting systems by regional and district based TB coordinators has led to the NTLP resorting to using ERR for compiling annual reports and WHO reports from 2016 onwards.

Although, CTB Namibia faced challenges in recruiting an M&E advisor, with three potential candidates turning down the offers, the country team successfully negotiated (with USAID and PMU) for salary adjustments to attract the appropriate person for the job; next quarterly report will be compiled by the newly recruited M&E officer.

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

Nil

**Summary milestone data as of March 2016**

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones <b>met</b> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <b>partially met</b> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <b>not met</b> by Q2 (cumulative for Oct 15 - Mar 16)	
	#	%	#	%	#	%
47	<b>17</b>	36.2%	<b>21</b>	44.7%	<b>9</b>	19.1%

## 2. Year 2 activity progress

Activities Pre-approved from October 2015 to March 2016

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		
Recruitment of key personnel: TB/HIV Officer: Deputy Director Operations, M&E Technical Adviser, 5 District TB/HIV Coordinators, Administrative Assistant (GF)	0.0.2	1 M&E officer	1 TB/HIV technical officer; 1 Deputy Director Operations; 7 District/Regional coordinators	1 M&E assistant 5 Case management officers 2 Admin assistants	Positions filled	Key positions of Deputy Director operations and TB/HIV technical officers filled. The two commenced work on 1 <sup>st</sup> March 2016. Other positions of District/Regional TB/HIV coordinator will be filled (all 10 positions) by end of 3 <sup>rd</sup> quarter.	Partially met	Deputy Director recruited (start date March 2016); M&E Technical Adviser and TB/HIV Technical adviser are still to be recruited; 2 District/Regional coordinators recruited; 5 more still to be recruited. Advertisement and recruitment to occur in 3 <sup>rd</sup> quarter.  Admin assistants and M&E assistant will also be recruited in 3 <sup>rd</sup> quarter
Visit for Management Backstopping: Jan Willem planned for February	0.03		1 STTA		2 STTA	Jan Willem provided management support to CTB Namibia	Met	
Procurement of vehicles (one 4X4 and a smaller passenger vehicle)	0.0.4		1 car	1 car	2 cars procured	Procurement of 1 4X4 vehicle has begun	Partially met	Quotations obtained for the 4X4 vehicle, shared with HQ and a letter to USAID to seek approval will be submitted this quarter
Procurement of computers and laptops for new staff	0.0.4		15 laptops procured		15 laptops procured	Laptops for all new staff procured	Met	
Quarterly zonal meetings	1.2.1	5 review meetings	10 review meetings	15 review meetings	20 review meetings	Five zonal meetings were held	Met	

Recruitment (subcontracting to CBTBC) of 30 CHWs	1.3.1		Sub-award finalized	Quarterly Report	Quarterly Report	Contracts for all three sub-awardees signed, implementation started in March	Met	Contracts for all three sub-awardees signed, implementation started in March
7. Support the HIV clinicians' society	1.4.4		1 meeting	2 meetings	3 meetings	One HIV Clinicians Society meeting was held with support from CTB	Met	Last two meetings to be held in Q3 and 4
8. TB/HIV Collaborative activities	1.4.5		Sub-award finalized	Quarterly Report	Quarterly Report	Three community based organizations were identified sub-awards were signed. Recruitment of staff was done and work commenced on 1st March 2016	Partially met	Activity planned for Q3 (USAID regulations training)
Develop MoU with Ministry of Safety and Security (MoSS)	3.1.1		1 draft		Signed MoU	0	Not met	Initial meetings held, activity may not happen as a separate MoU is not favored by MoHSS
Facility Site assessments	3.2.6	baseline assessment done		Site assessment done	Facility plan	Two assessments conducted by CTB team with support from MoHSS regional staff (reports available and will provide basis for the final assessment to be conducted with assistance of an external consultant	Partially met	An external consultant will be hired in 3 <sup>rd</sup> quarter finalize the assessments including development of facility implementation plans
Monitoring of Contact Investigation	4.1.3			Integrated supportive supervision including contact investigation	Support visit on contact investigation		Partially met	Initial discussions have begun among partners (Project Hope and CTB) and with MoHSS
Support to the continuation of the multi	8.1.1	1 meeting	2 meeting	3 meeting	4 meeting	The two (2) planned NSC meetings were held with support	Met	NSC meeting conducted quarterly with CTB support

sectoral National TB & Leprosy Steering Committee meeting						from CTB.		
Train participants in Electronic Recording and Reporting	10.1.5			1 Training on ERR	2 Training on ERR	HCW workers were trained in use of ERR tools including use of electronic tablets	Met	Two trainings conducted this quarter
Support quarterly zonal TB/HIV review meetings	10.1.6	5 review meetings	10 review meetings	15 review meetings	20 review meetings	All 10 planned zonal data review meetings for the reporting period were conducted with support from CTB.	Met	
Support TB/HIV Programme Supervision	10.1.7		1 visits	4 visits	8 visits	Five of the ten CTB regions were supported as part of the TB/HIV facility assessments as CTB staff participating in the assessments also took this opportunity to provide mentorship and supervision of staff.	Partially met	Supervision conducted as part of the facility assessments
Finalize and disseminate the DRS report	10.2.1			Dissemination workshop held & DRS report printed	DRS report available	Data collection completed, data entry done, data cleaning done	Partially met	There were some delays emanating from some data quality issues, which needed more TA from CDC. A report-writing workshop is planned for Q3
Provide STTA for the DPS	10.2.1		STTA provided		STTA provided	CTB supported the ministry in conducting a stakeholder consultative meeting and STTA for the TB Disease Prevalence Survey protocol development. This STTA, led by a senior Epidemiologist from KNCV was a huge	Met	

						<p>success as it led to a draft protocol with clear task allocations for the members of the DPS technical working group as well as a clearer detailed DPS implementation plan with realistic time-lines. The technical working group whose chairperson was from WHO, had representations from the academia, MoHSS, (Policy planning, Radiology, Directorate of Special Programs, TB/HIV program), National Statistics Agency, MSH, CoHeNa, CDC and USAID.</p>		
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Activities in the 10-Month Work plan

<b>Sub-objective 1. Enabling environment</b>								
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		
Train HCW including CHWs on TB & HIV guidelines	1.1.1			2trainings	3 trainings		N/A	By end of the quarter the WP was fully approved. Activity is planned for 3 <sup>rd</sup> and 4 <sup>th</sup> quarter.
Develop job aids for diagnosing TB and treating TB	1.1.2			750 charts	750 charts		N/A	
Establish DOT points to assist with community based TB care	1.1.3				4 DOT containers placed,	Site assessments to be conducted by two target regions in Q3	N/A	

					furnished + blood pressure machines delivered			
Support community education sessions in CTB districts	1.2.1			75 meetings	150 meetings		N/A	
Hold a sensitization & consultation meeting with players in the fishing industry	1.2.2			1 meeting	1 meeting		N/A	
Train HCW and peer educators in the correctional settings on TB/HIV guidelines, and on recording and reporting tool	1.4.1			1 training	1 training		N/A	
Conduct an assessment of TB and HIV in the fishing industry in Namibia	1.4.2				1 STTA		N/A	
Integrate HIV care into TB DOT points	1.4.3			1-training	2-trainings	Initial discussions with MoHSS and other partners began on this activity, which will be implemented based on results of the Facility assessments and further consultations	N/A	
Support the HIV clinicians' society	1.4.4		1 meeting	2 meetings	3 meetings	One HIV Clinicians Society meeting was held with support from CTB	Partially met	Last two meetings to be held in Q3 and 4
TB/HIV Collaborative activities	1.4.5		Sub-award finalized	Quarterly Report	Quarterly Report	Three community based organizations were identified sub-awards were signed. Recruitment of staff was done and work commenced on 1 <sup>st</sup> March 2016	Partially met	Activity planned for Q3 (USAID regulations training)

Quarterly zonal meetings	1.2.1	5	5	5	20	Five zonal meetings were held	Met	
Recruitment (subcontracting to CBTBC) of 30 CHWs	1.3.1		Sub-award finalized	Quarterly Report	Quarterly Report	30 CHWs effectively commenced work on 1 <sup>st</sup> of March 2016	Partially met	Contracts for all three sub-awardees signed, implementation started in March

### 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		
Revise the diagnostic algorithm for TB, to include GeneXpert for all risk groups	2.1.1		3 meetings		3 meetings		Not met	postponed to next quarters
Develop job aids for the requesting and interpretation of GeneXpert results	2.1.2		1500 job aids		1500 job aids		Not met	postponed to next quarter
Support the use of laboratory TB registers	2.1.3			Print 200 registers	200 registers printed		N/A	
Develop a protocol for piloting GeneXpert Omni	2.1.4				1 consultative meeting		N/A	
Procure equipment for GeneXpert Omni	2.1.5				5 GeneXpert machines purchased		N/A	
Conduct a field assessment of TB registers, lab registers as well as ART/PreART register to obtain data on TB patients who have a DST, and those who are enrolled into HIV care	2.3.1			Assessment done	Assessment done		N/A	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Develop MOU with the Ministry of Safety and Security	3.1.1		MOU drafted	MOU signed	MOU signed	0	Not met	Initial meetings held, activity may not happen as a separate MoU is not favored by MoHSS
Conduct screening for TB in Police cells and Prisons	3.1.2			Targeted screening performed	Targeted screening performed	Data collection for the TB/HIV assessment in correctional settings started.	Partially met	The process will be completed during the next quarter. CTB will support compiling and review of the data, and development of MOU. CTB supports data entry by paying salaries for data entry clerks in Q3.
Support diagnosis of TB in the correctional facilities and other high-risk settings	3.1.3				1 digital x-ray and mobile van		N/A	Planned for Q4
Support the conduction of TB/HIV review meetings that include staff from Police and correctional facilities	3.1.4		Review meetings supported	Review meetings supported	Review meetings supported		Not met	
Provide LTTA for PMDT	3.2.1	LTTA provided	LTTA provided	LTTA provided	LTTA provided	1 (the PMDT coordinator provided mentorship to clinicians on PMDT)	Met	The PMDT coordinator co-facilitates weekly clinical meetings at Katutura State hospital in Windhoek. During these meetings, medical students and medical interns participate together with experienced medical doctors, nurses and other support staff. Practical challenges in case management are discussed in these meetings, and recommendations from these meetings also enrich future planning.

Train clinical teams and other HCWs on the management PMDT	3.2.2			1 PMDT trainings	2 PMDT trainings		N/A	
Provide direct site support to MDR-TB treatment sites	3.2.3			Site visits	Site visits	On-going support is provided to all sites remotely; Site visits will be conducted in 3rd and 4th quarter	Met	Resident LTTA supports all facilities in PMDT and attends weekly meetings at Katutura TB hospital in Windhoek.
Initiate a community based DR-TB care model in Windhoek & Oshakati	3.2.5	1 (Tsumkwe already has Ambulatory model)		1 District with Ambulatory model	3 districts with Ambulatory model	1 community based ambulatory project already exists in Tsumkwe and the plan is to model the other two based on the Tsumkwe example	Partially met	Planned for Q3 and Q4
Conduct site assessments	3.2.6	baseline assessment done		Site assessment done	Facility plan	2 baseline assessments of high burden DOT facilities done; 37 facilities in Q1 and 18 facilities in Q2	Partially met	An external consultant will be engaged to complete the assessments in Q3
Conduct quarterly supervision to all CTB sites, and provide mentoring, and on-the-job training	3.2.7		site visits	site visits	site visits	Support visits conducted as part of Facility assessments, more structured mentorship visits planned with recruitment of TB/HIV technical officer and district TB/HIV coordinators	Partially met	



During facility/site assessments, at one DOT point in Rundu district a garden project 'for patients by patients' generates vegetables for patients' consumption. This example could be emulated elsewhere in CTB districts to strengthen sustainability and provision of supplementary feeding. *(Photo by Abbas Zezai)*

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Develop job aids for TB contact investigation and LTBI treatment (IPT)	4.1.1			750 job aids	750 job aids	0	Not met	WP approved at end of quarter 2, but preparatory work including engaging the MoHSS on reviewing training materials for CI has already begun.
Train CHWs and other site staff as well supporting CBOs on contact investigation and LTBI treatment	4.1.2			Curriculum developed & TOT conducted	District trainings	0	N/A	
Conduct mentorship / supervision visits on contact investigation	4.1.3			Integrated supportive supervision including contact investigation	Support visit on contact investigation		Not met	Activity to be implemented in Q3, as key technical staff has not yet been recruited

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		
Conduct training on TBIC to all sites supported	5.1.1			TOT conducted			N/A	Training of Trainers planned for Q3
Develop TB IC plans for supported sites	5.1.2				TBIC plans developed		Partially met	Activity in preparation but mainly to be done in Q3 and Q4
Support renovations and outdoor waiting areas to selected sites	5.1.3			Renovation -5 sites	Renovation -5 sites		N/A	Assessments to be done in Q3
Conduct TB IC assessments	5.1.4			IC assessments	IC assessments conducted		N/A	Assessments to be done in Q3 and Q4

				conducted				
Support TA on HCW surveillance for TB	5.2.1				1 STTA		N/A	STTA to be conducted in Q4
Conduct training on HCW surveillance	5.2.2				Training held		N/A	To be done as part of STTA in 5.2.1
Conduct baseline screening for TB at supported sites	5.2.3				Screening algorithm developed and piloted in 5 CTB sites		N/A	Screening algorithm to be developed in Q4

### 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		
Support the revision of electronic tools to include data on IPT among contacts (see 10.1 and 4.1)	6.1.1			ETR revised	ETR revised		N/A	Revision to be done Q3 and Q4
Start discussions on conducting a pilot on the use of 3 months' preventive therapy using rifapentine and isoniazide.	6.1.2			Stakeholder meeting held		One stakeholder meeting was held and CTB staff participated	N/A	Initial discussions started , a stakeholders meeting is planned for Q4
Include preventive therapy monitoring in routine supervision, clinical audits, and mentoring field visits.	6.1.3				1500 revised job aids	0	N/A	

**Sub-objective 7. Political commitment and leadership**

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support the NTP the first consultative workshop for the development of the 3rd Medium Term Plan for TB	7.1.1				Consultative workshop held and STTA		Partially met	Initial consultations with MoHSS and HQ have already started. Activity to be conducted in Q4
Support the NTLP in conducting a national program review through STTA and logistical support	7.1.2				Mid-term review conducted		Partially met	Initial consultations with MoHSS and HQ have already started, activity to be conducted in Q4

**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		
Support to the continuation of the multi-sectoral National TB & Leprosy Steering Committee meeting	8.1.1	1 meeting	2 meetings	3 meetings	4 meetings	The two (2) planned NSC meetings were held with support from CTB.	Met	NSC meeting conducted quarterly with CTB support
Provide TA for the GF reprogramming request	8.2.1			Administrative assistant recruited	Administrative assistant recruited	Outstanding issues were recently addressed, hence the progress with ToR's.	Partially met	ToR revised and submitted, recruitment to be completed in Q3
Participate in CCM meetings and in sub-committees of the CCM	8.2.3	Participation in CCM	Participation in CCM	Participation in CCM	Participation in CCM	CTB Namibia participated in Global Fund processes through provision of TA to the NTLP and through participating in the CCM meetings by the country director. Reprogramming	Met	

						proposal was submitted in February and country is working on Grant making.		
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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			
Monitor stock levels of anti-TB medicines at supported sites	9.1.1			Tool developed	Tool implemented	0		N/A	
Support the use of electronic tools for pharmacovigilance	9.1.2		ETR Revised	ETR Revised	ETR Revised			Not met	Will happen together with the revision of ERR tools
Motivate for the availability of delamanid, bedaquiline, linezolid, meropenem in the routine procurement channels	9.2.1	Motivation submitted	Motivation submitted	Medicines available	Medicines available	CTB through the PMDT coordinator supported the MoHSS in drafting the initial letters of motivation that were submitted to the ministry for approval this in March 2016.		Partially met	Medicines expected by Q4
Develop a protocol for piloting a shorter MDR TB regimen in Namibia	9.2.2			Consultative meeting		0		N/A	

### 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			
Support revision of current tools (ETR) to capture CTB indicators	10.1.1			ERR revised	ERR revised			N/A	Activity to be done in Q3
Provide TA to explore the interoperability of	10.1.3			STTA provided	STTA provided	Planning of the STTA has begun		N/A	To be completed in Q4

ETB Manager, ETR, EPMS, EDT and DHI								
Train participants on the ERR	10.1.5			1 Training on ERR	2 Training on ERR	HCW workers were trained in use of ERR tools including use of electronic tablets	Met	Two trainings conducted this quarter
Support quarterly zonal TB/HIV review meetings	10.1.6	5 review meetings	10 review meetings	15 review meetings	20 review meetings	All 10 planned zonal data review meetings for the reporting period were conducted with support from CTB.	Met	
Support TB/HIV program supervision	10.1.7		1 visits	4 visits	8 visits	Five of the ten CTB regions were supported as part of the TB/HIV facility assessments as CTB staff participating in the assessments also took this opportunity to provide mentorship and supervision of staff.	Partially met	Supervision conducted as part of the facility assessments
Finalize and disseminate 2nd DRS report	10.2.1		Dissemination workshop held & DRS report printed	DRS report available	DRS report available	Data collection and entry completed Data cleaning workshop with STTA from CTB was conducted.	Partially met	A report writing workshop is planned for the 3 <sup>rd</sup> quarter to finalize and initiate dissemination of the report
Provide STTA for planning & protocol development of TB DPS	10.2.1		STTA provided			CTB supported the ministry in conducting a stakeholder consultative meeting and STTA for the TB Disease Prevalence Survey protocol development. This STTA, led by a senior Epidemiologist from KNCV was a huge success as it led to a draft protocol with clear task allocations	Met	

						for the members of the DPS technical working group as well as a clearer detailed DPS implementation plan with realistic time-lines. The technical working group whose chairperson was from WHO, had representations from the academia, MoHSS, (Policy planning, Radiology, Directorate of Special Programs, TB/HIV program), National Statistics Agency, MSH, CoHeNa, CDC and USAID.		
Support conduct of OR by local partners	10.2.2			EOI advertised	EOI advertised	In Q3 advertisements of EOI will be done	N/A	Activity planned for Q3 and Q4 through advertisement for Expression of Interest for local partners to participate
Provide STTA for epidemiologic assessment	10.2.3			STTA provided			N/A	Activity planned for Q3
Support publishing of OR studies	10.2.4		Funds reserved for 6 OR studies		3 OR study Reports disseminated		N/A	Activity planned for 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		
Co-fund trainings on TB/HIV guidelines use	11.1.1		1 training supported	3 trainings supported	4 trainings supported		Not met	Activity planned for Q3
support NTLP/NACOP to attend international conferences	11.1.2				International conference attended		N/A	Activity planned for Q3

**Current Global Fund TB Grants**

<b>Name of grant &amp; principal recipient (i.e., TB NFM - MoH)</b>	<b>Average Rating*</b>	<b>Current Rating</b>	<b>Total Approved Amount</b>	<b>Total Disbursed to Date</b>	<b>Total expensed (if available)</b>
TB SSF phase 2	B1	A2	18,830.287 USD	6,133,545 USD	5,654,961.00 USD

\* Since January 2010

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

Implementation is underway; currently the grant is still rated at A2 (details will be provided by 19<sup>th</sup> January 2016). Namibia intends to apply for the next round in 2017. So far no specific discussions at country level have begun yet.

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

CTB Namibia worked closely with the MoHSS and partners in supporting the preparation of the reprogramming proposal. The Reprogramming proposal (simplified application for the extension of phase 2 of the TB SSF) was submitted on 14<sup>th</sup> March 2016, and CCM is currently in the stage of grant making.

### 3. Success Stories – Planning and Development

<b>Planned success story title:</b>	Currently no success story has been planned but we will start developing one in quarter 2 onwards, although we currently plan to build our story on IMPROVED TB/HIV COLLABORATION at all levels
<b>Sub-objective of story:</b>	1. Enabling environment
<b>Intervention area of story:</b>	1.4. Provider side: Patient centered approach integrated into routine TB services for all care providers for a supportive environment
<b>Brief description of story idea:</b>	Under TB CARE I, KNCV supported the ministry on procurement of 28 prefabricated containers stationed on various sites through the target districts mainly for use as sites for provision of DOT to TB patients. During assessments and supportive supervision, we note that not all these are optimally used. Options on how best to utilize the resources vary from increasing community awareness of their existence to increasing services provided at these very conveniently located points to include HIV care services such as medicine pick-up points and outreach services in general.
<b>Status update:</b>	A second assessment was conducted in two regions in March 2016. An external consultant will be engaged to provide STTA for conducting an extensive facility assessment that should better clarify project focus and implementation

#### 4. 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	194	194	
Total 2012	216	216	
Total 2013	225	218	
Total 2014	349	309	
Total 2015	284	270	
Jan-Mar 2016	71	79	
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			
Total 2015			
Jan-Mar 2016	N/A	N/A	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016	N/A	N/A	

**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)**

		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> )						Data for this quarter is not ready yet (currently Data review meetings underway)
	Engela	211	NA				
	Katima Mulilo	120	NA				
	Oshakati	132	NA				
	Windhoek	406	NA				

	TB cases (all forms) notified for all CTB areas	869	NA				
	All TB cases (all forms) notified nationwide (denominator)	2347	NA				
	% of national cases notified in CTB geographic areas	37%	NA				
Intervention (setting/population/approach)							
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

## 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	KNCV	Jan Willem Dogger (PFM) HQ		X			To provide support to the Namibia office in getting started with implementation including recruitment of key staff	Complete	8-12 February 2016	5	
2	KNCV	Mar Koetse, FO HQ			x		To conduct Internal audit once a year	Pending			
3	KNCV	Romandi, SFM				X	International Finance Meeting	Pending			
4	KNCV	Abbas, Country Director					Attending the IMW in The Hague	Complete	1-5 February 2016	5	
5	KNCV	Ruswa, PMDT			X		International Meeting/CTB Week	Pending			
9	KNCV	Abbas, Country Director	X				Participating in the Union World Lung Conference; Interacting with other professionals/ CD's and sharing ideas	Complete	1-6 Dec 2015	5	
10	KNCV	NTLP Manager	X				Participating in the Union World Lung Conference; Interacting with other professionals and sharing ideas	Complete	1-6 Dec 2015	5	
11	KNCV	KNCV Namibia staff (3 staff members)				X	3 CTB staff will be supported to attend international trainings.	Pending			
12	KNCV	KNCV Consultant (TBD)				X	external consultant for short term technical assistance on HCW surveillance for TB	Pending			
13	KNCV	Max Meis				X	TA to lead consultative workshop for the	Pending			

						development of the 3rd medium term plan for TB.				
14	KNCV	KNCV Consultant (TBD)			X	Support the NTLP in conducting a national program review through STTA and logistical support	Pending			
15	KNCV	External Consultant			X	Support the NTLP in conducting a national program review through STTA and logistical support	Pending			
16	KNCV	Nico Kalisvaart			X	<ol style="list-style-type: none"> <li>1. To clean the data with reference to hard copy registration forms if needed;</li> <li>2. To conduct the initial analysis of the draft TB DRS database in order to recommend data validation steps</li> <li>3. To support the final validation of the draft TB DRS database</li> <li>4. To support the documentation of the observations during the validation process</li> </ol>	Complete	17-25 October 2015	8	
17	KNCV	Eveline Klinkenberg			X	<ol style="list-style-type: none"> <li>1. To conduct relevant desk review of the Namibia TB situation to better understand the context in which the DPS is being planned;</li> <li>2. To provide technical guidance in a stakeholder workshop for the DPS TWG to take key decisions in the design and</li> </ol>	Complete	28 March-1 <sup>st</sup> April 2016	5	

						<p>organization of the DPS;</p> <p>3. To assist the Namibia NTP/DPS TWG in drafting a protocol for the DPS in line with the WHO recommendations on such surveys;</p> <p>4. To provide guidance on the costing elements to be included in the protocol</p>				
18	KNCV	Eveline Klinkenberg			X	STTA for Epi-assessment	Pending			
19	KNCV	NTP staff			X	3 participants attending The Union course on TB in Malaysia, Kuala Lumpur.	Pending			
20	KNCV	Max Meis, TFP HQ			X	technical backstopping	Pending			
21	KNCV	Max Meis, TFP HQ			X	APA3 work planning	Pending			
22	KNCV	Kelly Schut, PO HQ			X	APA3 work planning	Pending			
23	KNCV	External Consultant			X	TB HIV facility assessments	Pending			
Total number of visits conducted (cumulative for fiscal year)							6			
Total number of visits planned in approved work plan							20			
Percent of planned international consultant visits conducted							30%			

## 6. Quarterly Indicator Reporting

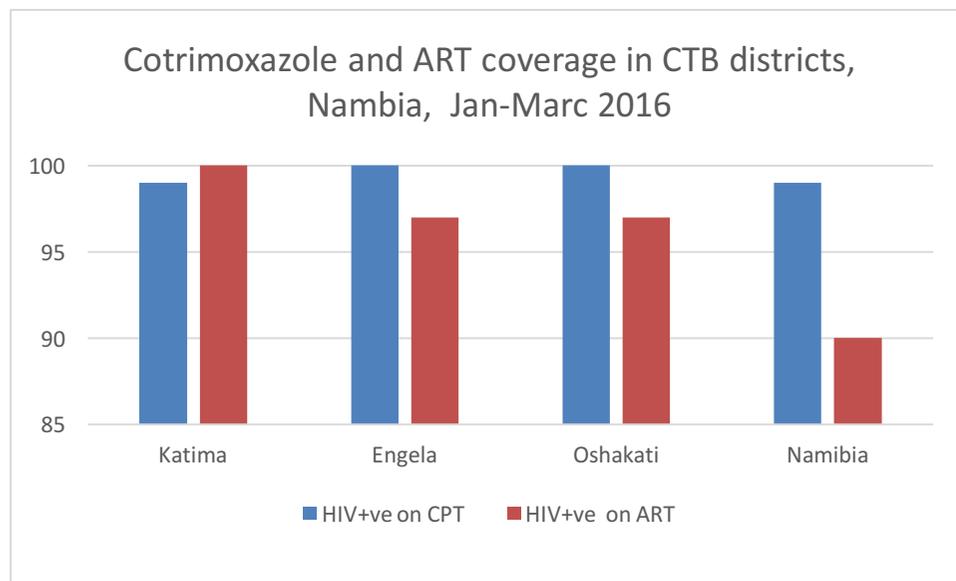
Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	Sector (Prison, Mining)	annually	9,882 (2014)		Measured annually	Sector specific data for non-NTP providers is not available. This number is from the NTLP
1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy	n/a	annually	Yes	Yes	Measured annually	Not yet available

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.	n/a	annually	1	1	Measured annually	Not yet available
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	New, Previously treated	annually	n/a (Q3)	80%	Measured annually	Currently this data is not available routinely. In the future, periodic assessments will provide this data, while strengthening the routine system to make it available.
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	32/32 (2014)	32	Measured annually	Not yet available

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, miners, urban slums, etc.) and/or case finding approach	Setting	quarterly	9,882 (2014)		Not available yet	Disaggregated data will be available at the end of APA 2
3.1.2. #/% of cases notified (new confirmed)		quarterly			Not available yet	This data will be available by 28 <sup>th</sup> of February 2016
3.1.3. Case notification rate	n/a	annually	449/100,000 (2014)		Measured annually	Not yet available
3.1.4. Number of MDR-TB cases detected	National	quarterly			53	
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.).	Setting	annually	85% (2014)		Measured annually	Disaggregated data will be available in APA 3, for patients registered in a disaggregated format in APA 2.
3.2.2. Treatment success rate for pediatric TB patients		annually	Baseline in Yr. 2		Measured annually	Not yet available
3.2.4. Number of MDR-TB cases initiating second-line treatment	Nationally	quarterly			51	
3.2.7. Number and percent of MDR-TB cases successfully treated	CTB districts	annually	68% (2014)	70%	Measured annually	Not yet available
3.2.10. #/% of planned cohort reviews conducted		annually	5 (100%)	20	Measured annually	Not yet available
3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB treatment	CTB districts	quarterly	98% (2014)	100%	928 (99%)	This is only Oct-Dec 2015 data for four CTB districts; data for Jan-Mar 2016 will be available by 28 <sup>th</sup> of April 2016

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB districts	quarterly	84% (2014)	95%	841 (90%)	This is only Oct-Dec 2015 data for four CTB districts; data for Jan-Mar 2016 will be available by 28 <sup>th</sup> of April 2016
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB districts	quarterly	92% (2014)	95%	859 (97%)	This is only Oct-Dec 2015 data for four CTB districts; data for Jan-Mar 2016 will be available by 28 <sup>th</sup> of April 2016
3.2.14. % of health facilities with integrated or collaborative TB and HIV services	CTB districts	annually	Baseline in Yr. 2	n/a	Measured annually	
3.2.19. Treatment success rate of TB patients diagnosed in prison	CTB districts	quarterly	n/a (Q4)	85%	Not available yet	

<b>Sub-objective:</b>	<b>4. Targeted screening for active TB</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
4.1.1. #/% of eligible index cases of TB for which contact investigations were undertaken	n/a	quarterly	Baseline in Yr 2	50%	Data not yet available	Activity will be implemented in Q4
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	n/a	quarterly	Baseline in Yr 2	50%	Data not yet available	Activity will be implemented in Q4
4.2.2. # of high risk persons screened for TB (stratified by applicable risk groups)	sex	quarterly	Baseline in Yr 2	TBD	Data not yet available	Activity will be implemented in Q4



<b>Sub-objective:</b>	<b>5. Infection control</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
5.1.1. Status of TB IC implementation in health facilities		annually	2	2	Not available yet	
5.1.4. % of TB service delivery sites in a specific setting (ex, prison-based, hospital-based, private facility) that meet minimum infection control standards		annually	n/a (Q4)	60%	Not Available yet	
5.1.2. #/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)		annually	Baseline in Yr 2	1	Not available yet	

<b>Sub-objective: 5. Infection control</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
5.2.1. Status of TB disease monitoring among HCWs		annually	0	1	Data not available	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period		quarterly	51 (2014)	TBD		

<b>Sub-objective: 6. Management of latent TB infection</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
6.1.11. Number of children under the age of 5 years who initiate IPT		quarterly	Baseline in Yr. 2	TBD	Not available yet	This data will be available at the end of APA 2, after reporting starts during APA 2.

<b>Sub-objective: 7. Political commitment and leadership</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
7.1.2. Status of NSP development: 0=The NSP is expired or not being implemented; 1=An updated/new NSP is being drafted; 2=NSP has been developed and costed; 3=NSP has been finalized, endorsed by the government and implemented	n/a	annually	2 (2015)	3	Measured annually	Work on developing the 3 <sup>rd</sup> NSP starts in 4 <sup>th</sup> quarter after the Program review
7.2.3. % of activity budget covered by private sector cost share, by specific activity	n/a	annually	Baseline in Yr. 2	TBD	Measured annually	Not yet available

<b>Sub-objective: 8. Comprehensive partnerships and informed community involvement</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
8.1.3. Status of National	n/a	annually	1	2	Measured annually	Not yet available

<b>Sub-objective:</b>	<b>8. Comprehensive partnerships and informed community involvement</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
Stop TB Partnership						
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		annually	n/a	TBD	Measured annually	Not yet available
8.2.1. Global Fund grant rating	n/a	annually	B1 (2015)	1B	Measured annually	Not yet available

<b>Sub-objective:</b>	<b>9. Drug and commodity management systems</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	1st and 2nd line	quarterly	2 (2014)	0	0	Currently this is not being directly supported by CTB, this report is based on the MoHSS' own reports. From Q3, CTB field staff will be requested to monitor this in CTB supported areas.
9.2.1. # of new and ancillary drug regimens that have become available in country since the start of Challenge TB	n/a	annually	n/a	3	Measured annually	Not yet available

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
10.1.1. #/% of PMDT sites reporting consistently via the ERR		annually	4 (2014)	13	measured annually	Not yet available
10.1.2. #/% of eligible health facilities reporting TB data in real time or at least quarterly via the ERR		annually	Baseline in Yr. 2	80%	measured annually	Not yet available
10.1.4. Status of electronic recording and reporting system		annually	1 (2014)	2	measured annually	Not yet available

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
10.2.2. Prevalence survey conducted/completed in the last three years		annually	No (2015)	No (DPS may be conducted in 2017)	measured annually	Not yet available
10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years		annually	Yes	Yes	measured annually	Not yet available
10.2.4. #/% of operations research, evaluation or epidemiological assessment study results disseminated (stratified by level of dissemination: report, presentation, publication)	Level of dissemination	annually	n/a (Q4)	6 OR studies to be completed by Sep 2016	measured annually	Not yet available
10.1.1. #/% of PMDT sites reporting consistently via the ERR		annually	4 (2014)	13	measured annually	Not yet available
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		annually	0% (2014)	TBD	Measured annually	Not yet available
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		annually	Yes (2014)	Yes	Measured annually	Not yet available
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		annually	No (2015)	No	Measured annually	Not yet available

<b>Sub-objective:</b>	<b>11. Human resource development</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded)	n/a	quarterly	50% (2014)	80%	50%	CTB staff provided supportive supervisory visits to 6 of 11 CTB regions
11.1.3. # of healthcare workers trained, by gender and technical area	n/a	quarterly	321 (2014)	315	134 community cadres trained by the NTP (98 lifestyle ambassadors on community awareness for TB; 36 community TB care providers on TB guidelines)	No CTB funding for any trainings this quarter No gender disaggregation available for the said trainings
11.1.5. % of USAID TB funding directed to local partners	n/a	annually	6.3% (2014)	TBD	Measured annually	