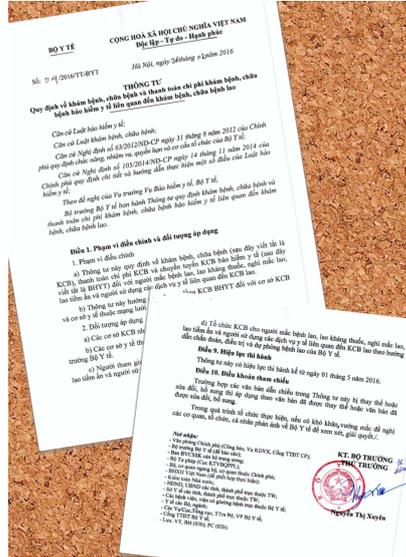




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CHALLENGE TB



Challenge TB - VIETNAM

Year 2

Quarterly Monitoring Report January-March 2016

Submission date: April 29, 2016

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Cover photo:

A regulatory document for sustaining funding for TB has been issued: The circular No. 4/2016/TT-BYT dated 26 Feb 2016 on regulations on medical examination and treatment, and payment of health insurance-related tuberculosis diagnosis and treatment.

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1. Quarterly Overview

Country	Vietnam
Lead Partner	KNCV Tuberculosis Foundation (KNCV)
Other partners	WHO
Workplan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements: *(Max 5 achievements)*

Sub-Obj. 2. Comprehensive, high quality diagnostics

- For GeneXpert implementation and roll out: CTB has been providing technical support to NTP\GF NFM in procurement of package of extended warranty for 28 GeneXpert machines, 12 modules & 1 central processing unit (CPU) for in-country stock under NTP\GF NFM 2015; and in procurement of 20 new machines and 50,000 Xpert MTB\RIF cartridges under NTP\GF NFM 2016 covering all 63 provinces. The NTP\GF NFM procurement plan for GeneXpert is ready to be submit to MOH for final approval before ordering.

Sub-Obj. 3. Patient-centered care and treatment

- The new TB drug Bedaquiline (BDQ) has been introduced in the country since November 2015. As of March 31, 2016, a cumulative total of 25 pre-XDR and XDR-TB patients in 3 pilot provinces have been enrolled on a BDQ-containing treatment regimen.

Sub-Obj 5. Infection control (Improved TB-IC measures in district health facilities with TB-HIV integrated services)

- CTB provided technical assistance to Binh Dinh TB and Lung Disease Hospital in development of the layout designs of the new MDR-TB department. The layout designs have been finalized and submitted to Provincial Department of Health for financial support.
- TB-IC facility assessments have been conducted in 7 districts with TB-HIV integrated services among 5 provinces selected by MOH. The TB-IC improvement plans have been developed by the staff at the District Health Center/District General Hospital and reviewed by the staff at Provincial TB Hospital and Provincial HIV/AIDS Centers and CTB staff and ready for implementation in the next quarter.

Sub-Obj 7. Political commitment and leadership

A regulatory document for sustaining funding for TB has been issued: National TB control program is in a transitional period, during which financing for TB control is being shifted from being a national target program to one supported by the health insurance mechanism. To ensure the provision of TB diagnosis and treatment for patients, CTB provided financial and technical support for the Ministry of Health of Viet Nam to do a national assessment and develop a circular to instruct the provision of health insurance for TB diagnosis and treatment. The circular No. 4/2016/TT-BYT on regulations on medical examination and treatment, and payment of health insurance-related tuberculosis diagnosis and treatment was issued on 26 Feb 2016 and will be effective from 1st May 2016.

The circular stated health insurance (HI) will cover TB diagnosis, treatment and prophylaxis treatment (IPT). The circular allows patients with presumptive TB to be referred from commune health posts to provincial TB hospitals, bypassing district health centers, with benefits of HI reimbursement. This can help to reduce the waiting time for the case of smear-negative pulmonary TB (PTB) and extra-pulmonary TB (EPTB), which is currently only diagnosed at province level upward. The circular also covers diagnosis and treatment including SLD for drug-resistant TB. The direct referral of patients with presumptive DR-TB or MDR-TB from district to MDR-TB centers, could help to accelerate the expansion of Programmatic Management of Drug-Resistant TB in Viet Nam. The circular also provides the provision of health insurance for TB prophylaxis treatment, which can accommodate the needs of expansion of latent TB treatment to further reduce TB incidence in Vietnam.

Technical/administrative challenges and actions to overcome them:

Nothing to report this quarter.

Summary milestone data as of March 2016

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones met by Q2 (cumulative for Oct 15 - Mar 16)		Milestones partially met by Q2 (cumulative for Oct 15 - Mar 16)		Milestones not met by Q2 (cumulative for Oct 15 - Mar 16)	
	#	%	#	%	#	%
N	8	67%	3	25%	1	8%
12	8	67%	3	25%	1	8%

2. Year 2 activity progress

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
TA to monitoring and routine data collection and MTB\RIF cartridge supply	2.4.2	3 NTP GXP TWG meetings	3 NTP GXP TWG meetings	3 NTP GXP TWG meetings	12 NTP GXP TWG meetings (cumulative)	Monthly meetings of the GeneXpert TWG and PMDT were held. Frequent TA by CTB has been provided for technical support to NTP in procurement of 28 packages of extended warranty, 12 modules & 1 CPU for incountry stock, and 20 new machines and 50.000 Xpert MTB\RIF cartridges under NTP\GF concept Note 2015	Met	
Local TA to laboratory biosafety improvement in PMDT provinces and TB-HIV collaboration (2 in 1): layout, renovation, practice (APA1 continuation)	2.7.1	1 PMDT province: Lab and MDR-TB treatment renovation plans (layout designs) are ready for NTP/local authorities to provide financial support	2 PMDT province: Lab and MDR-TB treatment renovation plans (layout designs) are ready for NTP/local authorities to provide financial support	2 PMDT provinces: Lab and MDR-TB treatment renovation plans (layout designs) are ready for NTP/local authorities to provide financial support	5 PMDT provinces (cumulative): Lab and MDR-TB treatment renovation plans (layout designs) are ready for NTP/local authorities to provide financial support	In January 2016, CTB provided TA to Binh Dinh TB and Lung Disease Hospital in renovation of the MDR-TB treatment department with local funds. The layout designs of the new MDR-TB department has been finalized and submitted to Provincial Department of Health for final review and funding support	Partially met	According to NTP's request in roll out of PMDT, CTB will provide TA to 4 remain provinces 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.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
TA to roll out childhood TB policies and evaluation of updated childhood TB policies	3.1.1				1 TA mission visit and 1 supportive supervision		N/A	According to the workplan, this activity will be implemented in the last quarter (from 12-16 Sep)
Dissemination of the Union's Child TB on-line training for health workers in Vietnamese	3.1.2	Translation	Translation and finalization	Dissemination	Dissemination	The materials of the Union's Child TB on-line training course for health workers have been translated into Vietnamese. These materials will be reviewed by NTP board, finalized and uploaded on the NTP website in the next quarter	Partially met	Will be finalized next quarter
Evaluate effect of new national childhood TB strategy on notification of childhood and treatment results in children	3.1.3	Development evaluation protocol	Development evaluation protocol	Data collection	Data collection and analysis	The evaluation protocols have been developed by the NTP\Child TB group with TA by CTB for two areas: i) factors associated with uptake and adherence to IPT and follow-up those that completed IPT and those that refused IPT at 2 years post-contact to determine longer term outcomes and ii) clinical characteristics and contact history of those children diagnosed and treated for TB at district	Met	

						facility level, including use of CXR. The evaluation protocols will be submitted to the NTP research and ethical committee next quarter for approval before implementing data collection in the field.		
Systematic TB screening among industrial worker (miners) integrated into occupational health procedures	3.1.4		Training conducted	Systematic TB screening implemented	Monitoring and TA provided to support NTP and VINACOMIN health facilities	Training materials have been developed and finalized	Not met	Some delays due to availability of technical staff from mining health center. The training is re-scheduled to the next quarter.
Improvement of MDR-TB treatment quality	3.2.1	Local TA	Local TA	Local TA	1 international TA and local TA	Frequent TA by CTB local staff has been provided to NTP \ PMDT group in development of the guidelines and SOPs for the implementation of pre-XDR and XDR-TB treatment; implementation of new drug (Bedaquiline) and shorter regimen (9 month regimen) and roll out of PMDT to new provinces, improvement of PMDT by utilizing eTB manager for quarterly interim cohort analysis (QICA). In this quarter, 22 pre XDR-TB and XDR-TB patients started on Bedaquiline	Met	

						containing regimen making a total of 25 patients since the beginning of the pilot.		
TA to introduction of new drugs and regimen (9 months)	3.2.2			1 international TA mission			N/A	According to the workplan, this activity will be implemented in the next quarter (from 30 May – 4 Jun)
TA to the integration of TB and HIV care	3.2.3			1 international TA mission visit and 1 training	2 trainings		N/A	According to the workplan, this activity will be implemented in the next quarters

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
TBIC improvement in support of PDMT expansion and TB-HIV collaboration (2 in 1) (APA1 carried over and continuation)	5.1.1				TBIC measures implemented in 10 districts with TB-HIV collaborative activities	TBIC facility assessment has been conducted in 7 districts with TB-HIV integrated services among 5 provinces selected by MOH. The TBIC improvement plans have been developed by the district staff and reviewed by the provincial and CTB staff. The TBIC improvement plans	N/A	TBIC facility assessment will be conducted in 5 other districts among 5 provinces selected by MOH (12 districts in total). According to the workplan, this activity will be implemented and reported in the last quarter

						are ready for implementation in the next quarter		
TB IC surveillance implementation and roll out	5.2.1				Annual data from 67 national and provincial TB Units and 700 DTUs collected and analyzed		N/A	According to the workplan, this activity will be implemented and reported in the last quarter

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 (<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		
TA to expanded management of LTBI in all household contacts of TB and MDR TB patients and workshop to discuss and finalize the guidelines, SOPs, curricula and materials for contact investigation to include all household contacts of TB and MDR TB patients	6.1.1				Workshop conducted		N/A	According to the workplan, this activity will be implemented and reported in the last quarter
Training on reading for radiologists, pediatricians, provincial and district TB staff, particularly in childhood	6.1.2			1 training	2 trainings	CTB has worked with NTP to develop the training curriculum and training materials for the planned	N/A	According to the workplan, this activity will be implemented and reported in the next 2 quarters

TB project provinces						trainings in the next 2 quarters		
CAD4TB validation in Vietnam (Computer Aided Detection for TB - Rapid diagnosis of TB with computerized reading of chest radiographs) in 2 provinces	6.1.3		Develop validation protocol	Develop validation protocol and approval process	Training in 2 selected provinces (4 selected major clinics).	The draft validation protocol has been developed by CTB. This draft will be reviewed by KNCV technical group at headquarter.	Met	

Sub-objective 7. Political commitment and leadership

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-Mar 2016	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			
Assessment of a new policy on HI for TB care services (estimated to be effective since Oct 2015) (follow- on activity of APA1); assessment and revising the PPM circular	7.2.1			Checklist and tools developed	Assessment organized	Check list and tool are being developed	N/A	According to the workplan, this activity will be implemented and reported in the next quarters

Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-Mar 2016	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			
Project monitoring and supervision for CTB country staff (KNCV)	8.1.2	Local TA and Project supervision	In this quarter, the KNCV-HQ Portfolio Manager and CTB country team conducted project monitoring visit in Quang Nam (20 Feb) and Da Nang (21 Feb). In collaboration with	Met				

						USAID and FHI360, CTB country team conducted site assessment on TB-HIV collaborative activities in Nghe An province (PEPFAR priority province) (10-11 Mar). CTB provided technical support in GeneXpert implementation in Bac Ninh province (5-6 Jan) and Phu Tho province (11-12 Jan)		
International meeting/workshop (WHO-WPR, Union, etc.)	8.1.3		Meeting		Meeting	CTB staff attended the 10 th NTP Managers Meeting for TB control in the Western Pacific Region, 1-4 Mar 2016	Met	
Project monitoring and supervision for CTB country staff	8.1.4	Project supervision	Project supervision	Project supervision	Project supervision	TA was provided at central level. No field supervision was organized.	Met	

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		
International TA to further harmonization of HIV-TB R&R systems, VITIMES development and TB, TB-HIV surveillance development	10.1.1		1 international TA mission			During the quarter, all preparation (TOR, working agenda, administrative formalities) for this STTA has been done. However, the VAAC	Partially met	

						was not able to accommodate the STTA in this quarter, thus this STTA will be conducted in the next quarter from 11-15 April.		
International and local TA to the 2nd TB Prevalence survey (2016/2017)	10.2.1	Local TA in support NTP in protocol preparation phase	Local TA in support NTP in protocol preparation phase	1 International TA mission visit and Local TA in support of NTP in protocol preparation phase	Local TA in support NTP in protocol preparation phase	Frequent TA by CTB\KNCV local staff has been provided to NTP in preparation of protocol for the 2 nd national TB prevalence survey. KNCV-HQ has worked actively with the GFATM and CDC on funding mobilization for the survey.	Met	
International and local TA to establishment of continuous surveillance system on TB drugs resistance and other ORs	10.2.2			TA combined in 3.2.2 and 10.2.1			N/A	According to the workplan, this activity will be implemented and reported in the next quarter in combination with 3.2.2 from 30 May – 4 June

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 (July 2015-2017)	Total Disbursed to Date	Total expensed (if available)
VNM-T-NTP	n/a	n/a	\$39.4 m	\$13.6 m	n/a

* Since January 2010

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

Key updates:

- 18th November, 2015: The Ministry of Health approved the project content "Strengthening and scaling up MDR-TB in Vietnam" (NFM Period 7/2015-2017)
- NTP and sub-recipients are implementing the original approved workplan for 2016 under the GF approved project for NFM Period 7/2015-2017
- The adjusted GF workplan for 2016 (\$15,595,677 vs \$15,087,255) has been submitted to the GF for approval. The review and justification process is underway.

Challenges and bottlenecks (These issues are the same as those in last quarter's Report):

- Program management:
 - Slow process for approving the project and annual plan influences on the implementation progress, especially the procurement;
 - Reducing training/workshop budget, which helps for the learning and experience sharing purposes, while extending the scope of project implementation and applying new techniques are expected.
 - Low cost norms (In the GF round 9, NTP used the UN cost norm. In the GF NFM, the NTP was requested to use the Vietnamese cost norm. It is much lower compared with UN one).
- Procurement: harmonize between the policies of Global Fund and Vietnamese government (NTP has to follow the procurement regulations/policies of Vietnamese Government and the GF. Harmonization of the policies /regulations between VN Government and GF is challenging for procurement activities).
- Finance management: Changes in financial regulations / policies of the sponsors

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

CTB has provided technical support to NTP in the implementation of the GF NFM project in the following main areas:

- PMDT implementation and roll out including introduction of new drug (Bedaquiline) and shorter regimen (9 month regimen)
 - Childhood TB implementation and roll out
 - Laboratory strengthening
 - TB and HIV collaborative activities
 - Policy development: A regulatory document for sustaining funding for TB has been issued (the circular No. 4/2016/TT-BYT dated 26 Feb 2016 on regulations on medical examination and treatment, and payment of health insurance-related tuberculosis diagnosis and treatment)
- KNCV-HQ has worked with the GFATM Geneva and US\CDC to mobilize funding for the 2nd national TB prevalence survey in Vietnam in 2016-2017.

4. Success Stories – Planning and Development

Planned success story title:	A regulatory document for sustaining funding for TB has been issue
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.2. In-country political commitment strengthened
Brief description of story idea:	<p>National TB Control Program is in a transitional period, during which financing for TB control is being shifted from a national target program to one that is supported by the health insurance (HI) mechanism. To ensure the provision of TB diagnosis and treatment for patients, Challenge TB provided financial and technical supports to the Ministry of Health of Viet Nam to do a national assessment and develop a circular to instruct the provision of health insurance for TB diagnosis and treatment. The circular No. 4/2016/TT-BYT on regulations on medical examination and treatment, and payment of health insurance-related tuberculosis diagnosis and treatment was issued on 26th Feb 2016 and will be effective from 1st May 2016.</p> <p>Currently, for other diseases, to receive HI reimbursement (80% of medical cost in most of cases) when patients are referred to higher level of health facilities, patients have been referred from commune health posts to district health centers/hospitals and then to provincial hospitals and central hospitals, if needed. Otherwise, patients will receive only 30% of reimbursement and pay for the remaining cost by themselves. The procedure might delay TB diagnosis and create more barriers to accessibility of TB care services. Therefore, in order to shorten the pathway from cough to cure of TB and improve case detection while maintaining the optimal benefits of HI for patients, presumptive TB/MDR-TB patients still receive 80% of reimbursement even though they are referred from commune health posts to provincial TB hospitals directly, bypassing district health centers. This circular has addressed the issues of referring MDR-TB patients between provinces, which is not allowed in the existing HI mechanism. Treatment (drugs) for DS-TB and MDR-TB also will be covered by health insurance. This act will help to accelerate Programmatic Management of Drug-Resistant TB (PMDT) in Viet Nam.</p> <p>The circular also provides health insurance for TB prophylaxis treatment, which can accommodate the needs of expansion of latent TB treatment to further reduce TB incidence in Vietnam.</p>
Status update: complete	

5. Quarterly reporting on key mandatory indicators

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

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	N/A	578	(*) Not included 22 patients for BDQ-containing treatment regimen in the reported quarter.
Total 2012	774	713	
Total 2013	994	957	
Total 2014	1,702	1,522	
Total 2015	2,558	2,131	
Jan-Mar 2016	NA	538 (*)	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on Bedaquiline (BDQ) or Delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014	0	Not applicable	
Total 2015	3	Not applicable	
Jan-Mar 2016	22	Not applicable	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

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

		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>)						NTP data of Q1 of 2016 (Jan-Mar) is not yet available in the NTP RR system. It takes time to collect the quarterly reports from district level: Districts submit the report to
	Hà Nội	621					
	Hải Phòng	456					
	Hà Nội 2	488					
	Ninh Bình	220					
	Thái Nguyên	212					
	Điện Biên	34					

	Thanh Hóa	706					provinces and from provinces to national. Not all districts implemented e-surveillance (Vitimes).	
	Nghệ An	659						
	Đà Nẵng	389						
	Bình Định	359						
	B.rija-V.Tàu	303						
	Bình Thuận	405						
	Đồng Nai	909						
	TP.HCM	4,061						
	An Giang	989						
	Cần Thơ	450						
	Tiền Giang	417						
	TB cases (all forms) notified for all CTB areas	11,678						
	All TB cases (all forms) notified nationwide (denominator)	24,581						
	% of national cases notified in CTB geographic areas	47.5%						
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							

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

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Steve Graham, Associate Professor of International Child Health, University of Melbourne Department of Pediatrics - Chair of WHO Childhood TB sub-group				X	1. Provide TA and supportive supervision to roll out childhood TB policies nationwide 2. Provide TA in evaluation of effect of new national childhood TB strategy on notification and treatment results in children	Pending			This STTA is scheduled from 12-16 September 2016
2	KNCV	Mamel Quelapio - KNCV senior consultant (TA mission on PMDT)		X			Provide TA to implementation and roll out PMDT, specially new TB drugs and regimens	Pending			This STTA is re-scheduled in Q3 (from 30 May – 4 June)
3	KNCV	Agnes Gebhard - KNCV senior consultant (TA mission on TB-HIV)			X		Provide TA to implementation and roll out PMDT	Pending			This STTA is scheduled in the 2 nd week of July
4	KNCV	Edine Tiemersma - KNCV senior consultant (TA mission 1 new drugs OR and PV)			x		Provide TA to implementation, M&E, OR and PV (Quarterly monitoring and on the job support to implementation and data collection; analysis and policy development) for new drugs and regimens	Pending			This STTA is re-scheduled in Q3 (from 30 May – 4 June)
5	KNCV	Job van Rest - TB surveillance consultant - KNCV			x		Provide TA to further harmonization of HIV-TB R&R systems, VITIMES development and TB, TB-HIV surveillance development	Pending			This STTA is re-scheduled in Q3 (from 11-15 April)
6	KNCV	Job van Rest - TB surveillance consultant - KNCV				X	Provide TA to protocol development and data management, quality assurance of data collection/field monitoring and data analysis for the 2 nd national prevalence survey	Pending			This STTA is scheduled in September

Total number of visits conducted (cumulative for fiscal year)	0
Total number of visits planned in approved work plan	6
Percent of planned international consultant visits conducted	0%

7. Quarterly Indicator Reporting

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	NTP	annually	NTP NSP 2015-2020 including lab component available and approved in Mar 2014 (includes a detailed budget)	NTP NSP 2015-2020 including lab component available (approved in Mar 2014 (includes a detailed budget)) and used to prioritize, plan and implement interventions	NTP NSP 2015-2020 including lab component available (approved in Mar 2014 (includes a detailed budget)) and used to prioritize, plan and implement interventions.	
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).	NTP, Challenge TB (pilot)	annually	0% (0/2) Out of 2 TB Reference laboratories, 0 are performing lab quality management system	NA	NA	Due to budget limitation, Challenge TB is not able to invest in this area. CTB will continue collaboration with partners, and monitoring the status
2.2.7. Number of GLI-approved TB microscopy network standards met	NTP, Challenge TB (pilot)	annually	Not evaluated (2015)	NA	NA	Due to budget limitation, Challenge TB is not able to invest in this area. CTB will continue collaboration with partners, and monitoring the status
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	NTP, Challenge TB (pilot)	annually	3% (1,702/58,880; NTP 2014)	NA	NA	
2.4.1. GeneXpert machine coverage per population (stratified by Challenge TB, other)	Public health/all	annually	1.4M/GeneXpert (2014)	1.0M/1 GeneXpert	1.3M/1 GeneXpert (NTP 2015, 92M/71 GeneXpert systems)	
2.4.2. #/% of Xpert machines that are	Public health/all	annually	100% (2015, 56 machines)	100% (2016, 76 machines)	80.3% (NTP 2015, 57/71 GeneXpert systems)	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
functional in country (stratified by Challenge TB, other)						
2.7.1. #/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing culture, DST and Xpert)	NTP	annually	20 TB laboratories in PMDT provinces (2015, cumulative)	25 TB laboratories in PMDT provinces (APA2, cumulative)	NA	

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	NTP	Quarterly and annually	102,070 (NTP, 2014) The data by settings is not applicable in the NTP surveillance system	NA	11,678 (CTB targeted areas; Oct-Dec 2015)	The data by settings is not applicable in the NTP surveillance system
3.1.4. Number of MDR-TB cases detected	NTP	Quarterly and annually	1,702 (NTP, 2014)	NA	NA	
3.1.7. Childhood TB approach implemented	NTP	annually	2 (2014, childhood TB is an integral part of the NTP strategic plan and regular activities in selected provinces)	3 (2015)	3 (2015)	
3.1.5. #/% health facilities implementing intensified case finding (i.e. using SOPs)	NTP, CTB (WHO)	annually	NA	5 (in pilot area)	NA	
3.1.20 % of occupational health referrals that reach the health facility and are screened for TB	NTP, CTB (WHO)	annually	NA	>95% referrals received and screened for TB	NA	

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
Numerator: # of miners that have been referred for TB screening that arrive at the health facility and are screened for TB Denominator: # of miners that have been referred for TB screening						
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.).	NTP	annually	91% (NTP, cohort 2013)	NA	NA	Not possible to categorize by setting.
3.2.4. Number of MDR-TB cases initiating second-line treatment	NTP	Quarterly and annually	1,562 (NTP, 2014)	NA	NA	
3.2.7. Number and percent of MDR-TB cases successfully treated	NTP	annually	70% (NTP, cohort 2012)	NA	NA	
3.2.14. % of health facilities with integrated or collaborative TB and HIV services	NTP, VAAC	annually	0 districts (APA1)	12 districts (APA2)	NA	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.2. #/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)	NTP, CTB	annually	20 MDR treatment departments in PMDT provinces (2015, cumulative)	25 MDR treatment departments (cumulative) in PMDT provinces and 10 TB-HIV district facilities in TB-HIV integrated area	NA	

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
				(APA2)		
5.2.1. Status of TB disease monitoring among HCWs	NTP	annually	2 (2014)	3 (2015)	3 (2015)	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	NTP	annually	23/7779 (0.3%) (NTP, 2013)	NA		CTB supports NTP to collect this data, will be updated when they become available

Sub-objective: 6. Management of latent TB infection						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT	NTP	annually	2,134 (NTP Annual report 2014)	NA	NA	

Sub-objective: 7. Political commitment and leadership						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity		annually	NA	NA	NA	
7.2.13. SOP for implementation of funding for transitional period is developed	NTP, CTB (WHO)	annually	No SOP	SOP available	NA	

Sub-objective: 8. Comprehensive partnerships and informed community involvement						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	NTP	annually	3 (NTP Annual report, 2014)	3 (NTP Annual report, 2015)	3 (NTP Annual report, 2015)	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	NTP, Challenge TB	annually	NA	NA	NA	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.2.1. Global Fund grant rating	NTP, Challenge TB	annually	A2 (GF, 2014)	NA	NA	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	NTP, Challenge TB	Quarterly and annually	0 (NTP Annual report 2014)	NA	NA	This information is not available per quarter. This information can be collected from annual report from the NTP.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	NTP, Challenge TB	annually	3 (2014)	NA	NA	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	NTP, Challenge TB	annually	Yes (2013) (3 standards were met, 2 were partially met, 6 were not met, and 2 need further assessment)	NA	NA	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	NTP, Challenge TB	annually	NA	Not applicable	Not applicable	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	NTP, Challenge TB	annually	NA	Not applicable	Not applicable	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	NTP, Challenge TB	Quarterly and annually	NA	200	203 (90 Males, 113 Females) (Oct '15 –March 2016)	
11.1.5. % of USAID TB funding directed to local partners	NTP, Challenge TB	annually	NA	NA	NA	