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CHALLENGE TB



Challenge TB - Afghanistan

Year 1

Quarterly Monitoring Report

April – June 2015

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Cover photo: Dr. Najibullah Kamawal the provincial health director of Nangerhar province introducing Urban DOTS to private sector managers Jun 27, 2015 (Credit: Sayed Mirza Sayedi)

1. Quarterly Overview

Country	Afghanistan
Lead Partner	MSH
Other partners	KNCV
Work plan timeframe	Jan. 2015 – September 2015
Reporting period	April – June 2015

Most significant achievements:

Outcome:

- Case detection & diagnosis

During this quarter, Challenge TB (CTB) assisted the National Tuberculosis Program (NTP) and non-governmental organizations (NGOs) that are implementing basic and essential package of health services. CTB focused on the outcomes and assisted the NTP to reach its strategic objectives of increasing TB case notification. As a result, in the 13 provinces supported by CTB, collectively there were 1,378,530 individuals 15 years or older that attended health facilities. A total of 37,895 individuals (2.7%) were identified as presumptive to have tuberculosis (TB) and their sputum for acid fast bacilli (AFB) were examined which resulted in diagnosis of 2,187 (5.8%) sputum smear positive (SS+) and 4,830 (12.7%) TB cases (all forms).

- Contact investigation

Moreover, CTB sustained the implementation of contact investigation across the intervention provinces that initiated during the TB CARE I project. During this quarter, about 6,970 individuals were registered as having close contact to TB patients which comprises 64% of the estimated 10,935 contacts to SS+ cases (Table 1). This is a 2.5% increase compared to the previous quarter. Of these contacts, 1,470 (21%) were identified as presumptive TB and screened for TB. Among them, 79 (5.4%) were diagnosed as having sputum smear positive (SS+) TB which is a 25% increase compared to the previous quarter (73) and 119 (8%) diagnosed as having all forms of TB that demonstrates 37% improvement in the case notification among household contacts in comparison to last quarter.

This indicates that the incidence of TB disease among those who have contact with TB is nine times higher than general population. Also, 1,128 children under the five-years old were notified as contacts to the TB patients and of them 1,036 (92%) were put under isoniazid preventive therapy (IPT). A total of 749 (64%) children who had started IPT during the third quarter of 2014 completed their treatment this quarter.

- Treatment success rate

The National TB program (NTP) managed to sustain the higher TB treatment success rate all over the country at a level of 90%. During this quarter, the treatment success for a cohort of TB patients on treatment three quarters ago in the intervention provinces was 89% and the transfer-out rate was 5.5%.

Urban DOTS expansion:

The NTP considered the significant achievements of the Urban DOTS implementation in Kabul city and proposed CTB to expand this approach to additional cities with similar settings. Thus, during June 2015, this approach was sustained in Kabul and expanded to three additional cities: Jalalabad, Kandahar and Herat. The joint NTP and CTB teams conducted assessments of TB program implementation in these cities. They also assessed 41 private and 6 public health facilities including

one regional hospital, and developed micro plans for each of the cities. Generally, the settings of these cities were similar to that of Kabul and the Urban DOTS implementation in the existing private and non-MOPH health structures. Also, the private sector mobilized to implement the DOTS strategy while identifying challenges and opportunities to plan and implement TB effectively and efficiently. The Urban DOTS approach was generally appreciated by stakeholders who committed to cooperate with CTB in its implementation. Furthermore, the information gathered was to be used for the micro planning of Urban DOTS in each city.

Moreover, Urban DOTS expanded to further health facilities in Kabul city, during this period one private hospital and one national children's hospital in Kabul as well as a Bagram prison were also covered by Urban DOTS. The total Urban DOTS coverage reached 85 (76%) both public and private health facilities in Kabul. This coverage will provide an opportunity for these facilities to cover the most vulnerable populations for TB: children and prisoners. Approximately 8,000 prisoners and at least 50,000 outpatient and inpatient clients of the children's hospital will be covered by Urban DOTS. In total, 56 male and 11 female health care staff were trained on the standard operation procedure for case detection, diagnosis and treatment and laboratory diagnosis of AFB. Currently, these staff members perform TB diagnosis and treatment at their facilities. Also, a total of 175 individuals participated in coordinated workshops conducted in Jalalabad, Kandahar and Herat cities for related health sectors to introduce the Urban DOTS approaches and having their support for implementation of Urban DOTS.

Moreover, the DOTS expansion was coordinated to cover the two largest diabetic centers in Kabul city and these facilities will be covered next quarter by DOTS in order to expand access to approximately 80,000 registered diabetic patients' centers. These patients will be screened for TB during a one-year period. During the period of April-June 2015, Kabul Urban DOTs conducted active contact screening in Kabul city and the homes of 240 (52%) index cases were visited. Their family members were screened for active TB and INH preventive therapy was started for children under five years of age. In summary, 1,200 individuals in close contact to 240 index TB cases were screened for TB and of them, 165 (14%) identified as presumptive TB cases of whom nine were diagnosed as SS+ and 25 as all form TB cases (Table 1). Also, there were 206 (17%) children under the age of five who were among contacts registered (1,200) and of them two pulmonary TB cases were diagnosed and 147 (76%) were put on IPT. The contact investigation data demonstrate that the incidence of TB(all form) among this group is 2,083/100,000 contact to SS+ index TB and for children it is 970/100,000 children in contact to iindex SS+ TB cases that is 11 times and five times higher than general population, respectively. Moreover, out of 129 children under the age of five who started IPT three quarter ago, 58 (45%) completed their IPT. Also, during this period, joint supervisory visits were conducted from 50 public and private urban health facilities in Kabul, overall performance of each health facility was evaluated, feedback and on the job training was provided for health care staff.

In conclusion, the Urban DOTS implementation in Kabul resulted in 76% (85) of the existing public and private facilities (112) being covered by DOTS. A total of 3,514 individuals presumed to have TB were identified and examined. This resulted in a detection of 362 sputum smear positive TB cases which shows a 16% increase and 1,573 of all form TB cases that illustrates 37% increase in comparison to the previous quarter, respectively.

Community Based DOTS implementation:

The community Based DOTS approach assisted NTP and implementing partners to extend access to TB services and bring it to the door steps of TB patients, clients, and community. During Apr-Jun 2015 assessment for CB-DOTS implementation conducted in Kabul, Nangerhar, Herat, Kandahar, and Balkh provinces. The updated information on the number of active CHWs, CHSs, community shuras, health facilities and feasibility of CB-DOTS implementation identified and considered for

work plan development and microplanning for each provinces. In the light of this, the activities harmonized with NGOs and duplication avoided. Furthermore, two consultative workshops and coordination and collaboration meetings were conducted with nine NGOs and the Scope of work on micro planning and budgeting drafted for 13 provinces. As a result, the CB-DOTS will be sub-contracted with nine NGOs: Agency for Assistance & Development of Afghanistan (AADA), Bakhter Development Network (BDN), OHPM, Solidarity of Afghan Families (SAF), Care of Afghan Family (CAF), Bu Ali Rehabilitation and Aid Network (BARAN), Organization for Research and Community Development (ORCD), MOVE Welfare Organization (MOVE) and Medical Refresher Courses for Afghanistan (MRCA). These NGOs will cover the following provinces Kabul, Nangerhar, Herat, Kandahar, Faryab, Jawzjan, Balkh, Khost, Paktiya, Ghazni, Paktika, Bamyán, Baghlan, Takhar and Badakshan.

TB Infection Control (TB IC):

TB IC expanded to additional health facilities. During Apr-Jun 2015, 17 health facilities were assessed for TB infection control and the assessment results used for planning for TB infection and 17 TB IC committees established to monitor the implementation of TBIC plan. Furthermore, on-the-job training for 45 (39 males, 6 females) health care staff conducted in Khost and Kandahar provinces. The health care staff taken to DOTS excellence centers to assess the case finding, recording and reporting and follow up of TB patients and copy the best practices. Also, literature review conducted and protocol for screening health care staff for TB infection and disease. The result of this assessment will be used to set up TB surveillance among health care staff. This assessment will be conducted once a year to monitor the progress and impact of TB IC measure application.

M&E and operation research:

CTB assisted NTP on writing and submitting eight abstracts to the 46th Union World Conference on Lung Health conference. The abstracts were written on different issues and approaches with the aim to document the experiences from Afghanistan that can be used elsewhere in the world. As a result, the response from the 46th Union World Conference on Lung Health conference organizers is that four of the abstracts were accepted: one for oral and three for poster presentation sessions.

During this quarter, the electronic reporting was enhanced and further promoted. The data from electronic reporting indicates that there is 95% completeness and timeliness in TB data electronic reporting. Furthermore, the MOPH and NTP decided to shift to electronic reporting as of the beginning of fourth quarter of 2015. Also, in order to ensure the high quality of TB data generated and reported which is used for strategic decision making at the national and project level, CTB assisted the NTP to assess the quality and accuracy of TB data. The literature review and protocol for TB data accuracy was drafted and the assessment will be conducted next quarter.

In addition, M&E officers of the NGOs trained made it a goal to harmonize the TB indicators definitions and target settings for NGOs and GCMU units of the MOPH. Collectively, 24 (23 males, 1 female) M&E officers from NGOs were trained for two days on M&E for TB.

Political commitment and leadership:

The tool for the provincial and central NTP core functions is under the development. This tool will be used to measure the leadership capacity development of the NTP at these levels. The tool will be finalized and applied early next quarter.

Moreover, the procurement of the two digital X-ray machines, 20,000 drug kits and other IT equipment are in the pipeline. The purchase request for X-ray machines has been sent to MSH home office and quotations for international quotations have been issued. The quotations for drug

kits and computers that are available in local markets were sent out and will be purchased during the first month of the next quarter.

Technical/administrative challenges and actions to overcome them:

The work plan for year one of the project was approved on May 6, 2015. Due to the delay in the anticipated date of approval, this has posed a challenge for the project in that activities had to be implemented within a shorter period of time. However, CTB managed to have a smooth start and made significant achievements in terms of activity implementation. CTB will sustain this momentum to produce maximum outcomes during rest of project. Owing to deteriorating political and security challenges in the country, the implementation process could be delayed, however CTB will adopt its implementation strategy to overcome the insecurity challenges and minimize its impact on the implementation process.

Also, the management of the sub-contract with local implementing partner, BPHS, in their implementation of CB-DOTS has proven to be a lengthy and challenging issue. For example, the implementing NGOs changed in most of the provinces and the status of which NGO was going to implement BPHS package at provinces was not officially announced by the MOPH until late June 2015. The subcontracts will be submitted to PMU for approval. The delay of the Global Fund (GF) activities could slow down the implementation of some joint activities. These activities may include the reimbursement for community health workers (CHWs) and monitoring the performance of health facilities according to the quarterly review workshops budgeted in the concept note of GF which could impact the outcomes of the project.

2. Year 1 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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
1.1.1 To Implement CB-DOTS through sub contract with BPHS implementers	1.1.1		Subcontracts with NGOs		The scope of work and detailed budget plan for nine provinces developed and shared with home office for review and comments.	Not met	The new round of SEHAT II projects bidding was on going and it was not finalized and not clear which NGO will implementing BPHS in which provinces. This resulted in delayed process for sub contracts with NGOs. The subcontract with NGOs will be completed by mid- Aug. 2015.
To conduct one day orientation / training for 500 in charges of health facilities, 500 CHSs and 8000 CHWs To conduct supervision and monitoring: one focal point from central level to 13 provinces once per quarter, one focal point from HFs at provincial level per month, and CHSs at health posts level per			NGOs quarterly technical reports Task force minutes	NGOs quarterly technical reports 500 in charges, 500 CHSs, 8000 CHWs oriented Task force minutes 13 quarterly supervisory visits and 39		Not met	Refer to comment above

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
month, and to conduct CHWs monthly review meetings in 13 provinces once per month To conduct monthly TB task force meeting at provincial level for BPHS implementers, PTC, PHO and other stakeholders				review meetings conducted			
To recognize best performer CHW or community member and health workers, two individuals per quarter per province in 13 provinces. To provide transportation cost for those CHWs or community member who referred, accompanied and provided treatment for TB patients. To establish 10 TB patient associations per province in 13 provinces.			CTB-DOTS task force minutes	CTB-DOTS task force minutes 130 TB patient associations established		Not met	CTB coordinated with NGOs, NTP and provincial public health office (PHO) teams. The task force at each province will be active next quarter.
To conduct awareness raising and social mobilization activities at			NGOs quarterly reports	NGOs quarterly reports		Not met	The first quarterly report is expected at the end of next quarter.

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
community level: facilitate and conduct community awareness meetings once per health facility per quarter in 13 provinces. And to install 10 billboards with TB messages in crowded areas of each province (in 13 provinces)				# quarterly meetings conducted			
To perform TB patients household contacts screening through community health workers and other community members			NGOs and TB quarterly reports	NGOs and Health facility quarterly reports # of households / contacts investigated		Not met	This activity will be conducted once the subcontract is signed with the NGOs.
To conduct a province wise assessment and micro planning for implementation of community Based DOTS (selecting slide/sputum sending or upgrading as well as develop an operational action	1.4.1		Assessment reports # of provincial implementation plans	Assessment reports # of provincial implementation plans	The CB-DOTS assessment was conducted in four provinces of Nangerhar, Herat, Kandahar and Balkh. The collected information was used for micro planning as well as the development of the SOW and budgeting for CB-DOTS contract with NGOs.	Met	The joint NTP and CTB teams visited these provinces and conducted the assessment for CB-DOTS. During next quarter, the assessment will be conducted at the headquarters of the NGOs for the rest of the

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
							provinces to update the TB CARE I information.
To revise and unify the recording and reporting systems of CB-DOTS at different levels in coordination with NTP, CBHC, GCMU, MoPH and BPHS implementers. To revise and disseminate 12,000 CHWs training modules to 13 provinces.	1.4.2		Workshop report Distribution list of CHWs manual	New recording and reporting forms and training modules distributed	The manual for CHWs is in process and 40,000 copies of the manual will be printed and disseminated all throughout the country.	Partially met	The manuals will be disseminated during the next quarter.
To conduct Monthly CB-DOTS task force stakeholders consultation at central level, to conduct two day orientation/ coordination workshop on CB-DOTS for 55 individuals including PTCs, CBHC officers and TB focal points from 13 provinces	1.4.3		Consultation reports	Workshop conducted and 3 monthly consultation meetings held	The consultation forums conducted was conducted twice with BPHS, NGOs, MOPH, GCMU and NTP, CBHC units of MOPH and CTB staff.	Partially met	The workshop is planned for next quarter. It will be conducted once the contracts are signed with NGOs.

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Stakeholders coordination forums and coordination workshop between public – private health sectors	3.1.1		Stakeholders coordination forum minutes Four trips conducted Workshop held with 300 participants		Four trips were conducted to four cities: Mazar, Herat, Kandahar and Jalalabad. A joint NTP and CTB team visited these cities and coordinated the assessment with provincial health team including provincial health directorate (PHD). Also, a one-day orientation workshop was conducted in three cities of Jalalabad, Herat and Kandahar. Urban DOTS was introduced to the stakeholders from the private sector, MOPH, local PHDs and NTP with a CTB team.	Met	
Conduct provincial assessment and to introduce Urban DOTS program to public, private and NGOs and encourage them to be engaged in TB service provision	3.1.2		Assessment report		Assessment visit conducted in Mazar, Jalalabad, Herat and Kandahar cities which included 41 private health facilities and 6 public health facilities. The assessment looked at their capacity to carry out the Urban DOTS program. Jalalabad Jail and Bagram Jail were also assessed for DOTS expansion.	Met	
Expand Urban DOTS to new health facilities in five cities	3.1.3		Health facility TB report Goods delivery	Health Facility TB report Goods delivery	Two hospitals engaged in TB DOTS services in Kabul and also Bagram Jail covered by Urban DOTS. Eight health facilities with high transfer out rates of TB patients in	Partially met	Out of 24 health facilities, 3 have been covered. The coordination with rest of 21 facilities is underway

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
			report	report 20 health facilities equipped 10 health facilities modified	Kabul were covered by a new mechanism of patient follow up. The purchase request for equipment and renovation for health facilities are under process and procurement will be completed next quarter.		to involve them in DOTS. Also, the list of equipment for each facility has been prepared and included in the purchase request. Quotes for this equipment are currently being collected.
Active contact screening	3.1.4		TB contact screening report	TB contact screening report 1,000 households visited	The home of 240 index cases visited for active case finding during April- June 2015. An assessment of the Ata Turk and FMIC was conducted.	Partially met	CTB will enhance the implementation of active contact screenings in Kabul during next quarter and coordination with the two children's hospitals will be sustained to engage them in DOTS implementation.
Involve diabetic centers in TB service and developing protocols	3.1.5		Diabetic center report/inauguration report	Diabetic center report/inauguration report Action plan and protocol developed	The assessment was done and the process to involve diabetic centers in TB service and protocol is ongoing.	Partially met	CTB and NTP are in the process of coordinating with two of the largest diabetic centers. There will be more coordination workshops with these two centers to be engage them in DOTS and refer presumptive diabetic patients for diagnosis to

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
							TB diagnostic centers.
Improve treatment success of TB patients in Kabul	3.2.1		Treatment outcome report	Treatment outcome report	The system was introduced to 8 health facilities with high transfer out rate in Kabul city.	Partially met	This is an ongoing activity and will be continued next quarter.
To conduct monthly TB stakeholders consultation in Urban DOTS cities	3.2.2		Meeting minutes # monthly meetings conducted	Meeting minutes Targeted # of monthly meetings conducted	Six meetings were conducted in five cities.	Met	
Training for health care staff	3.2.3		Training report	Training report 288 HCWs trained	SOPs training was conducted for 56 different health care workers from Kabul Urban DOTS and Bagram prison health care staff.	Partially met	The training for private practitioners and prison staffs are currently under way in all five cities. CTB uses decentralized training approaches and uses local capacity (Master trainers) to conduct these trainings.
TB awareness campaign for students	3.2.4		Campaign report	Campaign report Targeted #of students reached	TB awareness comparing was conducted for 200 students in Kabul University.	Partially met	The awareness campaigns in the provinces coordinated with the NTP and PHO teams and will be conducted during 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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Quarterly Review Workshop ,supervision, monitoring and evaluation	3.2.5		Workshop and supervision report	Workshop and supervision report	20 supervisory visits were conducted by Kabul urban health facilities jointly with the NTP, Kabul PHO team and private sector during which 50 health facilities were visited.	Partially met	The quarterly review workshops for Kabul health facilities have been coordinated to take place in July 2015. Also, the teams from NTP, CTB and PHO prepared the schedule for supervisory visits for all five cities that will be implemented next quarter.



The laboratory technicians from private hospitals practicing sputum smear microscopy slide making techniques in Jalaabad city (credit: Delaqa Safi)

Summary of contact investigation in CTB intervention area

Variable	CTB intervention provinces (13 provinces), #, %	Kabul Urban DOTS, #, %
Estimated households (HH) to SS+ TB cases	10,935 (100%)	2275 (100%)
Households investigated for TB	6,970 (64%)	1200 (53%)
Presumptive TB cases among HH	1,470 (21%)	165 (14%)
Pulmonary SS+ TB cases among HH	79 (5.4%)	9 (5.5%)
All form TB cases diagnosed among HH	119 (8%)	25 (15%)
Children under the age of five among HH	1,128 (16%)	206 (17%)
TB diagnosed among children under the age of 5		2 (1%)
Children under the age of five put on IPT	1,030 (91%)	147 (71%)
Children completed IPT	749 (46%)	58 (45%)

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Assist NTP to select health facilities for TB IC expansion and implementation	5.1.1.		Assessment report	45 health facilities assessed and integrated facility implementation plans endorsed	The assessment for TBIC situation was conducted at 17 health facilities in two provinces of Kandahar and Khost. The assessment team included CTB staff, PTC, NGO and NTP staff that used WHO TBIC assessment tool and the findings were shared with the health facility staff, PTC, NTP and NGOs. Also, the provincial team was oriented to develop the action plan.	Partially met	The assessment for the remaining health facilities is scheduled for next quarter. CTB will follow the implementation of TBIC measure application during next quarter.

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Assist NTP to establish TB IC committee in health facilities	5.1.2			45 facility committee inaugurated and functioning	The TBIC committees were established at 17 health facilities that assessed for TBIC. The committees will meet to discuss the IC issues and the assessment report next quarter.	Partially met	The minutes of the meetings will be shared with provincial health team, NGOs PTCs and MOPH for next steps.
Is Assist NTP to provide TB IC SOP, TB IC plan, prioritization table and IEC material to health facilities	5.1.3			Distribution report 3,000 printed sets disseminated	The assessment team discovered that all 17 facilities that were assessed had SOPs for TBIC and IEC materials for TBIC. However, these facilities lacked TBIC plan and prioritization table.	Partially met	These health facilities will be followed up with next quarter to ensure that the challenges identified are addressed.
To Conduct on the Job training in DOTS model health facilities in 13 provinces	5.1.4		Training report	Training report 195 HCWs (total number) trained	45 (38 males, 7 females) staff from 45 health facilities in the two provinces of Kandahar and Khost.	Partially met	These trainings planned for rest of the provinces will take place next quarter.
Assist NTP and BPHS implementers to conduct health facilities	5.1.5		Event report	Event report 45 facility risk	17 health facilities were assessed.	Partially met	28 health facilities will be assessed and the IC measures will be applied

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
assessment to consider airborne infection control measures				assessment reports written			at all 45 health facilities.
Health care workers screening and diagnosis for TB	5.2.1			The assessment report 300 HCWs (total number) screened for TB	Q4 activity	N/A	The literature review has been conducted and the plan for protocol development is under process. The protocol will be submitted to MOPH for approvals and the field work will be done next quarter



Health care staff noting the best practices from excellence center to adapt at their health facilities during the job training in Kandahar (credit: A. Momand)

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
To revise/adopt the leadership and management tool for TB	7.2.1	Leadership tool adopted				Not met	The NTP core function tool is under development. It will be completed in July and implemented Aug.-Sept. 2015
NTP annual reports and M&E quarterly report	7.2.2	Updated SOPs/guidelines distribution list	Targeted # Updated SOPs/guidelines distributed		The NTP guideline and SOPs were revised and the compilation is ongoing. The updated national TB guideline will be sent to the MSH home office for editing.	Partially met	The guidelines will be translated and printed next quarter.
To establish TB task force committees and conduct monthly meetings in 13 provinces	7.3.1	13 meetings minutes per month	Targeted # of meetings held			Not met	The late approvals of the work plan resulted in the delay of this activity. This is planned for next quarter.
To attend coordination meetings with NTP and partners	7.3.2	26 event report	26 event reports		Four task force meetings were conducted in Kabul this quarter and the staff from CTB, NTP and partners attended. The minutes of the meetings are available and CTB follows up to ensure that that the decisions and actions agreed upon are implemented.	Partially met	We have met the target for this quarter in Kabul.
Procurement and supply for strengthen health system	7.3.3	Procurement report	Procurement report		The purchase request was sent out and we are in the process of collecting quotations.	Partially met	The procurement will be completed by end of next quarter.

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
To revise the TB surveillance system recording and reporting forms according to new WHO definitions	10.1.1		updated TB surveillance forms		As part of national TB guidelines, the NTP revised the TB recording and reporting forms with assistance from CTB.	Partially met	The revision of the TBIS manual is planned for next quarter.
To revise, translate, print and disseminate the TBIS procedure manual according to new WHO definitions	10.1.2		Distribution list	2,600 copies printed and distributed	Q4 activity	Choose an item.	Next quarter
To assist NTP and HMIS/MOPH to update the electronic recording and reporting database	10.1.3			Electronic TB reporting disseminated by HMIS	Q4 activity	N/A	Next quarter
To train M&E officers from NTP, GCMU/MOPH and NGOs/BPHS on TB M&E to ensure unique definitions applied at various levels	10.1.4		Training report	Targeted # trained	In total, 24 (23 males, 1 female) staff from NGOs completed two-day trainings on M&E for TB. In addition, the training for HMIS officers of NGOs was coordinated with NTP and HMIS unit of MOPH. This training will be conducted July-Aug. 2015.	Partially met	The training for HMIS officers and PTCs was coordinated with the HMIS unit of the MOPH and planned for late July and early Aug. 2015.
To assist NTP to conduct data quality assessment	10.1.5		Data quality assessment report	Agreed # of assessments realized	The protocol for TB data quality assessment is in process and will be completed by the end of July 2015. The field work will be completed by the end of Aug. 2015.	Partially met	The protocol will be submitted to MOPH for approval and the field work will be completed in Aug. 2015.

To conduct a STTA on operational research, M&E and surveillance of TB and remote assistance for publication of papers from Afghanistan	10.2.1		STTA report	Research priorities endorsed		Not met	The visit for the international consultant was coordinated with NTP and MOPH and they approved this visit. Also, the SOW for this visit was completed and approved by USAID. The team will visit in Aug. 2015.
To assist NTP on conduction of OR and abstract writing	10.2.2		workshop reports and # of abstracts developed		A one-day orientation workshop on scientific abstract writing was held for NTP staff at NTP. In total, 15 staff were trained and as a result eight abstracts were written and submitted to 46th The Union World Conference on Lung Health. Of these abstracts, four were accepted: one as an oral presentation and three as poster presentations.	Partially met	The local institutions will be engaged in carrying out the conduction of OR when the STTA is completed.
To assist NTP to conduct supervisory and monitoring visits. TA to NTP to conduct quarterly review workshops	10.2.3		30 visits	30 visits		Not met	The health facilities that need to be visited were identified following a data analysis plan that was shared with the NTP and will be implemented next quarter.
To assist NTP to monitor electronic reporting system utilization in all 34 provinces	10.2.4		26 visits	30 visits		Not met	The electronic reporting data was cross-checked for data quality (completeness and timeliness) with hard copies of the TB reports. The provinces with poor

							performances were identified and a plan was drafted in coordination with the NTP and HMIS unit of MOPH.
To assist NTP to conduct TB program internal evaluation (annual national evaluation workshop)	10.25		Workshop report written			Not met	Delayed and planned for Aug. 2015. The agenda for this event is drafted and the event is planned for Aug. 2015.



M&E officers from BPHS implementers attending two day orientation workshop for TB M&E (credit: I.Wassim)

3. Challenge TB's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name of grant & principal recipient <i>(i.e., Tuberculosis NFM - MoH)</i>	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed <i>(if available)</i>
AFG-T-UNDP	NA**	NA	\$11.0 Million	2.5 Million	NA
AFG-T-MOPH	NA	NA	2.2 Million	0.5 Million	NA

* Since January 2010

** Since the grant implementation has not started yet, data on rating is not available.

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

The United Nation Development Program (UNDP) selected as principle recipient (PR) for all four programs, Malaria, TB, HIV/AIDS and HSS for Afghanistan. Additionally, the MOPH is the sub-PR for TB and HSS component of the GF. The PR is in the process of recruiting staff. The selection process of sub recipient (SR) was completed and the Bangladeshi Rural Advancement Committee (BRAC) was selected as SR for the coming six months. During these six months of the transitional period, the PR and SR are working to shift the full PR-ship to MOPH. Currently MOPH/NTP and SR are working on micro planning to decide on what activities will be implemented by BRAC or by MOPH/NTP.

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

As chairperson for country coordination mechanism (CCM), MSH/CTB assisted the UNDP and MOPH/NTP on the smooth progress of SR selection and communication between PR, SR, GF and MOPH/NTP. The largest challenge ahead of NFM (PR and SR) and also MOPH/NTP is the delay in implementation of activities. PR, Co-PR and SR have not started the implementation of activities at the time of this report. This could lead to poor financial and technical implementation of activities and performances.

4. Success Stories – Planning and Development

Planned success story title:	Role of CHWs in TB case identification and treatment
Sub-objective of story:	1. Enabling environment
Intervention area of story:	1.2. Demand side: Community empowered, especially among risk groups
Brief description of story idea:	Community health workers (CHWs) played a significant role in delivery of TB service to the door steps of TB patient and had astonishing role in TB case finding and treatment success role.
Status update: This document is with our communication officer and will be ready next quarter.	

Planned success story title:	Health care workers aligned to provide safer working environment for themselves, client and community
Sub-objective of story:	5. Infection control
Intervention area of story:	5.1. Compliance with quality TB-IC measures in health care, community and congregate settings ensured
Brief description of story idea:	Follow TB infection control training to health care workers, they understand the challenges of TB infection at their clinics and committed to provide safer working condition for themselves and their communities
Status update: The zero draft is in process and will be completed in July 2015.	

Planned success story title:	Engaging Diabetes centers; improve access to TB service delivery
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.1. Ensured intensified case finding for all risk groups by all care providers
Brief description of story idea:	The engagement of diabetes centers into DOTS implementation will resulted in screening and ultimately detection of TB cases among this vulnerable population

Status update:
 Planned for Sept. 2015.

Planned success story title:	Role of electronic reporting on TB data completeness
Sub-objective of story:	10. Quality data, surveillance and M&E
Intervention area of story:	10.1. Well functioning case or patient-based electronic recording and reporting system is in place
Brief description of story idea:	The story is going to document how the electronic reporting system made it possible to facilitate completeness and timeliness of TB data and analysis and interpretation of TB data.
Status update: Planned for Aug. 2015.	

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	19	0	The CTB project is not involved in MDR-TB management. It could provide assistance to NTP, MOPH and partners through country coordination mechanism (CCM) and TB task force meetings to facilitate smooth implementation of MDR-TB in Afghanistan. Moreover, CTB provides technical assistance to NTP on TB infection control for MDR-TB.
Total 2011	22	22	
Total 2012	38	38	
Total 2013	49	48	
Total 2014	31	31	
Jan-Mar 2015	13	13	
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015	13	13	

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

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
1	MSH	12.1.1	Pedro Suarez	To draft SOW and five year strategy for CTB-Afghanistan	Feb 2015	Complete	Feb 8 th 2015	7 days	Yes	Yes	No	
2	KNCVV	12.1.1	Kathy Fiekert	To draft SOW and five year strategy for CTB-Afghanistan	Feb 2015	Cancelled			Choose an item.	Choose an item.	Choose an item.	The government of Netherlands advised against all travel to Afghanistan due to the security situation
3	MSH	10.2.1	Navindra Persuad	Research prioritization and M&E, surveillance system assessment	Sep 2015	Pending			Choose an item.	Choose an item.	Choose an item.	
4	MSH	12.1.1	Pedro Suarez	Work plan development for year 2 and facilitate annual national evaluation workshop	Sep 2015	Pending			Choose an item.	Choose an item.	Choose an item.	Owing to new visa requirement at the Afghanistan Embassy in DC, The Pedro's travel to Afghanistan will be delayed till September.
5	KNCV	12.1.1	Kathy Fiekert	Work plan development for year 2	Aug 2015	Pending			Choose an item.	Choose an item.	Choose an item.	
6	MSH	0.0.2	Mohammad Rashidii	CTB country directors and M&E	Jun 2015	Cancelled						The Afghan team could not managed getting

				officers meeting in The Hague								Netherlands visa as the Netherlands consulate in Kabul provides visa only for Afghan government officials and we tried it through Pakistan and that took more than one month and require several trips from Afghanistan to Pakistan. Finally it resulted in delayed visa issuance and we missed the event.
7	MSH	0.0.2	Ghulam Qader	CTB country directors and M&E officers meeting in The Hague	Jun 2015	Cancelled						The Afghan The Afghan team could not managed getting Netherlands visa as the Netherlands consulate in Kabul provides visa only for Afghan government officials and we tried it through Pakistan and that took more than one month and require several trips from Afghanistan to Pakistan. Finally it resulted in delayed visa issuance and we missed the event.
Total number of visits conducted (cumulative for fiscal year)										1		
Total number of visits planned in approved work plan										7		
Percent of planned international consultant visits conducted										14%		