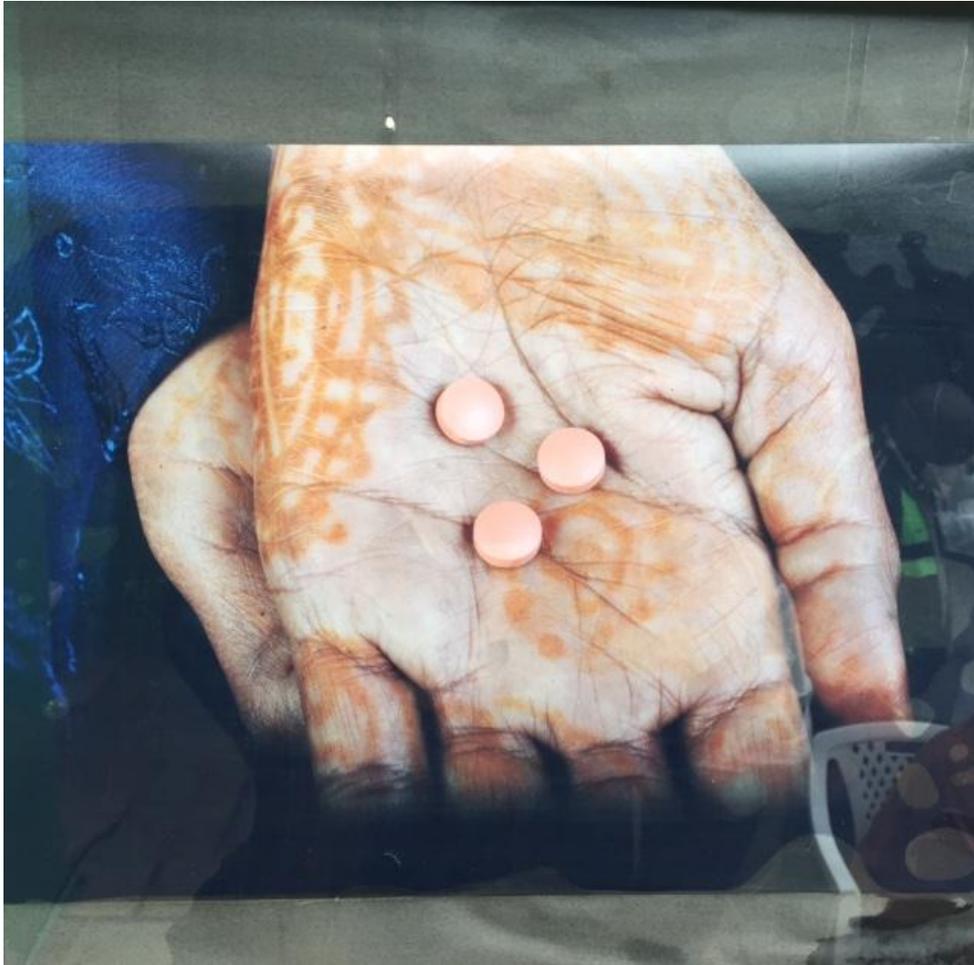




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CHALLENGE > **TB**



Challenge TB – East Africa Region

Year 1

Quarterly Monitoring Report

April – June 2015

Submission date: July 31, 2015

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Cover Photo: A patient taking MDR-TB drugs in a clinic in Kenya during a visit for cross-border TB control to the MDR-TB clinic. (Credit: Mischa Heeger)

1. Quarterly Overview

Country	East Africa Region
Lead Partner	KNCV
Other partners	MSH, UNION
Workplan timeframe	May 2015 – February 2016
Reporting period	April – June 2015

Most significant achievements:

The project's first work plan (May 2015-February 2016) was approved in late May 2015. Sub-agreements with implementing partners have been made and are awaiting approvals before signing.

- The CoE Rwanda provides trainings in PMDT, TB-IC, TBHIV, Childhood TB and Laboratory methods for MDR-TB as well as hosts field visits as part of learning process. The CoE is attached to the School of Public Health of the National University of Rwanda and is in close collaboration with NTP and NRL of the Rwanda Biomedical center.
- The ECSA-HC based in Arusha, Tanzania is a regional inter-governmental health organization that fosters and promotes regional cooperation in health among member states. The ECSA will work with Challenge TB as a public international organization to execute cross border related health challenges.
- Supra National TB Reference Lab (SNRL) Uganda. The National Tuberculosis Reference Laboratory is one of the partners in the National Health Policy of Uganda; "the attainment of a good standard of health by all people in Uganda, in order to promote a healthy and productive life". SNRL Uganda is officially recognized by the National Health Authority of Health in Uganda as National level TB Reference Laboratory (NRL) supporting a functional national or sub national network or lower level laboratories.

A project initiation meeting is planned for July 2015 with stakeholders from the region in collaboration with the USAID regional platform.

- In the beginning of 2015, the KNCV East Africa team together with the USAID Regional Bureau started working on the Challenge TB Regional work plan. The design is different from the TB CARE I model, in which separate institutions (ECSA-HC, SNRL-Uganda, CoE Rwanda) were supported. In Challenge TB the EA buy-in is considered almost as a country buy-in, covering 7 countries with a regional project director and project office.
- Half March 2015 the first version of the work plan was approved by the East African Regional Bureau to be followed by approval from USAID Washington on May 22 after several revisions and additions.
- The Regional project Director attended a meeting organized by the SRL-Uganda late March 2015 (this activity was pre-approved) during which the status on the implementation of the Business Plan was presented. He also attended the East African Public Health Laboratory Network advisory panel meeting during the same week. The status of implementation of the project was presented and the panel provided guidance on the way forward.
- The Regional project Director also attended the CTB country directors meeting in The Hague from June 1-5 in which there was an exchange of many ideas, discussions about APA2 workplan development and M&E. The regional project was presented as a case study in the meeting for learning on capacity building and a lot of useful feedback was provided. Furthermore, the Regional director initiated a side meeting with all CTB Country Directors from Africa to sensitize them on the regional project (cross-border activities, CoE and the

SNRL) and the importance of budgeting for these activities/services in the individual country work plans for Year 2.

- Following discussions with the donor, the possibilities of opening a regional project office in Nairobi have been explored and the portfolio manager sent a memo to the executive board of KNCV, requesting approval. The approval has been granted and the process of registration has been initiated. Terms of Reference (ToR's) for three additional staff are developed and office space is being sought.
- Regional director visited ECSA and discussed roles/responsibilities and this resulted in a detailed SOW with action points. The main deliverable identified being a detailed strategy with clear vision, mission, Goal and strategies. The secondary deliverables will include but not limited to
 1. Inter-country cross referral tool in use
 2. Cross-border TB planning and referral operationalized
 3. Regional TB medicines database operational
 4. M/XDR TB failure management pilot site
 5. TB Nursing curriculum piloted in one institution
- An action plan for CoE has been developed, containing: need for accreditation, committed Human Resources, development of a business plan to increase sustainability.

Technical/administrative challenges and actions to overcome them:

The late approval of the project delayed the start of activities. An accelerated implementation plan has been agreed with the partners pending the signing of the sub-agreements. Already they have started collecting information/documents required for the processes of implementation.

2. Year 1 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Jan-Mar 2016	Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015		April – June 2015		
Implementation of an effective patient referral and transfer system across three countries in the region (Ke, SOM and TZ)	1.4.1			Launch of the Strategy on Cross Border and Regional Programming in TB Control (Print 150 copies, Banners, Launch activities)		Patient referral tools from the countries in the region collected for collation. This will form the basis of the inter-country referral system	Partially met	
Operationalize cross-border planning in 4 high volume border areas including horn of Africa (KE/SOM, TZ/UG, KE/UG, SOM/ET)	1.4.2	Development of scope, work and ToRs for cross-border committees/ members					Not met	This was put on hold to await the regional stakeholders meeting in July.
	1.4.3		Hold a cross-border program planning meetings in Arusha for NTPs. Meeting reports with outcomes and next steps will be developed.	Map health facilities at border areas and their use by mobile/immigrant populations for TB services Hold a bi-annual cross-border program planning meetings (at local level) in each border area (to operationalize national level strategies.			N/A	

				Meeting reports with outcomes and next steps will be developed.				
Develop a regional coordination system to enhance net-working and multi-country partnerships for cross-border TB control	1.4.4		Identify a regional focal point	TA for Review of algorithms for migrant screening and their harmonization		Not yet done. Sub-agreement with ECSA yet to be signed.	N/A	

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Jan-Mar 2016	Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015		April – June 2015		
Support to the SNRL in Uganda for recurrent costs and salaries in the interim period	2.7.1		Salary and recurrent costs for part of the staff			Not yet. Sub-agreement with SNRL yet to be signed.	N/A	
Provide TA to Somalia for laboratory biosafety implementation	2.7.2		TA to Somalia Translate the SOPs into Somali language Print SOPs as booklets– 300copies	Print & Disseminate Disseminate the SOPs to all laboratories in Somalia Monitor implementation of SOPs (by SNRL) 3 one week missions by SNRL/KNCV		ToRs for a translator have been developed.	N/A	

		Sub-objective 3. Patient-centered care and treatment						
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Jan-Mar 2016	Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Apr-Jun 2015	July- Sept 2015	Oct- Dec 2015		April – June 2015		
Strengthening PMDT	3.2.1	-	-	<p>Support endorsement of policy X/MDR TB policy at ECSA-HC health ministers conference (HMC) Print the policy (50 copies) and e-copies</p> <p>Sponsor session on palliative care and latest developments on new regimens at HMC.</p> <p>Document the MDR-TB failures in the ECSA-HC region and identify a country for demonstration site for implementing palliative care/new drugs containing regimen.</p> <p>Collaborate with available palliative care expertise (other disease programs) in identified country to adapt palliative care/ training to X/MDR-TB and failures</p>		The process of documenting the MDR-TB failures in the region has been initiated. A tool has been sent to NTPs for filling.	Partially met	

		Sub-objective 9. Drug and commodity management systems						
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Jan-March 2016	Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Apr-June 2015	Jul-Sep 2015	Oct- Dec 2015		April – June 2015		
Maintenance of regional drug management Dashboard	9.1.1	Identify countries which are not implementing QuanTB and advocate for buy-in among stakeholders	Identify contact persons in each country in the region responsible for QuanTB and reporting/posting of stocks to ECSA-HC on dashboard (monthly/ quarterly basis) TA from MSH to maintain dashboard		TA from MSH to maintain dashboard	Countries not implementing QuanTB have been identified.	Partially met	Communication with the identified programs has been initiated to advocate for QuanTB
Training in QuanTB	9.1.2		Organize training in QuanTB for identified countries (invite one representative from those who are already implementing to share their experience and be involved as resource persons for support)			Training planned for next quarter.	N/A	
ECSA secretariat	9.1.3		To have a LoE at ECSA-HC secretariat to support the				N/A	ECSA will be hosting the dashboard however the sub-agreement

			system and provide technical input), with clear ToRs and expected deliverables and reporting lines and deadlines					has not been signed yet.
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Sub-objective 11. Human resource development									
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Jan-March 2016	Milestone status		Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2016		April – June 2015			
Support COE to get recognized	11.1.1	-	Identify consultancy firm for Business plan development	Development of Business plan			N/A	Tied to CoE sub-agreement	
Establish a Regional Training Corridor	11.1.2	-	-	Map the existing training organizations and trainings		Mapping tool developed	Partially met		
Create a regional NETWORK of TB/MDR- TB Pediatric experts	11.1.4	-		-Facilitator guide for the 'Childhood TB for healthcare workers' -E-learning course:			N/A		
Operationalize the Pre-service Competency Based TB Curriculum for Nursing	11.1.5	-	-	-Identify one institution -Up-date tutors from pre-service nursing schools on TB			N/A	Tied to ECSA sub-agreement	

3. Challenge TB's support to Global Fund implementation

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)

* Since January 2010

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

The regional grant to support the SNRL through ECSA for lab strengthening has not been signed. Assessments of ECSA and Uganda SNRL were done in June 2015. It is expected that signing of the grant will be in October 2015 with the project commencing in November 2015. CTB will keep in communication with both the ECSA and SNRL.

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

Apart from the support given in initiating the Expression of Interest and in the concept note process CTB has not been requested for any support in the current process. CTB is in communication in case such a request or need arises.

4. Success Stories – Planning and Development

Planned success story title:	Use of a regional platform for cross border TB control
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	Document stories of real patients accessing treatment through cross-border intervention.
Status update:	

5. 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			Victor	Meeting of the East African Public Health Laboratory Network (EAPHLN)	March	Complete	27 th March '15		No	Yes	No	The EAPHL/SRL meetings were held in parallel and a combined summary report was shared.
2			Ieva	Project start meeting	June	Pending			No	No	No	
3			Ieva	CoE support	Nov'15	Pending			No	No	No	
4			Ieva	CoE support	Aug '15	Pending			No	No	No	
5			Mischa	Management support	July '15	Pending			No	No	No	
6			Victor	Attend Country Directors meeting	June'15	Complete	5 th June '15	6	No	No	No	Reports not applicable
7			Victor	EAR project presentation to ECSCA	June'15	Complete	25 th June '15	2	No	Yes	No	Final report N/A
8			Various	Meeting	Sep '15	Pending			No	No	No	
9			Various	Meeting	Nov '15	Pending			No	No	No	
10			Victor	Lab biosafety implementation-Somalia	Sep'15	Pending			No	No	No	

11			TBD	CoE training	Sep/Oct '15	Pending			No	No	No	
12			Luiz	Support regional medicines dashboard	Oct '15	Pending			No	No	No	
13			SNRT-TBD	Lab biosafety implementation-Somalia	Sep'15	Pending			No	No	No	
Total number of visits conducted (cumulative for fiscal year)								3				
Total number of visits planned in approved workplan								18				
Percent of planned international consultant visits conducted								16%				