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**CHALLENGE** TB

## Challenge TB - Mozambique



### Year 1 Quarterly Monitoring Report April – June 2015

Submission date: July 30, 2015

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*Cover photo:* CTB Mozambique official lunching led by the NTP Manager and CTB COP in Sofala Province (Credit: Domingos Januário)

## 1. Quarterly Overview

Country	Mozambique
Lead Partner	Family Health International (FHI360)
Other partners	KNCV
Work plan timeframe	October 2014 – September 2015
Reporting period	April – June 2015

### Most significant achievements:

#### I. Official Launching of Challenge TB

The Challenge TB (CTB) project was officially launched in all four target provinces in close coordination with the National Tuberculosis program (NTP). The launch ceremonies in each province were presided over by NTP central level staff and were attended by the Provincial Director for Health, Provincial medical officer, Provincial TB supervisor, district medical officer, and district TB supervisors. The project has consistently involved and coordinated with NTP at all levels (central, provincial and district) right from the development of year 1 work plan where CTB activities are aligned to gaps identified from NTP national Strategic plan . The official launching marks the first steps of CTB presence in the target provinces. Each CTB target province will be represented by a project Technical Officer who will be responsible for overseeing implementation of all CTB related activities.

#### II. Consolidation and expansion of Community Based DOTS (CB-DOTS) activities:

The selection process for CB-DOTS implementing partners was started in March 2014. The request for application was responded to by 38 national and international organizations. Following the manifestation of interest and submission of proposals, CTB conducted Pre-Award Assessments using a standard FHI 360 tool and evaluated the technical merits of each proposal. After obtaining concurrence from the Provincial Directorate of Health (DPS) in each target province, six partners were selected to implement CB-DOTS activities. The USAID Mission has provided concurrence for all selected partners and the sub award process is currently being finalized in preparation for submission to PMU for its approval.

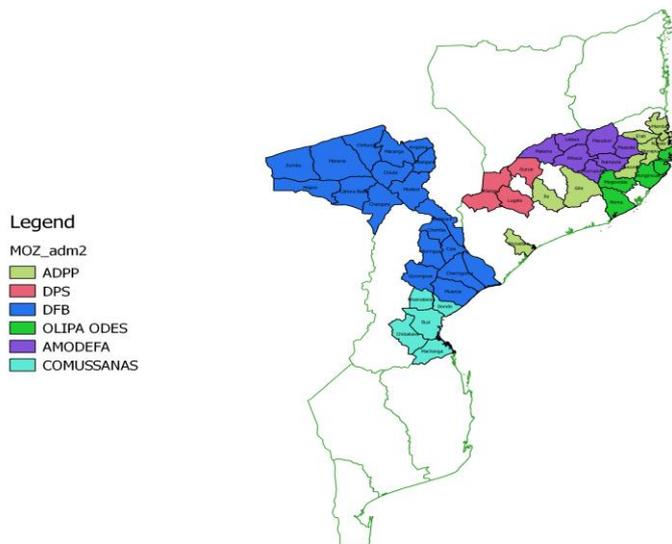


Figure 1. Map of implementing partners by district/province

CTB CB DOTS activities will be implemented in 64 districts of the 4 target provinces which are located in the northern and central regions of the country and are also the most populated. The CTB districts coverage is 42% (64/151) of all country districts and 53% (13,988,164/26,000,000) of the population will be reached by community activities.

**Table 1: List of Organizations selected to implement CTB CB DOTS by Province and District**

Province	Implementing Agency	CTB Districts
<b>Zambézia**</b>	ADPP (Agencia para Desenvolvimento de Povo para Povo)	Nicoadala+, Gurué+, Ile+, Mocubela*, Mulevala*, Mulumbo*, Derre*, Cidade de Quelimane, Luabo* e Gile+
	DPS (Direcção Provincial de Saúde)	Milange+, Mocuba+ e Lugela+
<b>Tete**</b>	DFB (Damien Foundation Belgium)	Cidade de Tete, Marara*, Magoe+, Cahora – Bassa+, Changara+, Doa*, Mutarara, Moatize+, Angónia+, Tsangano+, Zumbo, Chifunde, Chiúta, Macanga e Marávia
<b>Nampula**</b>	OLIPA ODES	Moma+, Larde*, Angoche, Mogovolas, Mogincual, Liupo*, Mossuril e Ilha de Moçambique
	AMODEFA (Associação Moçambicana para Desenvolvimento da Família)	Ribaué, Murrupula, Rapale, Muecate, Lalaua, Mecuburi, Malema e Cidade de Nampula+
	ADPP	Nacaroa, Meconta+, Mamba´+, Nacala –Velha+, Monapo+, Nacala-Porto e Erati+
<b>Sofala**</b>	DFB	Caia, Gorongosa, Cheringoma, Chemba, Marromeu, Maringué e Muanza
	ComuSanas	Beira, Nhamatanda, Búzi, Dondo, Machanga e Chibabava

+ TB CARE I Districts

\*New administrative districts created in 2015

\*\* In Zambezia Province, CTB will cover 13 out of the 21 districts (62%), whilst in its remaining provinces, CTB will have a 100% coverage - Tete (15), Nampula (23) and Sofala 13) provinces

### III. Revised IEC materials for TB and TB/HIV finalized and approved by the NTP

CTB has collaborated with NTP and HIV programs to review and update IEC materials (flyers) on TB and TB/HIV. The updated materials were approved by the NTP, and CTB supported in printing and distribution of 3,000 copies which were used in advocacy campaigns and awareness programs that extended to prisons.



### IV. Mapping of microscopic laboratory coverage completed:

In quarter 1, CTB initiated the mapping of microscopic laboratories in all CTB target provinces in close coordination with NTP. The objective of the exercise was to increase laboratory diagnosis of TB by identifying priority health facilities that need microscopy coverage. In Milange district of Zambezia province, CTB has identified that 1 microscopy center caters to a population of 463,759, while Sofala Province, one microscopy center serves a population of 282,331. In Tete province, it was found that all the districts are covered with more than 1 microscopy center; however, the majority of patients seeking laboratory services have to walk long distance to access the services. In Tsangano district for example, it was estimated that the average distance between lab services and patients is 60 kilometers. Larde district in Nampula province with a population of 85,449 does not have a microscopy center; patients have to travel to the neighboring districts of Moma or Angoche over 95 kilometers to access lab services. In APA 2, CTB will intervene by expanding the peripheral microscopic lab network by conducting minor rehabilitations and equipping 8 peripheral lab units. In terms of GeneXpert, 16 units have been installed by different partners supporting NTP and are functional in the four target provinces (4 Nampula, 5 Sofala, 3 Tete and 4 Zambézia- 1 TB CARE I). In terms of coverage, Nampula province is least covered with a ratio of 1/1,200,000 inhabitants while better coverage is in Sofala province with a ratio of 1/400,000. Accepted coverage is 1/500,000 inhabitants which means that 3 CTB provinces insufficiently covered. Nampula and Beira have regional reference Lab which serves the Northern and Central regions of the country respectively.

### V. Sample transportation system assessment completed

Given that sample transportation is a challenge country wide, CTB carried out an assessment of districts with specimen transportation problems from peripheral health facilities to district/provincial. The objective of the exercise is to identify possible transport system that will efficiently and effectively transport samples from peripheral health services district/province level. This is aimed at strengthening sample transportation in CTB provinces to guarantee early diagnosis and treatment of presumptive TB and MDR TB cases. CTB completed the assessment and only one courier service was identified. Cost related to the services is considered to be high (about \$100,000.00 per district per year), and CTB in year 2, will in close coordination with DPS Tete and Damien foundation pilot a model of integrating a systematic sample transportation with CB DOTS services.

### VII. Participation in international workshops:

The CTB Deputy Chief of Party (DCOP) participated in the FAST (Finding Actively TB and MDR cases, Separating safely and Treating effectively) meeting held in Washington DC (June 2015) entitled

“Lessons from the Implementation of the FAST strategy”. The meeting was an opportunity to share lessons that have been learned about the practical approach to implementing FAST in different programmatic settings, as well as the application of FAST to improve infection control (IC), increase TB case finding, and reduce time to treatment initiation for TB and MDR TB patients. The DCOP presented Mozambique’s experience which was similar to that of other countries. In addition to the continued implementation of FAST strategy in the general Out-Patient department (OPD), CTB will expand strategy implementation to In-patient settings.



CTB DCOP presenting the Mozambique experience with FAST implementation

(Photo Credit: Jhon Sugiharto)

CTB Country Director’s Meeting was held in The Hague from June 1 to 6 2015, the main purpose of the technical meeting was to align and mobilize country staff on CTB strategies, technical approaches and administrative/management matters. The meeting also served as an opportunity to have all CTB countries learn about how to develop high quality year 2 country work plans that are based on a sound gap analysis, are evidence based and that focus on a package of strategic interventions for greater project impact. The meeting brought together CTB Country Directors, their deputies, country level M&E Officers, CTB coalition partners project officers, PMU management and technical teams, and USAID Washington TB team members. The Mozambique team was represented by four individuals (Zaina Cuna – Chief Of Party (COP), Elizabeth Oliveras – Strategic Information Director (SID), Amos Mataruse – DCOP, and Juliana Conjera – Senior M&E Officer). This composition ensured maximal participation in all sessions and side meetings.

During the meeting, three side meetings were held to 1) discuss the additional buy-in amount from USAID, 2) start planning for the year 2 planning process which will be a multi participatory approach involving USAID Washington, USAID Mozambique, PMU, FHI 360 HQ, NTP, country level stakeholders, and the CTB Mozambique team. A week-long meeting has been scheduled for the week of July 27<sup>th</sup>, 2015. 3) Discuss current update on the Prevalence Survey planning process.

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

The finalization of the sub-award process has been delayed due to the need to translate the CB DOTS implementing agencies (IA) program description (Scope of work and budget) from Portuguese to English. As a result, actual activity implementation by IA at field level will be delayed. As a way to

fast track the translation process, the project has contracted external translators to support the activity which will be completed in 3 weeks.

The high cost for sample transportation is a challenge as only one courier provides sample transportation services from peripheral health facilities to district or/and provincial level. Given that estimated cost presented by the courier at around \$100,000 per district per year, the project revert to implement the strategy earlier identified to integrate a new systematic specimen transportation system to the existing CB DOTS services.

## 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		
Consolidation and realignment of CB DOTS activities by training CHW and equipping them with tools necessary to fully exercise their activities	1.2	CB DOTS Manuals updated & 2500 reference books printed	2500 copies reproduced and distributed		Not accomplished: CB DOTS manual revision was completed and new components (PCA, CIC, FAST, Cough days, Nutrition and Contact tracing) have been added to assure a comprehensive approach to CB DOTS services.	Partially met	Awaiting approval from NTP CTB will be meeting with NTP to present the revised manual and discuss the changes made
Support the establishment of district level advocacy groups to support TB control activities	1.2			4 groups formed and active	Not accomplished: To be initiated in the next quarter	N/A	During the CTB Orientation meeting, one of the activities provincial technical officers will support will be the creation of advocacy groups to support TB control activities in their respective provinces.  Each group will receive training and mentorship to be able to develop and implement a TB control advocacy plan
Strengthen community and other mobilization activities meant to intensify case finding such as monthly cough days	1.2		192 monthly cough days realized	192 monthly cough days realized	Not accomplished: Activity to be initiated in the next quarter	Not met	Pending finalization and signing of sub-awards with CTB IA
Monthly coordination meetings between health facility and community	1.2		192 monthly coordination meeting	192 monthly coordination meeting	Not accomplished: Activity to be initiated in the next quarter	Not met	Pending finalization and signing of sub-awards with CTB IA

care organizations in CTB areas			realized	realized			
Consolidate and expand implementation of 3 Patient Centered Approach strategy in the country (Patient Charter, TB Literacy toolkit and Quote TB Light).	1.4	Consultative meeting conducted	PCA materials developed, revised and reproduced to be used by Community Health Worker (CHW)	2500 PC copies, 600 teaching aids, 50 QTB light copies produced	Not accomplished: One of the PCA tools-the TB literacy tool kit is currently been revised, with the teaching job aid (the story of Tomas) to be updated with the intention to in cooperate other important TB aspect such as infection control and MDR TB.  Reproduction of material will be done in next quarter.	Partially met	CTB will work in coordination with the NTP to finalize the story of Joana as a teaching aid to be used by CHWs. TA will be provided by Sara Massaut (KNCV).
Develop and revise TB, TB/HIV and DR-TB IEC materials to empower patients and the population to be players in TB control.	1.4		Revision of IEC materials finalized	10,000 copies of IEC materials reproduced and distributed	Not accomplished: CTB has concluded the revision of TB and TB/HIV (flyers) IEC materials and they have been approved by NTP CTB has printed and distributed 3000 copies.	Partially met	The remaining material for MDR TB is under revision

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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Apr-Jun 2015		
Mapping of Labs in close coordination with the NTP to identify needs for microscopy coverage	2.1	Mapping of Laboratories initiated	Mapping exercise is completed	Bill of quantities developed, bidding of tenders and selection of constructing firms	Accomplished: The Microscopic laboratory coverage mapping exercise was completed in all CTB target provinces in close coordination with NTP.	Met	In Milange district of Zambezia province, there is 1 microscopy center for a population of 463,759, while Sofala Province, one microscopy center serves a population of 282,331. In Tete province, it was found that all the districts are covered with at least 1

							microscopy center; Larde district in Nampula province with a population of 85,449 does not have a microscopy center.
Coordinate with NTP/NRL and provincial lab to conduct semiannual blind rechecking in target provinces	2.2	1 meeting in 1 province conducted	1 meeting in 1 province conducted	1 meeting in 1 province conducted	Accomplished: 2 meeting where held in Tete and Zambezia provinces to present the findings of blind rechecking exercise to evaluation laboratory EQA. (44 lab technicians participated in the blind activity.)  In Tete Province there are currently 40 functional laboratories with 36 (82%) enrolled in EQA. 23/36 (64%) had acceptable performance of 100% .  Zambézia Province has 54 laboratories; with 44 (81%) enrolled in EQA of which 30 has acceptable performance (68%).	Met	The project will aim to increase acceptable performance levels of EQA in blind rechecking to about 100% in participating laboratories as well as to increase the number of labs participating in EQA.
Integrated NTP/CTB laboratory supportive supervision visits conducted in target provinces	2.2	1 Technical assistance and on-the-job training in 4 provinces conducted	1 Technical assistance and on-the-job training in 4 provinces conducted	1 Technical assistance and on-the-job training in 4 provinces conducted	Not accomplished: Supportive supervision was conducted in Sofala and Nampula provinces this quarter. During this time, technical assistance and mentoring was provided.  6 laboratories from the microscopy network were visited and provided with technical assistance and mentoring activities implemented during the visit were: Routine evaluate of lab from reception of samples to emission of results; Blind rechecking of slides; Conservation of reagent; lab quality indicators, stoke out of lab consumable and stoke management	Partially met	Zambezia and Tete supportive supervision visits will be conducted in the next quarter.  CTB updated checklist for microscopic network supervision which has been submitted to NTP for review and approval
External quality control for reference labs guaranteed	2.2			Panel sending from Milan	Activity to be realized in quarter 4	N/A	

Technical assistance from SRL Milan guaranteed	2.2			One visit from Milan SRL conducted	Activity to be realized in quarter 4	N/A	The visit from SRL Milan is scheduled for the second week of August 2015
Develop and sign an MOU with NTP/NIH/NRL regarding data for reporting	2.3			MOU developed and signed	To be finalized and signed in the next quarter	Partially met	MOU development process in progress with support from FHI 360 HQ
Operational research on contribution of LED-FM and GeneXpert in increasing case detection.	2.4		Protocol development	Submission for approvals: PHSC and CNBS	Not accomplished: Protocol development is on going	Partially met	To be submitted to the ethics committees of FHI 360 (PHSC) and Ministry of Health (CNBS) next quarter
Strengthen sample transportation system in one CTB target province to guarantee early diagnosis and treatment of presumptive TB and MDR-TB cases.	2.6		Assessment conducted	Approach to improve sample transport developed and pilot tested in Zambezia	Accomplished: Sample transportation system assessment was conducted. Possible transport systems were identified for piloting (Courier service in Zambezia and integration of services in Tete).	Met	The specimen transportation system is meant to address gaps in sputum movement from peripheral health facilities with no lab capacity to district or/and provincial level.
Improve bio-safety measures in laboratories by procuring and installing ventilated work station	2.7		Identification of laboratories	Installation of VWS completed	Accomplished: Based on laboratory supportive supervision visits, two laboratories in need of adequate ventilation to minimize the occupational risk of infection have been identified in Nampula province /Meconta and Murrupula districts.	Met	The installation of VWS will cost approximately \$5000 each. This is well above \$500 each budgeted in the year 1 work plan.

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		
Strengthen pediatric TB screening capacity in all entry points by training of	3.1		Ped-TB guidelines and training	Training of nurses 378 maternal	Not accomplished: Revision of the pediatric TB guideline is ongoing with the pediatric TB technical	Partially met	After revision, the pediatric TB guideline will be sent to the NTP for approval.

maternal health nurses (SMI)			plan completed	health nurses trained on pediatric TB in CTB target provinces realized	working group. The CTB TO for pediatric TB is actively participating in these meetings and guideline review.  CTB is finalizing logistics preparations for 2 pediatric trainings of 384 MCH nurses to be held in Nampula and Tete provinces in quarter 4.		Training will take place in the 2 <sup>nd</sup> week of August.
Expand TB screening activities to Maternal and Child Health services including PMTCT	<b>3.1</b>	1000 copies of Ped-TB guidelines reproduced and distributed			Not accomplished: Activity to be completed in the next quarter	Not met	Awaiting the approval of revised pediatric TB guideline by NTP
Strengthen TB screening and diagnosis services in prison settings by training prison guards and inmates in essential TB information for presumptive case identification and referral and treatment support.	<b>3.1</b>	Development of ToRs, identification of a consultant to lead the process and contract signed	IEC draft materials finalized, consultative meeting convened and piloting of tools initiated in 3 prisons.	Intervention evaluated and documented and tools finished. Reproduction and expansion.... will be in year 2	Not accomplished: CTB has initiated consultative meetings with Dr. Cremilde (National director of prison services) on TB screening in prison settings, in coordination with NTP.	Partially met	CTB is working in coordination with the national prisons services, NTP and other partners.
Consolidate CB-DOTS implementation in TB CARE I districts and align DOTS strategy in new CTB districts (DOTS Institutional and Community Based)	<b>3.2</b>	6 (TBD) sub agreements signed for the implementation of CB-DOTS in 64 districts.	Implementati on of CB-DOTS in 64 districts		Not accomplished: Activity to be carried over to the next quarter	Not met	Pending sub-award approval and signature
Transition plan to phase-out CB DOTS under Challenge TB	<b>3.2</b>		Develop reference terms for transition plan	Identify consultant and prepare for work to be conducted in year 2	Not accomplished: Activity canceled	Not met	This activity has been shifted to next fiscal years since the NTP wants CB DOTS to be continued on with the NTP
Introduce the MDR-TB quality assurance strategy	<b>3.2</b>		Identify and contract one	Back on track for MDR-TB in	Not accomplished: CTB contributed to the revision of MDR	Partially met	The NTP strongly feels that there is no need to

including the MDR-TB cohort tool			national consultant to support the roll out of the MDR-TB quality assurance strategy 1 International consultant to support in preparation and documentation of a high level MDR-TB workshop	Mozambique workshop held	<p>TB cohort tool that will allow for the evaluation of MDR TB by cohort.</p> <p>In coordination with NTP/GF, Prof Pepe Caminero has been contracted as a consultant for the high level MDR-TB training to be held from July 20<sup>th</sup> to 24<sup>th</sup>.</p>		<p>introduce new MDR TB cohort tools as the revised instrument allow for the evaluation of MDR TB patients.</p> <p>A national workshop on “Back on Track for MDR-TB in Mozambique” will be held next quarter, this workshop will be facilitated by a local consultant</p> <p>The training of 45 HCW will be held from the 20-24<sup>th</sup> of July (new MDR TB focal points, provincial supervisors, HW of the main MDR TB hospitals and clinical partners).</p>
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Sub-objective 4. Targeted screening for active TB							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Improve community based contact tracing system	4.1		CHW trained in CB-DOTS including contract tracing	TB Index case contacts screened for TB especially children under 5 years	Not accomplished: Activity will be implemented next quarter	Not met	Pending sub-award approval and signature

Sub-objective 5. Infection control							
Planned Key Activities for		Planned Milestones			Milestone status	Milestone	Remarks (reason for not

the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information
Inclusion of IC component in the general supportive supervision visit checklist and piloting, printing	5.1		Revision of the NTP supervision checklist to include IC finalized	Pilot testing in 1 province, adaptation and approval	Not accomplished: Activity to be implemented next quarter	Not met	This is an activity that requires active participation of the NTP, thus CTB will coordinate with NTP and JHPIEGO to ensure the supportive supervision checklist is reviewed next quarter.
Implementation of the FAST strategy in target districts	5.1		Infection Control Technical Officer contracted. Mapping exercise completed	FAST strategy is implemented in 32 districts	Not accomplished: Activity to be implemented next quarter	Not met	Activity implementation strategy was discussed during the CTB orientation meeting. CTB provincial TO will lead the implementation while awaiting the contracting of the IC officer
Support in training of CHW in community IC strategy and equipping them with knowledge and tools for self-protection	5.1		CHW trained in community infection control and 2,500 copies of the simplified checklist produced	CHW trained in CIC and correcting applying the simplified checklist during community home visits	Not accomplished: Activity will be implemented next quarter	Not met	Pending approval of sub awards Community infection control has been incorporated in the overall CB DOTS strategy and CB DOTS IAs will be responsible for training CHWs
Support development of the HCW TB surveillance system	5.2		Evaluation meetings conducted with MOH partners. Compilation of evaluation reports and identification of gaps.		Not accomplished: CTB is already in discussion with NTP about how best to support TB surveillance amongst HCW	Partially met	

**Sub-objective 6. Management of latent TB infection**

Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
In close coordination with the HIV program, establish a monitoring system for all HIV+ on IPT to guarantee adherence, manage collateral effects of drugs and monitor any signs of active TB progression	6.1		4 visits conducted	4 visits conducted	Not accomplished: Joint supervisory visits will be conducted in the next quarter in coordination with NTP	Not met	CTB provincial officers were recently assigned to project target provinces. Before their presence the activity could not be carried out, since they are expected to actively participate in the regular coordination meetings between TB and HIV sectors where TB/HIV collaborative activities are discussed.
Initiate and follow-up Latent TB Infection (LTBI) treatment of eligible children <5 years identified through contact tracing	6.1				Not accomplished: Activity will be implemented next quarter	Not met	Pending the initiation of CB DOTS activities in CTB districts
Develop and pilot a system for monitoring initiation and treatment of LTBI	6.1	Review HIV models for IPT piloted in other sites. Revised tool is approved	Reproduction of approved tool and distribution to target sites	HCW correctly using the revised tool and all eligible IPT cases on treatment with regular follow up.	Not accomplished: CTB has initiated meetings with clinical partners supporting HIV activities at the health facility level. The meetings are meant to evaluate the current status of IPT initiation and monitoring. The project will, based on specific IPT status at district level, advocate with HIV partners to strengthen monitoring of services.	Partially met	System for monitoring initiation and treatment of LTBI already exist, in close coordination with clinical partners, CTB will strengthen IPT activities.

**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		
World TB Day	7.2	Commemoration of the World TB day supported by CTB				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 or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Pilot ER+R system based on new WHO2013 R&R tools	10.1	ER+R system is finalized	Pilot testing in 4 sites and results shared. Adaptation of the system	System is rolled out to nationwide	Not accomplished: The ER+R system is currently been reviewed to be aligned with the recently approved revised data collection tools.  Next quarter, CTB in coordination with NTP, will pilot ER+R along with revised tools in Sofala province only.  CTB in coordination NTP will rollout revised tools in Nampula, Tete and Zambezia provinces.	Partially met	In coordination with NTP and GF focal person, CTB is working with the consultants that developed the ER+R to ensure that the system is aligned to the tools.  NTP will lead the rollout of revised data collection tools across the country.
Develop interim database for aggregated data during pilot of ERR	10.1		NTP interim data base for reporting purposes is developed.		Not accomplished: Activity to be implemented next quarter	Not met	CTB has been meeting with NTP and the new GF focal person, on exactly what the NTP requires in terms of an interim database.
Support implementation of a Data Quality Assessment	10.1		DQA SOPs and	DQA visits	Not accomplished: CTB is already in discussion with NTP on	Partially met	DQA visits will be incorporated into the joint

process for NTP and CB DOTS partners			Implementation plan developed and approved	conducted	the development of data quality assessment SOP. This activity will be completed in the next quarter.		supervisory visits. NTP is developing the supervisory joint visit agenda for the next quarter and will share with CTB.  CTB will use FHI 360 DVI tool as this has proved to be useful in previous DQAs
Support national prevalence survey	10.2				Accomplished: This activity is ongoing. CTB has actively participated in the technical working group meeting and contributed to the protocol development.  TA from KNCV was provided to NTP by Dr. Ellen Mitchel to finalize protocol development, specification of equipment and list for procurement.	Met	CTB is providing continued technical support on the prevalence survey as needed.

#### Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Support in country training (DOTS and MDR-TB) course development; national consultants and trainers; international events and trainings for NTP staff	11.1		Identified International consultant to train MDR-TB provincial focal people trained in MDR-TB case management and training logistics finalized	45 MDR-TB provincial focal people concluded TOT training on MDR-TB case management	Accomplished: Prof Pepe Caminero was contracted as consultant for this activity	Met	The training of trainer (45 HCW) will take place from 20th to the 24th of July 2015

Develop integrated supervision model	11.1		Model develop and approved	2 joint supportive visits conducted and model evaluated	Accomplished: CTB supported the revision and finalization of the supervision guideline, including TB pediatric	Met	
Review, update and print District TB Management Training modules	11.1		Revised modules are printed 250 and distributed nationwide.	250 copies each of the 8 modules are distributed to all districts	Not accomplished: Update in progress	Partially met	The 8 modules are being revised based on WHO new case definitions
Support quarterly provincial performance meetings	11.1		4 quarterly meetings conducted + 1 central level	4 quarterly meetings conducted	Not accomplished: CTB supported 3 quarterly provincial review meetings and participated in meetings in all 4 CTB provinces. Major NTP indicators with below average performances are:- low TB detection (all forms), low detection and notification of childhood TB and MDR TB, and weak collection of samples for xpert MTB/RIF.  It was also noted that there is high rate of staff turnover, thus the need to provide training on TB management.	Partially met	CTB will train MCH nurses in Tete and Nampula provinces in year 1. The remaining provinces will be covered in year 2  CTB in coordination NTP/GF will support TOT in MDR TB from July 20th to 24th.  In Nampula province CTB will train health professional on TB case management.

### 3. Challenge TB's support to Global Fund implementation in Year 1

#### 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> )
Ministry of Health	B1	B1	\$64.7	\$24.1 m	

\* Since January 2010

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

The country has a new USG and GF MDR TB technical adviser (Dr. James Cowan) at the NTP for MDR TB. CTB will actively coordinate and collaborate with the PMDT focal person to support NTP. The new funding mechanism funds have been disbursed for activity implementation with the NTP have developed a short term implementation plan that was approved by the Country coordination Mechanism (CCM). Challenges noted to date have been budgeting issues with funds not sufficient to cover planned activities (under budgeting) and minimal coordination between NTP and partners on GF related to planning, implementation and regular update on progress.

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

This quarter, CTB worked with GF to finalize preparations for a national training of trainers on MDR TB which will take place from 20<sup>th</sup> to 24<sup>th</sup> July which will be cost shared between GF and CTB. CTB will cover facilitation cost (Prof. Pepe Caminero facilitation fees, and travel expenses) and meeting cost, while GF will cover participants cost (travel and per diems cost) and venue.

#### 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	Improvement in contact tracing in Tete Province
<b>Sub-objective of story:</b>	Choose an item.
<b>Intervention area of story:</b>	Choose an item.
<b>Brief description of story idea:</b>	
<b>Status update:</b>	

## 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	165	87	CTB is following up with NTP on obtaining MDR TB data for the first two quarters of 2015 (Jan-Mar and Apr-Jun).
Total 2011	184	146	
Total 2012	283	215	
Total 2013	359	313	
Total 2014	482	482	
Jan-Mar 2015			
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

## 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	KNCV	10.2	Ellen Mitchell	Epidemiologic assessments conducted and results incorporated into national strategic plans	Q2	Completed	Feb 22 - 27	6 days	Yes	Yes	Yes	TA supported the prevalence survey technical working group on technical issues such as a) survey size, sampling, and stratification b) equipment, c) field logistics d) administration.
2	KNCV	10.2	Nico Klasivaart & Job van Rest	Epidemiologic assessments conducted and results incorporated into national strategic plans	Q3	Completed	Mar 2-6 2015	5 days	Yes	Yes	Yes	TA supported in the data management process and procedures for the national TB prevalence survey
3	KNCV	10.2	Ellen Mitchell	Epidemiologic assessments conducted and results incorporated into national strategic plans	Q3	Complete	Jun 15-20 2015	6 days	No	No	No	TA supported NTP in finalizing the specifications of equipment, procurement list and updating the

													Protocol for the Mozambique TB Prevalence Survey
4	KNCV		Sara Massaut		Q2	Pending							It is under discussion to conduct it during APA1.
5	KNCV	10.2	Ellen Mitchel		Q4	N/A							
6	KNCV	10.2	Job van Rest		Q3	Pending							This activity would be probably conducted in Q4
7	KNCV	10.2	Lab expert		Q3	Pending							The lab specialist has not been hired yet.
8	KNCV	3.2	Vicente		Q3	Pending							The consultant was not available neither for Q3 nor Q4. We will consider another consultant to conduct this STTA in Q4
9	FHI360	2.2	Daniela Cirillo		Q3	Pending							
10	FHI360	3.2	Pepe Carmineiro/ Miranda (TBD)	Consultant to support MDR-TB activities to be determined	Q3	Pending							

				depending on availability of DR- TB experts								
11	FHI360	12.1	Carol Hamilton		Q4	N/A						
12	KNCV	12.1	Jeroen vn Gorkom		Q1-4	N/A						
13	KNCV	12.1	PO/PM		Q1-4	N/A						
Total number of visits conducted (cumulative for fiscal year)								3				
Total number of visits planned in approved work plan								13				
Percent of planned international consultant visits conducted								23%				