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CHALLENGE TB



Challenge TB - Zimbabwe

Year 1

Quarterly Monitoring Report

April – June 2015

Submission date: July 30, 2015

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Cover photo: *National data driven support supervision visit by a team of national and provincial staff at Mbembesi clinic in Umguzu district, Matabeleland North province (Credit: Nqobile Mlilo)*

1. Quarterly Overview

Country	Zimbabwe
Lead Partner	International Union Against Tuberculosis and Lung Disease (The Union)
Other partners	World Health Organization (WHO), KNCV Tuberculosis Foundation (KNCV), Interactive Research & Development (IRD)
Work plan timeframe	October 2014 – September 2015
Reporting period	April – June 2015

Most significant achievements:

A planning workshop was held in June 2015 with key partners to deliberate on a strategic document to guide implementation of Challenge TB (CTB) funded activities in the next four years. The Challenge TB country strategic document is aligned to the Zimbabwe National Strategic Plan (NSP) objectives and conforms to the United States Government Global TB plan priorities. The outcome of the workshop was a draft document with well-defined gaps and a list of key priority five year strategies, and detailed interventions for year 1 and year 2.

A total of 41,083 specimens were transported between April- May, compared to 32,008 ferried between January and February, 2015 showing an increase of 9075 (28%). Of these specimens, 9,949 (24%) were TB specimens, compared to 6,597 (21%) during the period January to February. The significant proportion of non -TB related specimen reflects the relative contribution of project support to overall health systems strengthening

A TB-HIV Coordination meeting was held on June 30, 2015. The major recommendations were to strengthen surveillance for adverse events due to sporadic cases of liver toxicity associated with IPT use reported by physicians in central hospitals; and to accelerate roll out of the Electronic Patient Monitoring System to all sites implementing IPT to address data quality issues.

The implementation of the pilot Drug Resistance Survey (DRS) was successfully carried out. All the 10 DRS pilot sites were supported by provincial teams. A follow up review meeting was conducted and the main finding was that there were very few smear positive TB clients eligible for recruitment into the survey. NTP is in the process of expanding the use of Gene Xpert and this resulted in the pilot sites identifying fewer smear positive TB cases as presumptive TB cases that would be investigated by smear microscopy were now investigated by Xpert. This led to the recommendation to change the algorithm to perform smear microscopy on all presumptive TB cases, including those that will be examined by Xpert. This has resulted in the review of the study protocol to accommodate the proposed algorithm.

Results from two intervention areas that were implemented through CTB and TB CARE I support have been approved for presentation at the World Lung Conference. These comprise both an oral and abstract presentation on specimen transport system and a full day postgraduate course on Data Collection, Analysis and Use based on the Zimbabwe experience.

CTB received extensive media coverage in both print and broadcast media as part of the World TB Day commemorations. This contributed to increased public awareness on CTB work in TB and TB-HIV control.

Technical/administrative challenges and actions to overcome them:

Administrative

The CTB funds channeled through WHO were not disbursed until the third week of June. This delay had a serious adverse effect on the implementation time frames of the planned activities, resulting in some of the activities being rescheduled to the next quarter.

The Global Fund (GF) funds were disbursed on April 8, 2015, however, implementation of GF supported activities was on a slow pace during the quarter owing to modalities of engaging sub-recipients. This may result in a negative impact on the performance rating of the TB grant. The

NTP has developed in collaboration with The Union an integrated quarterly implementation plan for Global Fund and Challenge TB activities.

Technical challenges

Reprogramming of Childhood TB activities led to the delay in their implementation. However, the modified plan which was developed through technical assistance from United States Agency for International Development (USAID) Washington was more comprehensive and is likely to yield better outcomes.

2. Year 1 activity progress

Sub-objective 2. Comprehensive, high quality diagnostics								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
2.3.1	Refurbishments to facilitate installation of Hain line probe assay machine procured under Global Fund at the National TB Reference Laboratory (NTBRL) to increase capacity for culture/DST	Carry out minor refurbishments for fitting the Hain line probe assay machine (raising partition walls to the ceiling, installation of sinks and work benches, addition of doors and requisite plumbing)		100% (Refurbishment completed)		The department of Public Works was engaged to renovate. Renovations to be completed by September 2015.	Not met	The Department of Public Works was initially supposed to make planned minor refurbishments but provided a bill of quantities with costs well above the budget amount Consultations were then carried out with this government Department and it was agreed that a private contractor be engaged to carry out the renovations. The renovations will commence in the last quarter of the year and are earmarked for completion before year end.
2.3.2		Install Hain machine and conduct onsite training of 10 laboratory scientists at the National TB Reference Laboratory in Bulawayo on its use by the local service provider x 2 days by 3 facilitators		HAIN machine installed and in use, 10 trained Laboratory Scientists		Installation and training to be done as soon as the renovations are complete in September 2015.	Not met	Pending completion of activities above. After completion a set of indicators will be tracked from the National Reference laboratory to monitor the use of the Line Probe Assay.
2.4.1	Installation of 40 GX machines (10 procured through TB CARE I, 30 through Global Fund HIV New Funding Mechanism)	Installation visits by a team of 5 (2 national officers , 1 provincial , 1 local service provider) x 2 days per site (including a traveling day) x 40 sites (pre-assessment completed)	50% (20 of the 40 sites)	50% (20 of the 40 sites)		25 (63%) of 40 targeted machines were installed. The remaining 15 machines will be installed by August 31, 2015.	Partially met	The remaining GX machines were not installed due to delayed procurement by GF. The installed machines have contributed to further decentralize access of Xpert technology more so where there is a functional specimen transport system. In the quarter

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			Oct 2014- Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
								under review a total of 14,783 tests were done of which 13,770 (93%) were successful, 1,926 (14%) tests were positive for <i>Mycobacterium tuberculosis</i> (MTB), and 113 (6%) were Rifampicin resistant. These above data are for all existing machines in the country. The 15 outstanding sites are 2 in Harare City; 4 in Masvingo province; 2 in Midlands province; 1 in Mashonaland Central province; 1 in Manicaland province and 5 in Matabeleland North province.
2.4.2		On-site training of health care workers (HCWs) from referring clinics during the installation (20 health workers x 40 sites x 2 days per site) by a team of 3 facilitators (based on the existing Xpert implementation plan)	50% (400 HCWs)	50% (400 HCWs)		643 (288 males, 355 females) HCWs were trained during the Xpert installations.	Partially met	The delay in procurement of the remaining GF-supported GX machines slowed down on-site HCW training. The training sessions will be conducted when remaining machines are installed.
2.4.3		Printing of 2,500 Xpert MTB/RIF diagnostic algorithm (A3).	100% (2,500 of the planned 2,500)			This has partly contributed to the increased utilization of the GX machines as indicated by an increase in performed tests , and ultimately, higher number of identified TB cases.	Met	The number of tests increased from 13,684 in the last quarter (Jan – Mar 2015_ to 14,940 during the quarter under review. April to June. The percentage is increase of tests done was 9.1%.

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2.1.1 (APA1 B)	Printing of 2,500 copies of X-pert MTB/RIF algorithms to increase national coverage to support optimized use of Xpert technology	Printing and dissemination of 2,500 copies of X-pert MTB/RIF algorithms		100% (2,500 of 2,500 copies printed and disseminated?)		During this quarter the algorithm was reviewed to include other types of specimens, such as lymph nodes aspirates, in addition to sputum. The printing of the revised algorithm will be done by 31 July 31, 2015.	Not met	The original plan was to print more copies of the current algorithm; however, this was delayed by the need to revise the current algorithm.
		Provide for annual calibration of 26 existing machines procured through TB CARE I (procure 26 calibration kits, calibration site visits by 1 person from Point Care Diagnostics, the local service provider x 1 day per site x 26 sites)			100% (26 of the planned 26)		N/A	
2.4.5	Support optimization of the use of GX machines in existing sites through training of nurses in Manicaland province	Training for 25 people per district x 7 districts x 2 days (in Manicaland province)		Training of 175 nurses		The training materials were prepared.	Not met	The need to revise the current algorithm led to the delay of planned training which has been rescheduled for August 2015.
2.6.1	Support the specimen transport system initiated through TB CARE I	Monthly running costs for 50 existing motorcycles (fuel, maintenance, stationery for reports and insurance)	50 motorcycles supported	50 motorcycles supported	50 motorcycles supported	All motorcycles were supported in the 3 cities and 42 districts to ferry sputum and other biological samples for	Met	On average the total costs of running the motorcycles is \$188,000 per with minimal variations over the quarters.

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			Oct 2014- Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
						diagnosis and treatment monitoring to laboratories. A total of 41,083 specimens were transported in April- May, compared to 32,008 during the period Jan – Feb 2015 showing an increase of 9075 (28%). Of the specimens, 9,949 (24%) were TB specimens, compared to 6,597 (21%) during the period Jan –Feb 2015. The significant proportion of non-TB related specimen reflects the relative contribution of project support to overall health systems strengthening.		
2.6.2		Conduct a meeting with key stakeholders to review key recommendations of the USAID specimen system evaluation report		1 key stakeholder s meeting			Not met	The review meeting was not conducted due to competing activities for NTP staff and other stakeholders. The meeting will be conducted on July 27, 2015.

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		expected to be out in Year 1 to inform an integrated and sustainable implementation plan for Year 2 and beyond (40 people x 1 day)						

Sub-objective 3. Patient-centered care and treatment								
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			Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
3.1.1	Develop stand-alone Childhood TB guidelines and training materials adapted from the WHO/The Union Childhood TB kit and IEC materials	<p>Conduct Childhood TB situational analysis to inform the development of the Childhood TB guidelines (engage external TA for one person for 14 days, field visits by 4 national officers x 5 days)</p> <p>The Activity was modified to: Childhood TB situation analysis to inform future investments in Childhood TB</p>		Situational analysis conducted		The terms of reference (TOR) for the technical assistance (TA) to conduct the situation analysis and adaptation of the Union Childhood TB desk guide was developed and approved by the NTP. TA will be engaged in July and the situational analysis will be conducted from 3-7 August 2015.	Partially met	The activity was delayed due to the need to modify the approach based on the recommendations from the AFRO Childhood TB consultation meeting and subsequent advice from USAID Washington.

Sub-objective 3. Patient-centered care and treatment								
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3.1.2		<p>Conduct a stakeholders writing workshop to finalize the Childhood TB guidelines and training materials (25 people x 5 days)</p> <p>The Activity was modified to:</p> <ol style="list-style-type: none"> 1. Adaptation of the WHO/Union Childhood TB desk guide for local use 2. Establishment of a functional Childhood TB working group 		Childhood TB guidelines and training materials developed		<p>The adaptation workshop will be done from 18 – 20 August 2015.</p> <p>A functional childhood platform is already in place. In the next meeting to be held in September, Childhood TB will form part of the agenda.</p>	Not met	This will be done pending completion of activities above. There is a functional Child Survival Taskforce Forum whose purpose is to provide technical direction and guidance to the MoHCC on national policy developments and programme implementation approaches in support of the Zimbabwe Child Survival Strategy (2010-2015). This taskforce meets four times a year and is led by the MoHCC mainly to provide technical guidance to the MoHCC on Child Survival policies, issues and evidence-based programmatic approaches.
3.1.3		<p>Print 2,500 copies of the Childhood TB guidelines and training materials)</p> <p>The Activity was modified to:</p> <ul style="list-style-type: none"> • Print 2,200 copies of the Childhood TB desk guide 			2,200 Guidelines and training material printed		N/A	Pending completion of activities above.
APA-1B	Decommissioning of old X Ray machines and installation of new	Pre-decommissioning site visits to Chipinge District and St Luke's Mission Hospitals to determine specifications of		100% (1 out of 1 site visit)		The pre-decommissioning site visit was done	Met	It was established that it was necessary to paint walls,

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			Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
3.1.1	machines procured through USAID support, one at Chipinge District Hospital in Manicaland province and the other at St. Luke's Mission Hospital in Matabeleland North province	works for the decommissioning by team of 5 personnel x one visit x 5 nights				by NTP, Public Works, The Union and Midirite (a private contractor engaged to carry out the renovations)		decommission the old machines, seal the entrance to the darkroom and modify the patients' booth.
APA-1B 3.1.2		Carry out minor refurbishments for installation of the new X Ray machines (To cover refurbishments, installation costs and equipment for the work station)		100% (2 out of 2 machines installed)	2 Functional X Ray machines	The bill of quantities was provided for both sites.	Not met	The Department of Public Works was initially supposed to carry out the renovations but provided a bill of quantities costing much higher than the budget for the work. This delayed project implementation. Consultations were then done with the Department of Public Works, the Provincial Medical Directors, and the supplier. It was agreed that decommissioning and installations of the machines be done first by the supplier (Midirite) followed by renovations to be carried out by end of September.
APA-1B 3.1.3	Maintenance of 23 CD4 count machines procured through TB CARE I support for 23 Integrated TB-HIV	Servicing of 23 machines and procurement of cartridges (All machines are beyond the warranty period)	11 of 23 machines	12 of 23 machines serviced	23 functional CD4 count	All the CD4 machines were on warranty which expired in 2014.	Met	

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	Care (ITHC) sites		serviced		machines.	The supplier extended an offer of free service to 2015 and CTB paid for the transportation costs.		
3.2.1	Conduct an Advanced Clinical DR-TB training course in country	Train 30 medical officers from provinces and districts in advanced DR-TB clinical management for 5 days by 2 external facilitators (10 days each including travel)		Training materials prepared and printed	100% (30 of 30 medical officers trained)	The training materials were prepared and printed.	Met	The participants to be trained have been selected and the training is to be conducted from 13-17 July 2015.
3.2.2	Expansion of integrated TB-HIV care at primary care level	Replicate lessons learnt in Core project C5.13 for expanded use of Xpert in TB case finding in HIV care settings at 23 ITHC sites which were supported through TB CARE I (Orientation workshop for 46 nurses (2 per site) x 2 days by 5 facilitators		100% (46 of 46 HCWs from the 23 ITHC sites)		The training is scheduled for 7-8 July 2015. The training materials were adapted from the materials used in the core project.	Not met	The consultant engaged for the activity will be available from the 6 th of July.
3.2.3		Equip and furnish 10 additional ITHC sites renovated through Global Fund (1 filing cabinet, 2 office desks, 2 office chairs, 4 visitors chairs) per site			100% (10 sites equipped with furniture)		N/A	

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			Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
3.2.4		Provide airtime, data bundles, refreshments for on-site data review meetings, patient follow up and on-line submission of reports to 10 new and 26 existing sites	36 sites supported	36 sites supported	36 sites supported	Airtime and data bundles were procured for the ITHC sites to facilitate online submission of reports and patient follow up.	Met	The following results were reported from the supported sites: During Apr – Jun 2015, a total of 605 patients were diagnosed with TB (all forms) and started on treatment compared to 669 during the period Jan – Mar 2015. A total of 590 (98%) were tested for HIV compared to 630 (94%) in the Jan – Mar 2015 quarter and 434 (74%) had HIV positive results as compared to 447 (71%) in the previous quarter. Among those with HIV positive results, 360 (83%) were on ART and 397 (97%) were on CPT as compared to 394 (88%) on ART and 439 (98%) on CPT in the period Jan-Mar.
3.4.5		Targeted on- site mentorship and support supervision visits to new and existing ITHC sites (1 visit per year x 4 teams of 5 people x 5 days per visit)			36 sites supported	19 of the targeted 36 ITHC sites received support supervision. The activity was done earlier to provide technical support to improve the	Partially met	The funding was exhausted as it was under budgeted and the remaining sites will be supported in APA2.

Sub-objective 3. Patient-centered care and treatment								
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			Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
						indicators. Visits focused on building capacity for local staff to collect, analyze and use local data for decision making. Previous trends of TB-HIV indicators were reviewed, areas for improvement were identified, and recommendations were made together with to address the gaps.		

Sub-objective 4. Targeted screening for active TB								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
4.1.1	Pilot intensified contact investigation for both adults and children at 2 high TB notification districts (Beitbridge and Seke) in partnership with 2 CBOs	Develop Standard Operating Procedures (SOPs) and tools for the pilot for intensified contact investigation (meeting for 25 people for 2 days)	Develop SOPs and tools			The draft SOPs were developed. These will be finalized at a stakeholders workshop planned for July 23 – 24, 2015.	Partially met	It was planned that this activity could become a future success story and the results would be shared locally and internationally. The requirement of the local ethics committee (Medical Research Council of Zimbabwe - MRCZ) is that activities collecting significant quantities of local health data should be cleared before implementation. The key stakeholders which included the MRCZ, WHO, NAP and others were consulted. It was finally agreed that an exemption will be sought and it was granted on This requirement has delayed implementation.
4.1.2		2 consultative meetings for 15 people x 1 day attended by selected CBOs (ZNNP+ and RAPT) and NTP, provincial and district health management teams.		Consultative meeting conducted		The meeting is planned for July 23-24, 2015.	Not met	This was not done during the quarter because of the delay in finalizing the SOPs.

Sub-objective 4. Targeted screening for active TB								
Activ ity #	Planned Key Activities for the Current Year	Activity Description	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		
4.1.3		Conduct baseline assessments of contact investigation activities by the respective CBOs and NTP, provincial and district health management teams (5 people x 4 days)		Baseline assessments		This will be done after finalization of SOPs.	Not met	This was not done during the quarter because of the delay in finalizing the SOPs. The SOPs will be finalised on 4 August 2015 at a national stakeholders meeting.
4.1.4		Provide and maintain 2 dedicated motorcycles for intensified contact investigation (1 per district). There are no planned procurements of new motorcycles, but existing pool of motorcycles procured through TB CARE I will be used.		2 Motorcycle s deployed and maintaine d	2 motorcy cles maintain ed		Not met	The training of the riders was not completed by the end of the quarter. Activity not started and therefore, no motorcycle maintenance costs.
4.1.5		Train 4 riders (2 main riders and 2 back up) selected from community based DOT volunteers working with respective CBOs on contact investigation procedures and reporting.		4 Riders (2 main riders and 2 back up) trained		The training of 4 riders (2 riders and 2 backup riders) started on June 29 (date) and will be completed by July 11, 2015.	Partially met	It was decided to defer training of riders until start of the activity which was delayed by development of the SOPs.
4.1.6		Conduct 2 support supervision visits by national, provincial, district health management and the CBOs (5 people x 5 days x 2 visits)		1 of 2 supervisi on visits	2 of 2 supervisi on visits	This will be done after the activities above are initiated and most likely in year 2.	Not met	This could not be done due to delays finalizing the SOPs and starting of activity.
4.2.1	Adapt WHO guidelines for active TB screening and reporting tools among high risk groups (health workers, mine workers, refugees, prisoners, PLHIV, children etc)	Engage local TA to develop guidelines and map the high risk groups to inform targeted mass screening in APA2 (1 person for 14 days)		1 Local TA engaged		The terms of reference (TOR) for the TA were developed and approved. TA will be engaged in August 2015.	Partially met	This activity was delayed due to late disbursement of funds to WHO.

Sub-objective 4. Targeted screening for active TB								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
4.2.2		Writing workshop to develop and finalize the guidelines for 25 people x 5 days		Writing workshop conducted		This activity has not been done due to late disbursement of funds to WHO.	Not met	The workshop to develop and finalize guidelines has been rescheduled for August 15, 2015.
4.2.3		Print 2,000 copies of the guidelines			2,000 copies of guidelines printed and distributed		N/A	The guidelines will be printed after the finalization workshop.

Sub-objective 6. Management of latent TB infection								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
6.1.1	Printing of existing IPT guidelines (Step by step guide and FAQ in IPT)	Printing and distribution of 1,000 copies of the guide	1,000 copies of the guide printed			The IPT guidelines were printed and distributed.	Met	
APA 1B 6.1.1	Printing of existing IPT guidelines (Step by step guide and FQA in IPT) and algorithms for Intensified Case Finding	Printing and distribution of 3,500 copies of ICF algorithm (1,750 for children and 1,750 for adults), 1,700 copies of IPT FAQs and 1,700 copies of IPT guidelines to compliment commitment under APA1 A		3,500 copies of ICF algorithm (1,750 for children & 1,750 for		The tools will be printed by the end of July 2015.	Not met	The delay in printing was caused by a delay in the procurement processes by NAP.

Sub-objective 6. Management of latent TB infection								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
				adults), 1,700 copies if IPT FAQs and 1,700 copies of IPT guidelines printed				
6.1.2	Conduct annual support supervision visits to the IPT sites	Conduct 2 targeted IPT mentorship visit to the IPT sites to complement visits planned under Global Fund (5 people x 5 days)	1 of 2 IPT mentors hip visit		2 of 2 IPT mentors hip visit		Not met	This activity was delayed as NAP was using the GF funds to conduct the first two quarterly visits of the year. The activity will be carried out in the week beginning July 27, 2015.

Sub-objective 7. Political commitment and leadership								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
7.2.1	Engage Parliamentary Portfolio Committee on health to lobby for increased TB funding	Conduct 1 advocacy meeting to lobby for increased domestic TB funding from the national fiscus (30 people x 1 day)		1 Advocacy meeting conducted		Preparations were made including sending an invitation to the parliament, development of a meeting agenda and budget. Activity will be implemented on July 30 August 1, 2015.	Partially met	Activity could not be implemented as the lead partner WHO had not received implementation funds during the quarter.
7.2.2	Initiate country participation in the Global Parliamentary Caucus on TB	Support country engagement of Minister of Health and Child Care to the global parliamentary caucus on TB at the 46th World Lung Conference in South Africa (7 days)			Minister of Health supported		N/A	
7.3.1	Support NTP staff to attend IMDP management courses	Provide support to 2 NTP officers to attend the Union IMDP courses			2 NTP officers supported		N/A	
7.3.2	Support The Union staff to attend IMDP management courses	Provide support to 3 Union officers to attend the Union IMDP courses			3 officers from The Union supported		N/A	
7.3.3	Conduct one annual consultative meeting with national and provincial (PMDs and City Health Directors) health	Consultative meeting for 25 managers x 2 days	1 Consultative meeting for 25			The meeting was held on February 22, 2015 The Permanent Secretary has	Met	A one day consultative meeting for Senior Managers from both National and Provincial level

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	managers to discuss TB (TB-HIV, PMDT) policies, implementation arrangements and performance of the National TB Control Programme, including challenges		managers			requested for two annual meetings: , the 1st to focus on planning and the 2nd one on reviewing programme implementation and performance.		was successfully convened on February 22, 2015. A total 22 managers were in attendance, including the Permanent Secretary. The CTB Y1 work-plan was tabled and Senior Management made a commitment to support its implementation. The meeting provided a platform to discuss broader bottlenecks to TB and TB-HIV control efforts and developed key action points with assigned focal persons and clearly defined timelines. One of the key action points for the Provincial Medical Directors was to investigate the districts with low TB notification rates so that appropriate action can be taken. The attendance of the Permanent Secretary, for the first time, was noted. His continued commitment to support CTB engagements is anticipated to increase

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			Oct 2014- Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
								attention to the national TB response by the MOHCC staff.

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Activ ity #	Planned Key Activities for the Current Year	Activity Description	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		
8.1.2	Conduct national annual TB-HIV coordinating meeting	Support 1 TB-HIV coordinating meeting (30 people for 2 days to focus on performance reviews (TB-HIV integration, IPT, infection control, CPT, ART, pharmacovigilance etc)		TB-HIV coordinati on meeting conducted		The meeting was conducted on June 30, 2015. The major recommendations were to strengthen surveillance for adverse events due to sporadic cases of liver toxicity associated with IPT use reported by physicians in central hospitals; and to accelerate roll out of the Electronic Patient Monitoring System to all sites implementing IPT to address data quality issues.	Met	
8.1.1	Conduct national PMDT coordination meetings with	Support 1 PMDT coordination meeting for 30 people for 2 days to focus on		PMDT coordinati		The meeting was rescheduled for	Not met	The meeting was postponed so that

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
	participants from national and provincial levels	performance reviews (DR-TB case detection, treatment outcomes and challenges in PMDT implementation)		on meeting conducted		August 3-4, 2015.		the outcomes of the pilot drug-susceptibility survey (DRS) review and the preliminary results of the TB prevalence study could be included into the agenda.

Sub-objective 10. Quality data, surveillance and M&E								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
10.1.1	Provide technical and systems support for Electronic TB and Recording and Reporting System (ETRR)	Recruit IT System Administrator /Programmer to manage and consolidate the ETRR software (to be employed through WHO)	IT System Administrator recruited	Salary support for IT System Administrator	Salary support for IT System Administrator	The advertisement of the post was placed in the local newspapers, the candidates were shortlisted and the interviews will be done in July 2015.	Not met	This activity was delayed because of the late disbursement of funds to WHO.
		Engage external TA to support current implementation of Electronic TB Recording and Reporting System (ETRR) and systems integration with the HIV Electronic Patient Monitoring System (EPMS) and District Health Information System (DHIS) x 2 visits x 7 days per visit	External TA engaged			The TORs were developed and approved. The consultant from IRD was also identified and he will be engaged from the week beginning July 6, 2015.	Partially met	The consultant was not available during the quarter.
		Carry out support, maintenance and troubleshooting visits to 6 provinces implementing ETRR (quarterly visits by a team of 6	1 of 3 maintenance support	2 of 3 maintenance support	3 of 3 maintenance support	Only one support visit was done during the first quarter, to install the ETRR in the initial	Partially met	The subsequent visits were stalled by the late disbursement of funds to WHO.

Sub-objective 10. Quality data, surveillance and M&E								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
		people x 5 days per quarter)	visits	visits	visits	three districts of the pilot sites in Matabeleland South province.		
		Procure data bundles for 80 tablets (1 Giga per quarter per tablet)	80 Tablets connected to internet	80 Tablets connected to internet	80 Tablets connected to internet		Met	District TB Coordinators have since started entering patient data through the ETRR on-line system in the above-mentioned pilot sites.
10.2.2	Conduct programme performance review meetings (to review key TB indicators for decision making to support program implementation and patient management)	Support 1 annual national review meeting (50 participants X 4 days) - participants drawn from CBOs, patient groups, national, provincial and district management teams			National annual review meeting conducted		Not met	
		Support annual provincial review meetings (6 provinces x 2 days x 35 participants) - participants drawn from CBOs, patient groups, provincial and district management teams at provincial level	Annual review meetings conducted in 2 of 6 provinces	Annual review meetings conducted in 2 of 6 provinces	Annual review meetings conducted in 2 of 6 provinces	The review meetings were conducted in 5 out of 6 targeted provinces Manicaland, Matabeleland South, Matabeleland North, Midlands and Bulawayo City. The reviews mainly focused on key TB performance indicators in case finding, case holding and TB/HIV and reporting. The major emphasis on case finding was to increase the index of presumptive TB screening, particularly using the revised Xpert	Partially met	Masvingo Province has been experiencing challenges in programme implementation due to slow procurement processes to secure venues to conduct these meetings. The NTP has requested provinces to submit accelerated implementation plans.

Sub-objective 10. Quality data, surveillance and M&E

Activ ity #	Planned Key Activities for the Current Year	Activity Description	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		
						algorithms and in case holding to ensure close patient observation and follow up during treatment. TB-HIV collaborative activities, such as timely initiation of HIV- positive TB patients on ART and CPT, and IPT for PLHIV without TB, formed a major part of the agenda. Feedback on data driven support supervision visits was also provided during the meetings.		
		Support annual district performance review meeting in 36 rural districts (2 days x 30 participants) - participants drawn from health facility health workers, CBOs, patient groups, community, district management teams	Annual review meeting conducted in 12 of 36 rural districts	Annual review meeting conducted in 12 of 36 rural districts	Annual review meeting conducted in 12 of 36 rural districts	A total of 29 district performance review meetings were conducted since the beginning of the reporting year - 7 in Matabeleland South , 7 in Matabeleland North , 7 in Manicaland and 8 in Midlands . The participants were HCWs from primary care facilities. The meetings focused on reviewing key TB and HIV programme indicators.	Met	Masvingo Province has been experiencing challenges in programme implementation as the province was slow in submitting fund requests
10.2.	Conduct the National Drug	Recruit Survey Coordinator and Data Manager to support	Survey Coordinato	Salary support	Salary support	The Survey Coordinator was recruited and will	Partially met	Activity was delayed due to late

Sub-objective 10. Quality data, surveillance and M&E								
Activity #	Planned Key Activities for the Current Year	Activity Description	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	Resistance Survey	implementation of the survey	r and Data Manager recruited	for Survey Coordinator and Data Manager	for Survey Coordinator and Data Manager	start work on July 1, 2015.		disbursement of funds to WHO.
		On-site training for 15 health workers (inclusive of 4 provincial staff) on survey implementation per site for 10 sites (By team of 4 officers x 12 days)	150 HCWs trained			A total of 166 health care workers (79 males, 87 females) were trained on DRS implementation.	Met	A pilot TB DRS was conducted. The report of the pilot will be finalised by July 30, 2015 to guide the way forward.
		Conduct sites support visits by provincial teams (4 officers x 2 days x 10 provinces x 1 visit) during the pilot	1 visit per pilot site			All the 10 pilot sites were supported by provincial teams during the implementation of the pilot DRS. The main finding of the pilot was that there were very few clients eligible for recruitment into the survey. The recommendation was to change the algorithm to perform smear microscopy on all presumptive TB cases, including those that will be examined by Xpert.	Met	The support visits were conducted.
		Conduct sites support visits by national team (4 officers x 2 days x 10 provinces x 1 visit) during the pilot	1 visit per pilot site			National teams conducted support visits to the 10 pilot sites during the pilot DRS.	Met	The teams noted that the sites had recorded few clients who met the criteria to be recruited into the survey. The recommendation was to revise the

Sub-objective 10. Quality data, surveillance and M&E								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
								algorithm as stated above.
		Conduct pilot review meeting for 45 people (2 days x 1 participant per site x 10 sites and 3 provincial official x 10 provinces and 5 facilitators).	Pilot review meeting conducted			A pilot review meeting was conducted on June 8, 2015 with the main recommendation being the revision of the DRS protocol incorporating the findings from the pilot and the support supervision visits. The protocol is being reviewed and will be submitted for ethical review in July 2015. The survey is expected to start in August 2015.	Met	The review meeting was convened and the key recommendation was to revise the DRS protocol.
		Provide for 7 days TA during pilot review meeting	1 External TA			The Consultant (Jerod Scholten from KNCV provided TA during the review meeting (3 -11 June 2015) in which the recommendation to review the DRS protocol was made.	Met	
		On-site training for HCWs by provincial teams trained during the pilot (4 people x 2 days per site x 10 sites per province x 10 provinces)		40 HCWs trained			Not met	Following the review of the pilot, the revised protocol will be submitted to MRCZ. The training on data collection for the survey sites will commence in the last quarter of APA1.
		Conduct 1 visit to survey clusters by provincial teams of 5 officials x 1 day per site x 10 sites per province x 10		1 Support visit per cluster			Not met	The survey is planned to start during the last quarter of APA1.

Sub-objective 10. Quality data, surveillance and M&E								
Activity #	Planned Key Activities for the Current Year	Activity Description	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,						
		Field Support for the DRS Coordinator (10 days per month)	30 days field support	30 days field support	30 days field support		Not met	This activity will be done during the survey.
		Shipment of survey specimens to SRL in Antwerp (20 batches)	6 batches	6 batches	8 batches		Not met	This activity will be done during the survey.
		Provide external TA during implementation of DRS activities, (2 persons, x 1 mission x 10 days per person)	1 External TA x 2 people				Not met	This activity will be done during the survey.
10.2.3	Facilitate access to technical information	Continue to fund existing information and communication services for the provincial offices and NTP	Internet support for 8 provincial offices and NTP	Internet support for 8 provincial offices and NTP	Internet support for 8 provincial offices and NTP	CTB supported the provision of internet services to the NTP and the 8 provinces.	Met	This activity was essential in ensuring uninterrupted communication and timely submission of reports from the provinces to the NTP and feedback to provinces.

Sub-objective 11. Human resource development								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
11.1.1	Development and support of human resource capacity in TB data collection, analysis and use	TOT Training on TB data collection analysis and use with practical field visits (10 days x 30 participants per training x 2 training sessions) with participants drawn from provincial/city, district and health facility managers		30 of 60 HCWs trained	30 of 60 HCWs trained	The preparations for the training workshop were on-going in consultation with the long term consultant. The training workshops will be done starting	Not met	The Consultant engaged will only be available from August 17-27, 2015.

Sub-objective 11. Human resource development								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
						from August 17 2015.		
		Print 2,000 copies of the TB data collection and analysis guidelines developed under TB CARE I	2,000 copies printed and distributed			The guidelines were being edited to incorporate lessons learnt from the last training as well as the revised recording and reporting tools. The printing will be done in July 2015.	Not met	The Consultant engaged will only be available from August 17-27, 2015.
		Engage TA to support the ToT training on data analysis and use (10 days x 2 people x 1 visit)		1 External TA for 2 people		The consultant has been identified and approved (Dr. Einar Heldal from The Union)	Partially met	The Consultant engaged will only be available from August 17-27, 2015.
11.1.2	NTP Capacity Building Plan	Workshop x 5 days x 15 people drawn from NTP, National AIDS Control Programme (NAP) and other stakeholders	Capacity building plan completed			The Capacity Building Plan will be developed from 8-11 Sept 2015. The plan will build on the 2012 -2014 NTP Human Resources Plan.	Not met	This activity was delayed after noting that the plan ought to be comprehensive and include all aspects of the TB control, such as childhood TB, mentorship, data collection analysis and use, screening of high risk groups and contact investigation. The guidelines for these strategies are still being finalized.
11.1.3	Carry out data-driven support supervision with targeted and measurable	2 provincial/city to district support supervision in 6 Southern provinces, (5 officers x 7 days x 5 provinces x 2	6 of 12 Provincial		6 of 12 Provincial	A cumulative total of 7 out of 12 targeted visits	Met	The major negative finding was infrequent adherence to intensified

Sub-objective 11. Human resource development								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
	objectives, written feedback and record of follow up	visits)	support visits conducted		support visits conducted	have been conducted since the beginning of the year. The visits were data driven mainly focusing on quality assessments, review of recording and reporting tools, and analysis of performance monitoring indicators.		TB screening algorithm in HIV care settings and a low index of presumption for TB. The provinces intend to tackle this challenge through on-the-job-training during the subsequent support and supervision visits.
		2 district to health facility support supervision in 5 Southern provinces, (5 officers x 10 days x 37 districts x 2 visits) - including CBOs, community DOT supporters and other community health cadres	First visit for 37 Districts conducted		Second visit for 37 Districts conducted	Cumulatively, 37 districts had conducted the first Health facility support supervision visit. 7 out of the 37 districts had further conducted the second visit by the end of the quarter. The second visits were planned for the next quarter.	Met	Some of the major findings from the visits include: unsatisfactory TB symptom screening in some facilities; inadequate resources for contact investigation; sub-optimal use of Xpert technology and minimal engagement of communities in TB control. Specific time-bound recommendations were agreed upon by the different districts for follow-up and support.
11.1.4	Updating and printing of PMDT training material	Engage TA, 10 days to review PMDT training materials and print 100 sets of revised training material	External TA engaged and			Terms of reference for the consultant were finalized.	Not met	The activity was delayed due to late disbursement of funds to WHO. The activity will

Sub-objective 11. Human resource development								
Activity #	Planned Key Activities for the Current Year	Activity Description	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		
			print 100 copies					be implemented in the last quarter.
11.1.5	Facilitate access to information and communication services	Support dissemination of operations research work and country best practices at the 46th World Conference on Lung Health in Cape town, South Africa (2 NTP staff, 2 Union Directors, 2 Union Technical Officers)			6 Staff from NTP and The Union supported		N/A	



Support and supervision visit by a team of national officers at Tshabalala Clinic in Bulawayo. (Credit: Shepherd Machejera)

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

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)
ZWE-T-MOHCC	N/A	N/A	\$38.8M	\$9.5M	
ZIM-809-G12-T	A2	A2	\$51.9M	\$51.9M	
ZIM-509-G08-T	B1	B2	\$6.8M	\$6.8M	

* Since January 2010

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

Following the approval of the TB grant under the New Funding Mechanism (NFM), Ministry of Health and Child Care (MoHCC) established a Programme Coordinating Unit (PCU) that will assume responsibility of managing the grant previously managed by the United Nations Development Program (UNDP) under the additional safeguard measures. The PCU is situated at MoHCC and has a staff establishment of 13 workers, namely; 1 Coordinator; 3 managers [Monitoring and Evaluation (M&E), Finance and Procurement and Supply Management (PSM)]; 3 officers [M&E, Finance and PSM]; Senior Assistant Administration Officer; 2 Personal Assistants and 3 drivers. The role of the PCU is to coordinate the implementation of the TB and Malaria grants. The PCU reports to the Permanent Secretary of the MoHCC. The PCU supported the recruitment process for GF-financed positions that were vacant in the NTP during the quarter and they included; the TB-HIV Officer, Training Officer, Public Private Mix Officer as well as the Advocacy Communication and Social Mobilization Officer. These officers will be supported through GF.

The PCU sent out an expression of interest inviting applications for possible GF –sub recipients for TB. The Union responded and indicated its interest.

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

Due to late disbursement of funds, implementation of GF supported activities is behind schedule. However, the NTP in collaboration with CTB was in the process of developing acceleration plans to ensure all activities are implemented before the end of the year. CTB participated in the interviews to engage NTP officers to be engaged through Global Fund.

4. Success Stories – Planning and Development

Planned success story title:	1. Optimization of the use of Gene Xpert machines in existing ITHC sites through replication of lessons learned in Core project C5:13 under TB CARE I in Manicaland province
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	2.4. Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations
Brief description of story idea:	Health care workers from ITHC sites will be sensitized and trained on Xpert algorithm for intensified TB case finding among People living with HIV (PLHIV). Conducive conditions, such as increased access to laboratory tests, will be ensured. The expected outcomes are; strengthened intensified TB screening among PLHIV and increased notifications of bacteriologically confirmed TB among PLHIV.
Status update:	The training materials were developed and the training and starts of implementation of activities are planned for the last quarter.

Planned success story title:	2. Intensified contact investigation in Seke and Beitbridge
Sub-objective of story:	4. Targeted screening for active TB
Intervention area of story:	4.1. Contact investigation implemented and monitored
Brief description of story idea:	Investigation of contacts (including child contacts) of bacteriologically confirmed TB cases will be conducted in 5 high volume sites in each of the two targeted districts. The contact investigation exercise will be done by community volunteers working with local community organizations in liaison with health facility staff.
Status update:	The activity has not fully taken off. However, the SOPs were developed and will be finalized with stakeholders in July after which sensitization meetings will be conducted at district level followed by implementation.

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	40	28	These data include RR-TB cases. Data for April to June were not yet available at the time of reporting.
Total 2011	118	64	
Total 2012	149	105	
Total 2013	393	351	
Total 2014	412	390	
Jan-Mar 2015	88	88	
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015	88	88	

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	WHO	4.2.1	TBA	TA for the development of guidelines for active TB screening and reporting tools among high risk groups	Jun-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	
2	UNION	3.2.1	Ignacio Monedero	Advanced clinical DR-TB training course	Jul-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	
3	UNION	3.2.1	Jose Caminero	Advanced clinical DR-TB training course	Jul-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	
4	UNION	3.2.2	Riitta Dlodlo	TA for Replication of lessons learnt in Core project C5.13 for expanded use of Xpert in case finding of TB in HIV care settings at 23 ITHC sites	Jun-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	
5	WHO	7.2.2	GoZ Minister of Health and Child Care	Country participation in the Global Parliamentary Caucus on TB	Sep-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	
6	UNION	7.3.1	P. Mwangambako - NTP	IMDP courses (M&E)	Apr-15	Complete	NA	NA	No	No	No	This was an NTP officer attending the international training

#	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)
												outside the country.
7	UNION	7.3.1	M. Mapfurira - NTP	IMDP courses (Strategic Management and Innovation)	Jun-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	The course will take place in July
8	UNION	7.3.2	R. Ncube - The Union	IMDP courses (Strategic Management and Innovation)	Jul-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	
9	IRD	7.3.3	TBA - 2 Officers	Evaluation of the electronic TB-HIV systems	Jul-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	
10	KNCV	10.2.1	Ieva Leimane	DRS training	Mar-15	Complete	22-28 March 2015	6 days	Yes	Yes	Yes	
11	KNCV	10.2.2	Jerod Scholten	TA for the National Drug Resistance Survey	Jun-15	Complete	3-11 June 2015	NA	Yes	Yes	No	
12	KNCV	10.2.2	Nico Kalisvaart	TA for the National Drug Resistance Survey	Jun-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	This activity has been rescheduled to August 19-26, 2015
13	UNION	11.1.1	Riitta Dlodlo	Training in TB Data Collection and Analysis and Use	May-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	This activity has been rescheduled to August
14	UNION	11.1.1	Einar Heldal	Training in TB Data Collection and Analysis and Use	May-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	This activity has been rescheduled to August

#	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)
15	WHO	11.1.4	TBA	TA for Updating and printing of PMDT training material	May-15	Pending			Choose an item.	Choose an item.	Choose an item.	This activity has been rescheduled to August
16	UNION	12.1	Monicah Andefa	To support APA 2 work plan development	Jul- 15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	
17	UNION	12.1	Paula Fujiwara	Technical supervision	Feb-15	Complete	8 - 14 February 2015	7 days	Yes	Yes	Yes	
18	UNION	12.1	Christopher Zishiri	Technical management meeting with HQ	Apr-15	Complete	1- 16 June 2015	5 days	Yes	Yes	Yes	
29	UNION	12.1	Ronald T Ncube	Technical management meeting with HQ	Apr-15	Complete	1- 16 June 2015	5 days	Yes	Yes	Yes	
20	KNCV	12.1	Max Meis	To support APA 1 work plan development	Nov-14	Complete	18 - 21 November 2014	5	Yes	Yes	Yes	
21	KNCV	12.1	Mischa Heeger	To support APA 1 work plan development	Nov-14	Complete	18 - 21 November 2014	5	Yes	Yes	Yes	
22	KNCV	12.1	Max Meis	To support APA 2 work plan development	Jul-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	The activity is scheduled for 27-29 July
23	WHO	4.2.1	TBA	TA for the development of guidelines for active TB screening and reporting tools among high risk	Aug-15	Pending	NA	NA	Choose an item.	Choose an item.	Choose an item.	

#	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)
				groups								
Total number of visits conducted (cumulative for fiscal year)							8					
Total number of visits planned in approved work plan							23					
Percent of planned international consultant visits conducted							35%					