



Pic 1: HEALTB Close out and Expanded CTB launching event at Sheraton Hotel, Addis Ababa, June 28, 2016

**Challenge TB- <Ethiopia>**

**Year 2**

**Quarterly Monitoring Report**

**April-June 2016**

**Submission date: July 29, 2016**

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*Cover photo:*

*CTB launching event successfully conducted on 28 June 2016. From right to left pic 1: Dr Muluken Melese, USAID/HealTB Project Director, Dr Kebede Worku State Minister/FMOH, Mr. Dennis Weller Mission Director, Dr Sentayehu Tsegaye USAID/CTB country director. Pic 2: Testimony from a MDR-TB survivor*

*Photo was taken by Anteneh Tesfaye, communication & Knowledge Management officer, USAID/Challenge TB Project*

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

### **Disclaimer**

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

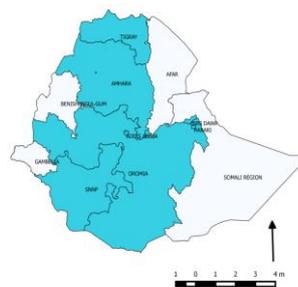
## 1. Quarterly Overview

Country	Ethiopia
Lead Partner	KNCV
Other partners	MSH, WHO
Workplan timeframe	October 2015 – September 2016
Reporting period	April-June 2016

### Most significant achievements:

#### Launching of Challenge TB project and high level discussion with FMOH and RHBs:

The Expanded CTB launch event has been successfully conducted on 28 June 2016. Multiple stakeholders were brought together and the project strategy was shared with the public. Participants of the event included senior officials of the Regional Health Bureaus, USAID officials and the delegates of international and local partner NGOs home office representatives of Challenge TB partners: KNCV and MSH and WHO country representatives, staff of the USAID/HEAL TB and USAID/CTB projects and local media. A joint press release was made and released by US embassy. Significant media coverage was recorded in the Ethiopian Broadcasting Corporation (EBC), Ethiopian News Agency, Ethiopian Broadcasting Service (EBS), Addis Standard and Dire Tube amongst others. Endorsement from the Ministry of Health and the Project publicity was achieved and which will help to ensure smooth transition of the project. The event video, brief summary, blog post and media coverage report is being developed. The first media coverage report has been shared (see pic below on CTB coverage expansion).



Pic 2: Pre-expanded CTB project coverage (APA 1)

Pic 3: Expanded CTB project coverage (as of Apr 2016)

#### E-CTB Regional level engagement and annual (18 month) work plan alignment:

Regional health bureaus (RHB) have their own annual work plan, and the CTB annual plan needs to be harmonized with those regions where CTB is supporting; therefore, the eighteen month CTB work plan alignment has been conducted with: Amhara, Oromia, Tigray, SNNPR, Dire Dawa and Harari Regional Health Bureau (RHB) TB program annual plans in the month of May and June 2016. The zonal/woreda categorization and clustering using selected indicators and graduation concept for the planned CTB support package have been well discussed and agreed with each

head of the health bureaus. Zonal graduation criteria were discussed with each zone and corresponding RHB, and accordingly. CTB's support to zones will depend on how they are ranked, according to performance (low, medium and high). Certain capacity building activities for the whole of each region will be based on the need as defined by each regions and may include trainings, PMDT and EQA support.

### **Enabling Environment:**

Congregate settings like prisons are identified as one with high risk and burden of TB disease in the country. In collaboration with FMOH, CTB coordinated and conducted a national consultative workshop at Adama town from June 15-17, 2016 on finalization of Standard Operating Procedures (SOPs) for the implementation of TB prevention, screening and care for inmates in police detention centers and prison facilities. Key stakeholders participated n=11 (F=4, M=7) namely FMOH, federal police commission (FPC), federal prison administration (FPA), CTB and WHO. The next action plan for implementation will be trainings and orientations of prison staff on the SOPs and IEC/BCC materials are also planned to be part of the implementation.

### **Comprehensive, high quality diagnostics:**

Increased coverage of EQA for AFB microscopy is an important intervention area to ensure quality and address the low case detection in the country, and hence, in quarter 3, the national EQA guideline (developed in 2009) has been revised and updated through CTB support, as new technologies e.g. LED microscope and GenXpert have become available in the country. In addition, the National TBL guideline was revised and changed the spot/morning/spot sputum sample collection to two samples same day diagnosis which warrants the revision of the EQA guideline accordingly.

Laboratory capacity building workshop organized by KNCV at The Hague from June 26–July 2 2016. Two Ethiopian lab staff participated in this workshop (one from Ethiopia Public Health Institute/National TB Reference Laboratory and one CTB laboratory advisor). The capacity building workshop addressed basic and mandatory agendas: sample referral Linkage and laboratory networking, WHO lab policy updates, implementation of Laboratory quality management system, drug Resistance testing, Cepheid GeneXpert MTB/RIF Assay, diagnostic connectivity options (GxAlert) and experiences gained from other CTB countries.

### **Patient-centered care and treatment:**

- Childhood TB prevention, diagnosis, treatment and care was a key focus area during the reporting period, following the development of the global action plan for childhood TB care. NTP has taken up important measures in order to address TB in this vulnerable age group. Building on the work started during USAID/TB CARE I support, USAID/CTB has made significant contributions in operationalizing the national roadmap. Integrating TB care service at the IMNCI clinic for children ≤5yrs of age was a major progress. The NTP

in collaboration with the child health program of MoH incorporated key intervention areas in the IMNCI manual (see pic below):

**ASSESS AND CLASSIFY THE CHILD FOR TUBERCULOSIS**

	SIGN	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print)
<p><b>THEN ASK:</b></p> <ul style="list-style-type: none"> <li>Cough of ≥14 days</li> <li>Fever and night sweats*</li> <li>Contact history with TB patient**</li> </ul> <p><b>LOOK AND FEEL:</b></p> <ul style="list-style-type: none"> <li>Swelling or discharging wound***</li> <li>Signs of acute malnutrition****</li> </ul> <p style="text-align: right;"><i>Classify</i></p> <p><b>DO THE FOLLOWING IF AVAILABLE:</b></p> <ul style="list-style-type: none"> <li>AFB or Gene Xpert if there is sputum production</li> <li>Chest X-ray*****</li> </ul>	<ul style="list-style-type: none"> <li>Contact with a known MDR TB patient</li> </ul>	<b>Suspected MDR TB</b>	<ul style="list-style-type: none"> <li>Advise mother on the need of referral</li> <li>Refer Urgently to Hospital for MDR TB investigation and Treatment</li> </ul>
	<ul style="list-style-type: none"> <li>Contact with TB patient And two or more of the signs / One or more of the signs if known HIV+ And/Or</li> <li>A sign AND AFB/ GeneXpert +ve Or</li> <li>A sign AND Chest X ray suggestive of TB (eg. miliary pattern)</li> </ul>	<b>TB</b>	<ul style="list-style-type: none"> <li>Counsel the mother on DOTS principle</li> <li>Advise mother to bring any other contacts</li> <li>Do provider initiated HIV testing and Counseling</li> <li>Link to TB clinic for initiation of treatment and follow up</li> </ul>
	<ul style="list-style-type: none"> <li>Contact to TB patient (non-MDR) and no other finding</li> </ul>	<b>TB Exposed Child</b>	<ul style="list-style-type: none"> <li>Counsel the mother on the diagnosis of TB exposure and the need for INH prophylaxis</li> <li>Link to TB clinic for INH prophylactic-treatment initiation and follow up</li> </ul>
	<ul style="list-style-type: none"> <li>No conclusive sign and</li> <li>No Contact with TB patient</li> <li>AFB/GeneXpert -ve And</li> <li>Chest X-ray not suggestive</li> </ul>	<b>No TB Infection</b>	<ul style="list-style-type: none"> <li>Look and treat for other causes for the main complaint</li> <li>Counsel the mother on the need for INH prophylaxis in the presence of HIV infection for HIV +ve children</li> <li>Link to TB clinic for INH prophylactic-treatment initiation and follow up for HIV +ve children</li> <li>Follow up in 30 days</li> </ul>

\* Fever >38° C that continues for greater than two weeks after common causes are excluded.  
\*\* Contact history with TB patient: a newly diagnosed TB case (within the past one year) in the close contact or household member.  
\*\*\* The swelling and discharging wound in the neck or arm pit not due to injury, and staying for a duration of more than one month should not be due to injury of any kind.  
\*\*\*\* SAM/MAM: severe or moderate acute malnutrition classification from the assessment and classification table for malnutrition.  
\*\*\*\*\* X-Ray suggestive of TB: however x-ray is not comm only available in health centers and primary hospitals but if it is available

- CTB is in the process to support a pilot study (Operational Research) to gather evidence on model of integrating TB care service at IMNCI clinic in Addis Ababa and the proposal got approval from Addis Ababa Health office ethical review committee for implementation in next quarters.
- New SLD introduction in Ethiopia: given the time period since the use of SLDs in the country (2009) and the current scale of MDR-TB treatment expansion, it's anticipated that the number of SLD treatment failure cases would increase and hence, NTP/MoH in collaboration with its partners embarked on the introduction of the new drugs for the management of patients who are in need, and to list of few of the achievements to date:
  - i. Implementation plan, programmatic & clinical guide developed,
  - ii. Sites selected (Bishoftu hospital, ALERT hospital) with a plan further expansion,
  - iii. mapping of eligible patients at the country level done;
  - iv. registration and importation of Bedaquiline, delamanid and re-purposed drugs done;
  - v. Clinical review committee (CRC) established, appropriate link with FMHACCA (national drug authority) on pharmacovigilance of the new drugs in place, etc.
  - vi. And, supported NTP to start managing two pre-XDR TB patient in one of the hospitals in collaboration with PIH.

Currently there are about 48 MDR-TB treatment initiating centers (TICs) and more than 300 treatments follow up centers (TFCs) in Ethiopia of which 98% of these facilities are in the 7 regions of the country and are to be covered under the expanded CTB support. In quarter 3, CTB team actively provided technical support during the development and finalization of the "new drugs implementation plan" and a guide on "clinical and programmatic management of patients with new & repurposed drugs". In line with this, CTB is also closely work and assisting one of the

two pilot centers (ALERT Hospital) in the implementation of the new drug regimen. To mention some of the activities in this quarter: supported site readiness assessment and clinical eligibility assessment of patients according to the national clinical guide and finalized the procurement process of audiometry.

#### **Drug and commodity management system:**

CTB assisted the NTP on anti-TB commodities forecasting and quantification with a two-year supply planning. CTB provided technical support to organize a two-day national workshop which was held from June 30 - July 1, 2016. The scope of forecasting covered FLDs, SLDs, INH, ancillary medicines and lab reagents for the period 2016/17 – 2017/18. Morbidity method was selected as appropriate method for this quantification exercise and QuanTB tool was used to assist forecasting of FLDs and SLDs. This plan will provide evidence-based procurement decisions which will guide future procurement actions and ensure sustainable commodity availability for the program. The exercise sets the stage for the establishment of a consistent mechanism for regular updates of the national forecast and supply plans for TB commodities that ensure TB commodity security at national level.

#### **Quality data, surveillance and M & E:**

Ethiopia is one of the 30 high TB, TB/HIV and MDR-TB burden countries with increasing concerns on the rising prevalence of MDR-TB in the country. Drug Resistance Surveillance (DRS) is an important undertaking in order to understand the current epidemiology and burden of resistant TB as well as for efficient planning and implementation purpose. CTB M & E/OR and PMDT units are active members of the DRS task force, and providing technical assistance in the development and finalization of the proposal.

#### **Program management support:**

TB programmatic management support is one key area of CTB support to strengthen the TB control at all level. CTB have technically and financially supported the national (NTP) and regional level of TB specific supportive supervision during the quarter: All CTB supported regions (all 4 agrarian and the three urban) have been supervised by the NTP covering from the regional to the lower woreda health offices and health facilities including community level activities of the Health Extension Workers (HEWs), regional labs, etc. (see detail report in the annex)

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

Administrative challenges-

- Delay in recruitment of regional and zonal CTB staff affected project implementation as planned mainly long list of applicants and decline of preferred candidates due to low rate for some of vacancies mainly the KNCV's rate. The country team and HR of HQs are

assisting in recruitment process to speed up deployment of staff to their respective duty stations.

- The new direction on Daily Sustenance Allowance (DSA) harmonization by the government resulted in organizing some trainings to be full board which will be much more expensive than the planned budget and may inflate the administration cost of the project. The project is discussing with government training centers to hold future trainings in these institutes which will also address the DSA issue as government institutes. Furthermore, this is expected to enhance quality of training and sustainability as the training centers identified are university/health science college hospitals with hands-on trainers and practical sessions and hence will be cost effective.
- A Memorandum of Understanding (MoU) should be signed between KNCV as a lead partner of CTB project and MoH as a main ministry on behalf of the government so that the project is implemented in Ethiopia. This will have a direct effect on renewal of KNCV's registration with Ethiopia's Charities and Societies agency which is due September 2016. The MoU is not yet signed with the Ministry of Health due to lengthy process to get the interest of donor and host government aligned on the content of the MoU and on having the donor as signatory.
- The disposition plan of USAID/HEAL TB project to USAID/CTB project is delayed. This affected implementation as much of office equipment and vehicles are expected from the exiting project. Activity managers at USAID mission are doing their best to get approval of Office of Acquisition and Assistance (OAA).
- USAID/Heal TB supported region expressed their concerns of reduced support in expanded CTB project indicating that sizable number of their zones still in need of significant support contrary to what is assumed during work plan development. During the work plan development, it was assumed that much of the zones in Oromia and Amhara regions need minimal support due to the capacity built under USAID/HEAL TB project. Adjustment will be made on the 18-month plan by increasing number of zonal teams in Amhara, Oromia, SNNPR and Tigray with the additional buy in amount notified recently. The additional zones will be determined in consultation with the respective Regional Health Bureaus (RHB) based on consented criteria with each region.
- Complying with the 70/30 rule of charities and societies is always a challenge as the project is labor intensive with limited activities of direct support to ultimate beneficiaries such as patient support, procurement of commodities and renovation. The project is asking government offices to produce request letters or emails every time the project support activities despite activities are approved in the work plan so that such support are labeled as programs, not admin costs.
- Most of the RHBs have requested CTB project to support them in renovation of health facilities mainly SNNPR and Harari regions. According to the RHBs, the renovations of some facilities is curtail and other efforts of TB control program may be compromised due to TBIC concerns on those facilities.
- Security concerns due to civil unrest in different parts of the country mainly in Oromia (varies places), Amhara (north Gondar) and Gambella. Security alert is being shared to staff in affected areas through the operations team.

#### Technical Challenges-

- Delay in assigning woreda/district TB focal person will have some impact in zonal graduation mainly in SNNPR and Tigray due to structural rearrangements. Currently, the TB focal persons in these regions are not fully dedicated for TB. The concerns are communicated to officials of respective Regional Offices and are following the deployment with their respective civil services offices.
- The Qual TB tool/SOC tool is not yet endorsed by the NTP and most of the regions (except Amhara & Oromia). This would have an implication in properly following the TB program activities and their influence on overall program performance and quality of TB care. These in turn affect the monitoring of the project as being done in Amhara and Oromia. The NTP is officially requested to provide guidance on use of such tool as a mentoring and program improvement tool by compiling lessons learned from USAID/Heal TB Project. Response is being awaited. The regional teams are attempting to make use of the tool in consultation with their respective Regional Health Bureaus.
- Despite a concerted effort in improving information on TB control program, data quality problem especially on MDR-TB program is continued to be a major challenge. For example, information coming through the HMIS system is different from findings observed during review meetings or supervisions. Documentation at facility level is incomplete. CTB has been engaged in improving knowledge & skills of M & E staff through regular joint supportive supervision, mentorship, review meetings and training and planned to do assessment of existing M&E system for PMDT and take action accordingly including electronic recording and reporting system.

## 2. Year 2 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, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun2016		
Assist development of National Prison TB protocol/Guide	1.1.1	National consultative workshop conducted & prison TB guide development started	Prison TB care implementation guide /protocol drafted	Prison TB care protocol finalized	Prison TB care implementation guide printed/distributed launching done	Correctional facilities and congregate setting SOP developed & prison TB addressed in the new revised TBL and TB/HIV guideline	<b>Met</b>	Prison TB care SOP finalized  NB. A separate prison TB guide is not going to be developed. Therefore, regions & CTB will be guided by the SOP to support implementation
Assist implementation of Prison TB in CTB supported regions	1.1.2	Assessment of prison TB service in selected areas of CTB supported regions, develop action plan	Implementation started in CTB regions (Train, SS & RM on prison TB service)	Continued implementation support (SS, RM, etc)	Assess implementation outcome based on case notified per prisons supported	Capacity building activities, e.g. sensitization workshop (45, F=7), training of (24, F=6) prison HCWs in SNNPR and for (12, F=7) prison HCW in Tigray conducted.	<b>Met</b>	
Support IEC/BCC activities (community awareness, engagement, & stigma reduction activities/campaigns) *Media, IEC material coverage and support, Support the HEP in strengthening CTBC that enables active case finding and enhance cure) and measure patient delay in selected areas	1.3.1	Develop protocol to measure patient delay; review/draft available IEC material	Develop /adopt targeted IEC material & sponsor local media for TB message; pt delay assessment started	Sponsor TB message broadcasting; IEC material print & distribute; pts delay measured	Patient delay measured & shared, and action plan developed	Done in Q2	<b>Met</b>	Targeted IEC material (TB message leaflet & shirts) has been prepared and distributed during the commemoration of World TB day (which was done in Q2)
							Choose an item.	

							Choose an item.	
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**Sub-objective 2. Comprehensive, high quality diagnostics**

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support finalization of national TB lab strategic plan with complete rational mapping of diagnostic services	2.1.1	National consultative workshop conducted	Finalize TB lab strategic plan, printed and distributed	Sensitization training in CTB regions done on the revised strategic plan	Sensitization training in CTB regions done on the revised strategic plan	TB lab strategic plan not yet fully developed (costing part is not yet done).	<b>Not met</b>	TB lab strategic plan consultative workshops postponed to the next quarter due to EPHI busy schedule
Local Capacity Building on Smear Microscopy service/ ZN and FM in CTB regions	2.1.2	TOT on AFB microscopy conducted, R & R formats printed, distributed	Trainings cascaded in CTB regions. Procure 70 LED microscope	Support in conducting regular regional SS & RM	Support in conducting regular regional SS & RM	<ul style="list-style-type: none"> <li>- Joint SS from Jun 20-24, 9 HFs were visited in SNNP &amp; appropriate feedback given;</li> <li>- 94(F=27) lab staff trained on ZN/FM EQA in Amhara.</li> <li>- In Tigray 68(F=13) Woreda TB experts and Laboratory quality officers from 52 Woreda and 14 EQA centers trained in order to have a reliable, efficient and decentralized regional EQA network with easy access to high quality smear microscopy services</li> </ul>	<b>Met</b>	
Strengthen the TB Microscopy EQA activities	2.2.1	Provide TA in finalizing the national EQA guideline. Support the	Support the decentralization of EQA service in the two regions	Follow up of progress in decentralizing EQA service (proportion of	Follow up of progress in decentralizing EQA service (proportion of	Please ref to figure 2 below on EQA service proportion of lab included in CTB supported regions	<b>Met</b>	

		printing of 2,000 EQA guideline; Organize TOT on EQA in CTB supported regions	(mentorship of EQA supervisors, support RM & SS)	labs included in EQA)	labs included in EQA)			
Support the AFB Smear Microscopy network accreditation plan development and implementation	2.2.2	Support the organization of national consultative meeting on AFB lab network accreditation plan (international STTA)	Finalize action plan, support implementation in CTB regions	Support & monitor implementation	Support & monitor implementation (number of TB microscopy network standards met)	Supported ALERT review meeting and the accreditation process	<b>Partially met</b>	As reported in Q2, STTA for this activity was conducted by Dr. Alaine Nyaruhirira (MSH). During the visit, both Tigray and SNNPR & consultative workshops were conducted. Following the debriefing meeting at USAID mission and consequently at EPHI, it was agreed to place the accreditation of the microscopy network on the national agenda. In the new Ethiopian fiscal year (which started in July, 2016), EPHI included Microscopy Network Accreditation in their annual TB laboratory plan. Implementation has not yet stated; thus this milestone is partially met.
National and regional level capacity building on TB culture for identification and DST	2.3.1	Organize training on identification & culture for regional ref lab	Support regular joint SS from NRL to RRLs	Monitor proportion of tested & bacteriologically confirmed in RRLs	Monitor proportion of tested & bacteriologically confirmed in RRLs	Total in CTB supported regions data: A total of 1748 presumptive MDR-TB tested and a total of 273 DR cases reported, i.e. RR =169 and MDR-TB=104.	<b>Partially met</b>	National reference lab manpower shortage & competing priorities were main reasons for Q1 & 2 unmet milestones, planned for Q4
Support SLD DST	2.3.2	Support the training of NRL staff in SLD DST; and the shipment of isolates (XDR suspects) to SRL	TA on implementation of testing other drugs SLD (other than the current drugs)	Support and monitor the implementation of other drugs SLD	National capacity on SLD of NRL ensured		<b>Not met</b>	In the process of staff recruitment for a full-time qualified Laboratory Adviser to support SLD cDST capacity building in country.

Build national and regional capacity for maintenance of laboratory equipment	2.3.3	Support attachment of biomed engineers to build regional capacity	In collaboration with ALERT Support the capacity of St Peter maintenance workshop	Procure equipment that are necessary for maintenance	CTB supported regions have equipment maintenance capacity	The practical attachment on TB laboratory equipment maintenance for 4 biomed engineers done in previous quarter. All the necessary maintenance tools identified and reviewed as per the need for the two COEs, the procurement of maintenance tool kit is initiated.	<b>Partially met</b>	
Support the implementation of lab QMS at National & Regional TB culture labs including supporting SLIPTA	2.3.4	Support international training of NRL & RRLs staff on QMS	Organize national workshop on LQMS & training on SLIPTA for national & regional lab staff	Organize QMS training for quality officers, support SLMTA evaluation document preparation & finalization	Monitor implementation of LQMS (number / percent of RRL implementing QMS)	Not done	<b>Not met</b>	National consultative workshop on SLMTA will be done in Q4 delay is due to priority on finalizing 18-month Workplan
Technical and material support for national and regional TB reference laboratories for national and international accreditation (focus on ALERT and St. Peter)	2.3.5	Office materials procured & TA provided on QMS for NRL, ALERT & ST Peter labs	TA support for application of accreditation of the NRL	Provide support in conducting SLIPTA audits in RRLs	LQMS implemented at NRL, ALERT & St Peter labs	Technical Support was provided by challenge TB in the SLIPTA review and with a follow on planning meeting. All regional reference laboratories participated in the planning session.	<b>Met</b>	The technical support in the plan development & to ALERT hospital financially and technically supported the annual lab management review towards GeneXpert accreditation.
Local Capacity Building on GeneXpert MTB/RIF diagnostic technology	2.4.1	Sensitization workshop for HCWs conducted; training on Xpert for lab staff conducted	Procure five Xpert, 21 stabilizers & 21 calibration kit	SS & mentorship done in CTB regions	SS & mentorship done in CTB regions	The five GeneXpert machines under procurement, 21 Xpert Checks (new method for instrument calibration) and 5 inverters are procured to be tested as indicated in the above narrative of this report	<b>Partially met</b>	
Strengthen the sample transport system for Culture/DST and GeneXpert services	2.6.1	Organize in the two regions review meeting on	conduct sensitization workshop for the postal			In SNNP, two, 2 days' workshops were organized in Yirgalem (April 18-19, 2016) and Arbaminch (April 22-23,	<b>Met</b>	

		sample transportation	personnel on sample transportation in both regions			2016). A total of 102 (M=72, F=30) lab staff, TB focal persons, postal officers and managers participated Evidence based trans-regional laboratory networking was developed using GIS data for all health facilities to their nearby testing site. In this activity CTB provided technical support in the development, cleaning and finalization of the network conducted by EPHI.		
							Choose an item.	

CTB supported regions	# of public HFs	# of TB dx HFs	# HFs participated in EQA	# HFs with >95% concordance
Addis Ababa	106	99	81	71 (87.65)
Amhara	877	626	564	545 (96.63)
Dire Dawa	17	17	20	20 (100.00)
Harari	12	12	11	9 (81.82)
Oromia	1373	1015	882	845 (95.80)
Tigray	240	214	113	105 (92.92)
SNNP	765	673	256	243 (94.92)
<b>Total</b>	<b>3390</b>	<b>2656</b>	<b>1927</b>	<b>1838 (95.38)</b>

Fig 2: HFs participation in EQA in CTB supported regions, data from Jan – Mar 2016

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support implementation of Childhood TB roadmap	3.1.1	Finalize the national training, job aid and monitoring tools for childhood TB care	Pilot an integrated child TB care in IMNCI clinics in selected PHCU of A.A	support regular joint monitoring and SS for pilot HFs	Report on progress and lessons learned	Final proposal submitted and approved by the A.A RHB ethics committee. Preparation to start implementation: printing tools & training of HCWs planned for the next quarter.	<b>Partially met</b>	Implementation was late due to delayed project introduction in A.A (this is because the RHB has been busy with other competing agendas)
Strengthen a national panel of experts on PMDT	3.1.2	Develop a TOR on panels of expert	Conduct regular clinical review meeting	Conduct regular clinical review meeting	Conduct regular clinical review meeting	Clinical review committee established with TOR and started regular meeting	<b>Met</b>	
Strengthen TB/HIV collaborative activities at all levels	3.1.3	Support Joint SS in the CTB regions	Support & participate in the biannual NTP & CTB regions review meeting	Continue joint SS conducted in the CTB regions	TB/HIV indicators progress assessed (IPT & ART for PLHIV) in the CTB regions	SS conducted in all CTB supported regions (SNNP, Tigray, Oroimya & Amhara) during quarter 3	<b>Met</b>	
Provide TA at national level in dev't of protocol/tool CBTC in Pastoralist & rural settings and assist in impl'n rural communities in two regions (GF Supported activity)	3.1.4	Actively participate in the protocol development of CBTC	Identify areas of support and assist CBTC impl'n	CBTC implemented and monitored	CBTC implemented and monitored	In Tigray region CTB supported the RHB to organize IRT (CBTC) TOT training for woreda health office experts, 100 (F=12, M=88).  CBTC implementation is monitored, please see below figure 2	<b>Met</b>	NB. CBTC monitoring, there is significant data quality problem (Fig 2)
Support Implement'n strategy/approaches to	3.1.5	Organize launching &	Capacity building	Support joint SS and RM on	Continue supporting	Challenge TB conducted work plan alignment	<b>Partially met</b>	CTB support on urban TB implementation delayed due to

improve TB case detection in urban slum ( Map slum areas, areas of homeless people, Identify local charity shelters with vulnerable groups (elderly, orphanage ...), Identify work places with potential TB transmission)		consultative workshop, conduct assessment /mapping & prioritization done	started (train, monitor, SOP, job aids, etc)	urban TB	targeted urban TB intervention areas	meetings with Dire Dawa and Harari Health Bureaus in June 13-16, 2016. Performance mapping of HFs is done for Dire Dawa, in addition, in Addis Ababa identified & assessment was done in one congregate setting (shelter home for around 1000 elderly neglected and mentally disabled people)		project introduction in urban areas took time more than anticipated
Adopt Standard of Care for routine monitoring of access to quality care	3.2.1	Support the national task force/TWG in drafting SOC tool	Finalize SOC tool, RHBS sensitized and supported in using the (SOC)	SOC monitored in selected zones	SOC monitored in selected zones	Regional CTB team with the zonal TB officer conducted joint SS to 9HFs in Kaffa zone from 20-24, Jun 2016. This is the first SS to engage the zonal TB officer while conducting SS using QUALTB tool.	<b>Partially met</b>	There is a need to harmonize SOC already developed during APA1 with regions included in the E-CTB. And NTP acceptance / endorsement needed to make it national.
Cohort review for MDR-TB cases	3.2.2	Build capacity of data officers, PMDT team on cohort review (sensitize, adopt quarterly review tool)	regular cohort review conducted	regular cohort review conducted	regular cohort review conducted	A cohort review conducted for ALERT & St Peter catchment facilities in Addis Ababa, in Apr 2016	<b>Partially met</b>	Adaptation and regular cohort review not yet implemented in all CTB regions, and is mainly due to E-CTB support started in Apr 2016
Assist implement routine hearing testing for MDR-TB patients; in development and implementation of drug toxicity monitoring system	3.2.3	Start procurement process of two audiometry	Procure audiometry	Capacity building of local staff & follow up of ADR	Follow up of ADR	Procurement process started and the machine will arrive in few days' time	<b>Partially met</b>	Since machines are not yet in country, capacity building of local staff not done
Patient support	3.2.4	Organize a forum to discuss and advocate on pts support	Minimum / basic pts support package standardized	Assist in selected sites with minimum pts support package	Assist in selected sites with minimum pts support package	A one-day workshop on patient support was conducted in Tigray by bringing all TICs and RHB. Patient support at ALERT continued to 120 patients	<b>Met</b>	Patient support is nationally standardized & CTB supporting the regional standardization process

Support ALERT & St Peter to be CoEs for TB, MDR TB & X-DR TB clinical care	3.2.5	CoE defined and capacity building started (e.g. functional lab, etc.)	Continued capacity building, regular SS, mentorship conducted	STTA done to monitor capacity building progress	at least one CoE established, functional	CTB supported ALERT hospital on the regular CAM & cohort review meeting	<b>Partially met</b>	STTA not done because there was a very slow progress in the start-up of the lab in these HFs (e.g. delayed procurement process for lab at ALERT, delayed negative pressure installation at St Peter), otherwise in terms of clinical service capacity building started on new drug introduction, cohort review, etc.
support implementation and scale up of new drug regimen and monitoring system	3.2.6	Do comparative Assessment on quality of work between pts on regular PMDT & STREAM trial	Training on PMDT in relation with the shorter regimen	Mentorship to selected sites	Mentorship to selected sites	'New drugs implementation plan' and clinical and programmatic management of patients with new & repurposed drugs guides finalized. CTB also technically and financially supported NTP during the organization of a two days' consultative workshop for new drug introduction. Moreover, one of the two new drug treatment initiating centers in the country, ALERT Hospital has been supported for: site readiness assessment, in availing of monitoring equipment (procurement process of ECG, audiometry) and clinical eligibility assessment of patients	<b>Met</b>	
Support PMDT in the rural and urban region	3.2.7	regional PMDT team supported in conducting regular cohort review, et	regional PMDT team supported in conducting regular cohort review, etc	regional PMDT team supported in conducting regular cohort review, etc	regional PMDT team supported in conducting regular cohort review, etc	Regular cohort review in all regions could not be done in Q3. Done at ALERT MDR-TB center, not done in all regions	<b>Partially met</b>	Process of establishing CTB team at region / zone level, competing priorities for regions & CTB were reasons for delayed implementation

				Conduct Trainings				
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**Drug Resistance-TB Cohort Analysis Wall Chart**

Federal Ministry of Health

Year	Region															Name of TIC					
	Quarter - I					Quarter - II					Quarter - III						Quarter - IV				
Cohort Name/Year	Baseline	Six months	Twelve months	Twenty-four months	Thirty-Six Months	Baseline	Six months	Twelve months	Twenty-four months	Thirty-Six Months	Baseline	Six months	Twelve months	Twenty-four months	Thirty-Six Months	Baseline	Six months	Twelve months	Twenty-four months	Thirty-Six Months	
Treatment status/result																					
Number of RES/MDR TB patients entered into the reporting Cohort (A)																					
Number of bacteriologically confirmed pulmonary cases with drug resistant genotype (B)																					
Number of bacteriologically confirmed pulmonary cases who have culture converted (C)																					
Cured (D)																					
Completed (E)																					
LTU (F)																					
Dead (G)																					
Failed (H)																					
Transfer in (I)																					
Not Evaluated (J)																					
Patients who are switched to 3HR TB regimens (K)																					
Treatment Success Rate (L)																					
Number of patients who died due to TB or co-infection (M) (N=1-11)																					

Pic 4: New drug introduction consultative workshop-Bishoftu town Fig 1: National DR TB cohort wall chart

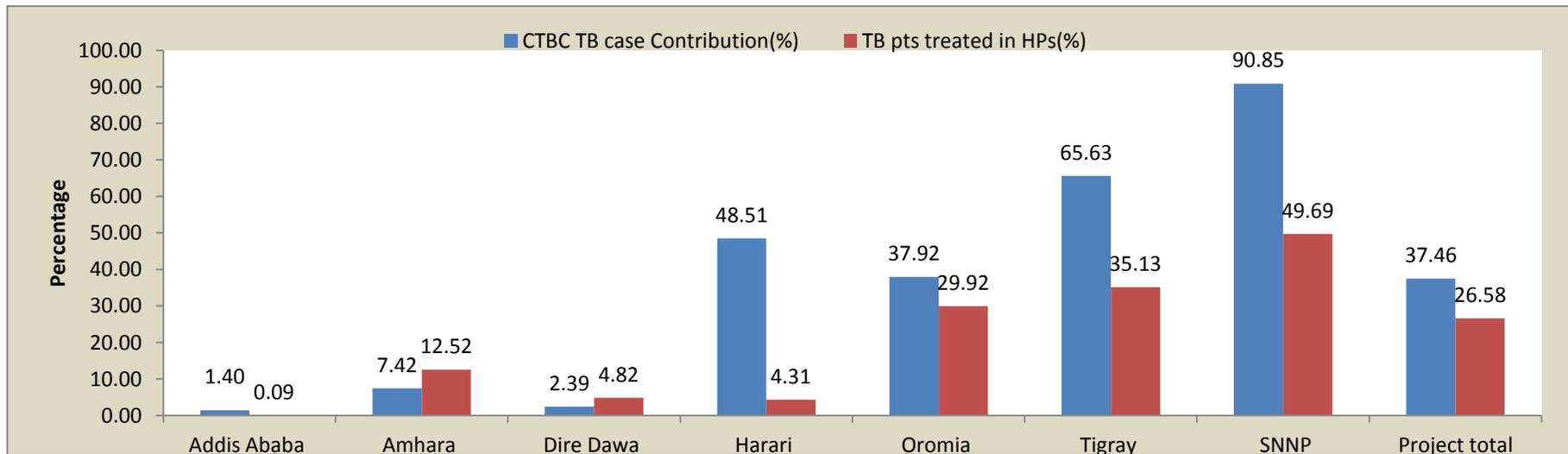


Fig 2: CTBC performance/contribution, HMIS data for Jan – Mar 2016

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, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Improve Contact Investigations (CI) in the supported regions and urban settings (PLHIV/children)	4.1.1	Sensitize & support the implementation of CI through regular SS & job aids	translate, print, distribute IEC material to improve awareness & demand for the service	SS, RM & mentorship of TB clinic staff on CI	SS, RM & mentorship of TB clinic staff on CI	Program specific national & regional SS was conducted in all CTB supported regions, this has also addressed CI	<b>Partially met</b>	IEC material translation could not be done due to competing priorities for CTB staff. SS, mentorship and RM need to be conducted regularly in order to monitor progress and improve performance
Provide IPT for <5 household contacts of bacteriologically confirmed index patients in the two regions	4.1.2	Support the availability of job aids, SOPs & monitoring tools for IPT <5yrs	Support joint regular SS and mentorship on IPT for <5yrs contacts	Routine monitoring done on IPT for <5 yrs contact	Assess proportion of children <5yrs on IPT from demonstration HFs	Job aids, SOPs & monitoring tools have been finalized at national/NTP level. IPT for <5yrs contact is not monitored nationally or in regions,	<b>Not met</b>	This indicator is not a reportable indicator by the HMIS (therefore, there is no information at all levels). CTB is working to address this gap in its supported regions
Assist development of ACF strategy & guide	4.2.1	* Risk Prioritization done using WHO tool Support in conducting consultative meetings on ACF	Finalize ACF strategy for key population	Support the implementation of ACF in as per strategy developed	Support the implementation of ACF in as per strategy developed	CTB started to support the implementation of ACF on targeted pop (e.g. congregate setting like prison)	<b>Partially met</b>	This was partially met, and the reasons: delay in applying the risk prioritization tool at national level due to NTP's competing priorities. CTB is working on desk review to assess the overall status at the country level which will also help as background information for the risk prioritization exercise.  The key population in the Ethiopian context: congregate setting e.g. prison, urban poor, pastoralist community( this is one of the area under GF incentive funding and CTB

								will support this activity), refugees, mega projects & children
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**Sub-objective 5. Infection control**

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Assist in implementation & monitoring of TBIC at selected HFs &congregate setting	5.1.1	Develop protocol for HH of MDR-TB pts assessment	Assessment started	Assessment finalized and share findings	action plan developed (for APA3) to address infection control at HH level	Protocol developed: "Households and Community hot-spots of MDR-TB transmission: assessment of TB infection control status in SNNPR" Just received comments from the ethics committee (at the end of Q3)	<b>Partially met</b>	Assessment is not done due to delayed ethics committee approval comments will be addressed & assessment will start in Q4
Provide comprehensive TB-IC package support and ensure best practices and support the use of UVGI in ALERT and St Peter's hospitals as MDR/XDR-TB Centers of Excellence	5.1.2	STTA conducted & areas of support identified	Procurement of identified equipment & commodities	Train & install equipment	Monitor implementation	Procurement not initiated	<b>N/A</b>	The STTA recommendation is against to the plan to install UVGI at MDR-TB facilities, therefore, UVGI procurement is cancelled.
Assist in implementation of Clean & Safe Health Facility (CASH) initiative in TB and MDR TB clinics of selected sites	5.1.3	Assess opportunity to strengthen TB IC implementation at ST Peter	Continued support TB IC based on recommendation of assessment	Continued support TB IC based on recommendation of assessment	Best practice identified & shared	The suggestion is that CASH initiative will not help much in this regard as it does not have a component to address TBIC.	<b>N/A</b>	The possibility of using CASH initiative to integrate TBIC activity was assessed during STTA by Max and Edward.
Sensitize the two agrarian regions to monitor and accurately report on TB disease among HCW	5.2.1	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	This is done during the routine supportive supervision visit.	<b>Met</b>	

				etc)				
Demonstrate Integration of TBIC in implementing IP chapter of Ethiopia's Hospital Reform in selected sites (OR context)	5.2.2	draft protocol for active surveillance in collaboration with selected hospital management	Continued protocol development (e.g. consensus building, etc)	Implementa tion of the protocol in selected hospitals	Follow up of implementati on of the protocol in selected hospitals	The possibility of using EHRIG initiative to integrate TBIC activity was assessed during STTA by Max and Edward. And planned to integrate the 10 TBIC standards in the EHRIG guideline.	<b>Met</b>	
Capacity building for CSO/professional association members on TBIC	5.2.3	CSO identified in CTB supported regions	Capacity building for selected CSO (TB CARE experience)	Follow up of implementa tion done	Follow up of implementati on done	CTB supported the Ethiopian thoracic society during the annual conference to address MDR-TB as an agenda with specific focus to strengthen the Surgical support for MDR-TB patients	<b>Met</b>	

### 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, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
support implantation of "accelerated IPT implementation plan" for PLHIV in high volume facilities	6.1.1	High volume HFs in CTB regions identified, INH availability ensured	Targeted sensitization on IPT conducted			As per the plan of NTP, RHBs trying to improve IPT implementation in high volume HFs through regular SS & RM and CTB is supporting these activities. IPT implementation monitored for PLHIV, please ref figure 3 below	<b>Met</b>	
scale up IPT for eligible U-5,	6.1.2		Ref to 4.1				<b>N/A</b>	

Region	# HIV patients newly enrolled to chronic care	# HIV patients put on IPT	% of HIV patients newly enrolled and put on IPT
Addis Ababa	1404	270	19.23
Amhara	2972	1035	34.83
Dire Dawa	133	56	42.11
Harari	55	29	52.73
Oromia	2281	988	43.31
Tigray	874	184	21.05
SNNP	862	535	62.06
<b>Project total</b>	<b>8581</b>	<b>3097</b>	<b>36.09</b>

Fig 3: IPT provision among newly enrolled HIV patients by region, Jan-Mar 2016 HMIS data

<b>Sub-objective 7. Political commitment and leadership</b>								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Standardize monitoring tools for TB control program implementation	7.3.1	Consultative meeting held	Standardized checklist developed			TB and TB/HIV supportive supervision checklist developed.	<b>Met</b>	
Support the NTP to strengthen monitoring of the TB program implementation	7.3.2		supervisory visit conducted		supervisory visit conducted	National (NTP) joint TB and TB/HIV supportive supervision conducted in Q2	<b>Met</b>	
Support the NTP to strengthen monitoring of the TB program implementation	7.3.3		National Semi-annual review meeting conducted		Annual national review meeting supported.	National semi-annual TB and TB/HIV review meeting conducted in Q2	<b>Met</b>	
Support Regional level supportive supervision	7.3.4		supervision conducted	supervision conducted	supervision conducted	Supportive supervision conducted in SNNP and	<b>Met</b>	

						Tigray regions.		
Support regional level TB program review meetings	7.3.5		Review meeting conducted		Review meeting conducted	Regional level TB program review meeting conducted in both SNNP and Tigray regions.	<b>Met</b>	This is done both in the two region
Support participation of the NTP on international TB conference	7.2.1		NTP participated on conference				<b>N/A</b>	Already supported in Year 1

### Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support NTP in developing TOR for national coordinating bodies	8.1.1	Draft TOR developed	consultative workshop conducted and TOR finalized			TOR finalized	<b>Met</b>	
Support NTP in revitalizing the existing coordinating bodies	8.1.2		TWG meeting conducted			TWG meeting conducted	<b>Met</b>	
Conduct quarterly TWG meeting at national level	8.1.3		quarterly TWG meetings held			TWG meeting conducted	<b>Met</b>	
Coordination to support GF grant implementation	8.2.1		oversight committee monitoring visits supported				<b>Not met</b>	CCM/E postponed the oversight committee monitoring visits.
Conduct consultative workshop for the revision of TB IRT module	8.2.2		Consultative Workshop held			IRT module revised, consultative workshop held, TOT conducted	<b>Met</b>	

Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support NTP in Forecasting & Quantification of anti-TB drugs & lab commodities	9.1.1		Review of Forecasting & quantification exercises done in previous years.			In Q3, a national workshop on anti TB commodity forecasting, quantification and supply planning was conducted from June 30-July 1, 2016. The scope of the forecast cover FLDs, SLDs, INH, ancillary drugs and lab reagents for the period 2009 to 2010 EFY (2016/17 – 2017/18).	<b>Met</b>	
TB Patient Kit implementation	9.1.2	TB PK implementation status at HFs assessed	Job Aid on the use of TB PKs at HFs availed.			Job aid (5000 copies) on patient kit use printed and distribution started for HFs in Somali region. Moreover, in Q3 a one-day training conducted on patient kit use for 92 (M=71, F=21) TB clinic staff in SNNPR. This training intended to help staff learn on how to reconstitute & adjust dose according to pts weight in order to improve the use of pts kit & avoid wastage of drugs	<b>Met</b>	
Strengthen IPLS implementation	9.1.3	IPLS implementation status assessed	Updated LMIS tool availed.			The LMIS tool availed at Health facility level.	<b>Met</b>	
support pharmacy HR capacity building in the management of TB DSM esp. management of SLDs	9.1.4	Training need on the management of SLDs assessed	MDR treatment sites send their report and consumption (requisition) to PFSA and RHBs			Training on the management of second line TB drugs (SLDs) at health facilities was provided to pharmacy professionals and MDR TB focal persons from all the TICs in Tigray	<b>Met</b>	Participated on a national training on TB PSM from March 12 <sup>th</sup> -16 <sup>th</sup> , 2016 at Bishoftu town. The training mainly focused on the use of QuanTB tool for quantification of anti-TB drugs. It was organized by the GLC/GDF

			regularly.			from 3 <sup>rd</sup> -5 <sup>th</sup> March, 2016 at Axum Hotel, Mekelle. The main goal of the training was to improve the SLDs management at these health facilities as per the national guideline. A total of 35 (F-15) participants have attended the event.		mission. CTB has supported the training technically. 6 Staff from Tigray and SNNPR were also trained on the tool. Finally, we revised the national supply plan of anti-TB drugs both FLDs and SLDs using the tool.
Support integration of TB commodities into auditable pharmaceutical transactions and services(APTS) system in selected regional Hospitals	9.1.5	Facilities for the implementation of APTS selected.	APTS implementation which incorporates TB drugs started at the selected HFs.			Not done	<b>Not met</b>	This has not been done due to competing priorities for the regions, planned to be done in Q4.
Support and Conduct Supportive Supervision on TB DSM	9.1.1					Conducted as part of the regular SS and mentoring visit. In Q3, supportive supervision conducted in 27 HFs providing MDR-TB service in Amhara, Tigray, Oromia and Federal Hospitals in Addis Ababa from May 29 – June 12, 2016.	<b>Met</b>	

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

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end			
Support development & implementation of eRR of TB, TB/HIV & MDR TB in phased manner including Piloting eRR	10.1.1	stakeholders meeting conducted & outcome of	Action plan developed & budgeted	Regional pilot implementa	Experience shared and scale up plan		<b>N/A</b>	Please ref to Q1 report

at regional level		the workshop documented		tion started	drafted			
RDQA implemented & monitored	10.1.2	Regional RDQA tool reviewed, incorporated in to SS	RDQA monitored quarterly	RDQA monitored quarterly	RDQA monitored quarterly	RDQA tool used for routine SS and mentoring. In Q3, SNNPR CTB team conducted SS & used RDQA tool in 9 health facilities of Kaffa zone to assess data quality (problems identified were on completeness & accuracy), on the job mentoring and action plan developed.	<b>Met</b>	
Build capacity of M & E staff in selected woredas /PHCU	10.1.3	1st round training on TB M & E per region conducted	2nd round training on TB M & E per region conducted	Supportive supervision & mentorship conducted	Supportive supervision & mentorship conducted	In Q3, HCWs training conducted in Amhara region: 60 (M=38, F=22) on PMDT M & E, and 166 (M=107, F=59) on TB, TB/HIV M & E. SS conducted which has also included the M & E in CTB supported regions: SNNPR, Tigray and Oromiya	<b>Met</b>	
Support use of GIS technology for program improvement	10.1.4	Key stakeholders meeting held on the use of GIS for TB program	National / regional M & E staff trained on GIS	Use of GIS at CTB regions monitored	Use of GIS at CTB regions monitored	Not done	<b>Not met</b>	Competing priorities for NTP& CTB staff. Planned for Aug 2016
Support Data management system of PMDT	10.1.5	Review / assess data management for PMDT, ensure availability of R & R tools	2 rounds of training conducted on MDR-TB M & E for CTB supported sites	Regular SS & mentorship conducted in CTB sites	Regular SS & mentorship conducted in CTB sites	SS / M & E has been conducted in SNNP, Tigray, Amhara and Oromiya regions. Moreover, 60 (F=22, M=38) HCWs trained on PMDT/M & E in Amhara region	<b>Met</b>	Training, SS & mentorship will improve knowledge & skills of HCWs/M & E staff on all important indicators (recording & reporting)
Support TRAC and promote usage of OR results on high	10.2.1	National OR roadmap	Annual TRAC conference &	1 round of national OR	CTB regional OR team	Provided substantial	<b>Partiall y met</b>	The regular TRAC members meeting planned for July 28th,

priority areas		reviewed & updated (e.g. key population addressed)	regular members meeting supported	training conducted	revitalized (TB OR prioritized & monitored)	supports (both technical & financial) in organizing the annual TRAC Scientific conference and commemoration of World TB day.		2016. The main agenda will be the TRAC strategic plan to support all research areas on TB for the country
Support TB OR grant scheme	10.2.2	Advertised for LOI on TB OR high priority areas	Selected & supported at least 5 TB OR	Monitored & supported the conduct & finalizing of OR	Results/findings of OR shared and disseminated	Four OR proposals will be supported financially to conduct their research in July 2016	<b>Partially met</b>	This has been delayed for reason that: considerable time have been taken for many comments/suggestions (to & fro) with authors of protocols that were submitted for approval
Support participation at the Union conference for 4 authors presenting their findings, 2 NTP staff & 2 CTB staff	10.2.3	Identify & support the travel of 4 authors	Follow up on publication & dissemination	Monitor & provide TA	Support in disseminating study findings	Four authors participated in the Cape Town union conference. Two authors wrote manuscript.	<b>N/A</b>	
Support NTP to conduct Urban MDR-TB initiative as part of OR activity (Gene Xpert testing of all presumptive TB cases in urban region)	10.2.4	Provide TA on the protocol development	Identify resource gap & support in the conduct of the study	Monitor & provide TA	Support in disseminating study findings		<b>Not met</b>	The proposal was expected to be developed in the past quarters. However, there has not been any ownership from NTP & has not been moving at all.
Conduct epi assessment to investigate current upward trend after the earlier decline, what is the true trend.	10.2.5				Assessment will be done in the last quarter of EFY.		<b>N/A</b>	

### 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, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support FMOH/RHBs HRD strategy through	11.1.1	Support Joint	Support Joint Supervision	Support Joint	Support Joint	Supportive supervisions conducted at national &	<b>Met</b>	E-CTB: described in detail in the annex section as narrative report

strengthening annual operational planning and supportive supervision		S.Supervision		S.Supervision	S.Supervision	regional level in all CTB supported regions during the quarter		
Assist IRT to HEWs on the TB module	11.1.2	supportive supervision conducted	supportive supervision conducted	supportive supervision conducted	supportive supervision conducted	Program specific SS addressed CBTC in all regions and IRT TOT conducted in Tigray	<b>Met</b>	
Strengthen capacities of HITs	11.1.3		Review meeting conducted		Review meeting conducted	HIT staff participated in the regional RM conducted	<b>Met</b>	Detail report attached
Enhance Quality TB planning through Supporting Comprehensive TB, TB/HIV and PMDT plans at Woreda Based National planning (WBNP)	11.1.4			Support WBNP	Support WBNP	Supported the WBNP at SNNPR	<b>Partially met</b>	Most Woreda planning happens in 4 <sup>th</sup> Q
support in-service training	11.1.5	first consultative meeting held		proof of concept piloted	curriculum agreed		<b>N/A</b>	This activity will not be done as it is beyond the mandate of CTB
Organize International Training	11.1.6	Organize the training					<b>N/A</b>	Moved to Q4 to be done by WHO.
							Choose an item.	

### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
ETH-607-GO6-T	B1	N/A	USD 150.2 m	USD 101.8m	
Investing for impact against Tuberculosis and HIV (July 2015 – Dec 2017)	B1	Not rated	58,177,462	25,260,319	15,262,632

\* Since January 2010

\*\* Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible



**Ethiopia**  
ETH-T-FMOH

**Grant Performance Report**  
External Print Version  
*Last Updated on: 23 June 2016*

#### General SSF Information

Country	Ethiopia				
SSF Agreement Number	ETH-T-FMOH	Component	Tuberculosis	Last Round	10
SSF Title					
Principal Recipient	The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia				
SSF Status	Active -				
SSF Start Date	01 Jan 2012	SSF End Date	31 Dec 2017		
Current* Implementation Period Start Date	01 Jul 2015	Current* Implementation Period End Date	31 Dec 2017	Latest Rating	
Current* Implementation Period Signed Amount	\$ 58,177,462	Current* Implementation Period Committed Amount	\$ 25,260,319	Current* Implementation Period Disbursed Amount	\$ 15,262,632
Cumulative Signed Amount	\$ 110,752,774	Cumulative Committed Amount	\$ 77,835,631	Cumulative Disbursed Amount	\$ 67,837,944
				% Disbursed	87%
Time Elapsed (at the end of the latest reporting period)	72 months				

\* Latest Implementation Period if SSF is closed

Source: Global Fund website ([file:///C:/Users/USER/Downloads/ETH-T-FMOH\\_GPR\\_0\\_en%20\(3\).pdf](file:///C:/Users/USER/Downloads/ETH-T-FMOH_GPR_0_en%20(3).pdf)) accessed on 16 July 2016

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

The new funding model for TB financial support has been signed in July 2015. The following are among the major challenges of GF implementation.

- Slow program implementation and fund utilization
  - low GF per diem rate – claimed as one of the factors affecting fund utilization
  - will affect disbursement of the remaining fund from annual commitment
- Delay in submission of technical and financial reports by RHBs to liquidate the fund after implementation

## **Challenge TB & Global Fund collaboration this quarter –Describe Challenge TB involvement in GF support/implementation**

Global fund implementation has been enhanced by CTB support through gap identification and including it in the annual work plan of CTB support as well as general programmatic support such as supportive supervision, review meetings and capacity building of staff including GF seconded staff that will enable the overall goal of the NTP in addressing the burden of TB, TB/HIV and MDR-TB in the country.

CTB is participating in GF coordination through its coalition partner/WHO. Furthermore, CTB will support financially the logistical arrangement for USAID seconded staff to the NTP which is under recruitment.

Update on May 2016:

- MOH is PR, grant is managed by grant management unit and technically by NTP
- WHO is member of CCM and they share information with CTB
- CTB is member of oversight committee activities—joint supervision
- Planning occurs in coordinated manner with NTP; operational plans of NTP shared (no budget) where GF activities are identified, GF activities are always taken into consideration with adhoc requests to avoid duplication
- There is no regular planning forum but CTB is proposing re-vitalization of TWGs with standing agenda to present supported activities, discuss progress and challenges
- CTB provides technical support for GF activities; i.e. Xpert in urban setting with incentive funding GF and CTB providing OR TA
- GF advisor to start in June/July, CTB contribute logistic support--\$15-18 k, TOR is to work closely with CTB
- Challenges include:
  - o Liquidation of funds can be problematic--at regional level activity completed but no/low expenditures
  - o Per diem discrepancies was an issue--GF lower than IPs but recent letter from USAID informed of MOF request for partners to harmonize per diem rates!
  - o SLD expirations--picked by GLC mission, now new order and NTP looking for solutions with GF
  - o Xpert cartridges--minimizing current load

Preparation for the next GF application: The MoH is planning to conduct epi-assessment and program review in the next quarter or early next quarter as part of preparation for the next GF application. CTB project will support the application process technically.

## 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	
<b>Sub-objective of story:</b>	11. Human resource development
<b>Intervention area of story:</b>	11.1. Qualified staff available and supportive supervisory systems in place
<b>Brief description of story idea:</b>	Programmatic management capacity in TB program at regional, zonal & woreda has been one of the main obstacle in the prevention & control efforts in the country, therefore, in decentralizing the support and the approach of Challenge TB could be an experience to share
<b>Status update:</b> In the process of building regional & lower level team, in order to ensure the implementation of planned intervention.	

<b>Planned success story title:</b>	Childhood TB integration at IMNCI clinic – feasibility & experience
<b>Sub-objective of story:</b>	3. Patient-centered care and treatment
<b>Intervention area of story:</b>	3.1. Ensured intensified case finding for all risk groups by all care providers
<b>Brief description of story idea:</b>	Integrated approach of Childhood TB care and prevention activities at primary health care setting in the IMNCI clinic is a globally recommended but very limited experience available
<b>Status update:</b> National policy & curriculum revised tools and protocol prepared. Addis Ababa city administration agreement with Challenge TB and buy-in from the TB program are in progress. Implementation expected to start in Q4	

## 5. Quarterly reporting on key mandatory indicators

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

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011		112	Apr-Jun 2016 data not available yet. Case finding data has been problematic until recently (2015/2016)
Total 2012		271	
Total 2013		397	
Total 2014		557	
Total 2015		597	
Jan-Mar 2016	279	230	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

**MDR-TB case detected and initiating SLD in CTB supported regions: Addis Ababa, Harare, Dire Dawa, Tigray, Oromiya, Amhara& SNNPR**

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011			There is major data quality problem at all level. The health facility level HIT (health & information team) staff need to be regularly mentored & supervised on all indicators. And, then need to support and upgrade the information flow including moving from paper based to electronic  Apr-Jun 2016 data not available yet
Total 2012			
Total 2013			
Total 2014			
Total 2015			
Jan-Mar 2016	Total=273 (RR=169; MDR=104)	223	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

**Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM) (national data)**

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			NB. One patient started on combined regimen, and one on BDQ
Total 2015			

Jan-Mar 2016		
Apr-Jun 2016	1	1
Jul-Aug 2016		
To date in 2016		

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

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area ( <i>List each CTB area below - i.e. Province name</i> )						CTB support started in Apr 2016, and Jan-Mar could also be as baseline.  Apr-Jun 2016 data not available yet.
	Oromiya	?	12070				
	Amhara	?	5830				
	SNNPR	?	5989				
	Tigray	?	1849				
	Addis Ababa	?	2189				
	Dire Dawa	?	462				
	Harari	?	144				
	TB cases (all forms) notified for all CTB areas	?	28,533				
	All TB cases (all forms) notified nationwide (denominator)	?	30,484				
% of national cases notified in CTB geographic areas	?	93.6%					
Intervention (setting/population/approach)							
Community referral	CTB geographic focus for this intervention		All CTB areas				Apr-Jun 2016 data not available yet
	TB cases (all forms) notified from this intervention	?	11,767				
	All TB cases notified in this CTB area (denominator)	?	28,533				
	% of cases notified from this intervention	?	41%				
Children (0-14)	CTB geographic focus for this intervention		All CTB areas				Apr-Jun 2016 data not available yet
	TB cases (all forms) notified from this intervention	?	3,347				
	All TB cases notified in this CTB area (denominator)	?	28,533				
	% of cases notified from this intervention	?	11.7%				

Choose an item.	CTB geographic focus for this intervention					
	TB cases (all forms) notified from this intervention					
	All TB cases notified in this CTB area (denominator)					
	% of cases notified from this intervention					

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

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Valentina Anisimova		X						This trip is cancelled for reason that considering the possibility of getting the consultant input through distant support, as there is no much progress in the startup of the St. Peter and ALERT culture laboratories. <i>Distant STTA is provided and it is still on going</i>	
	KNCV	Valentina Anisimova					Cancelled			Considering the recruitment of expat lab advisor in Expanded challenge TB, this STTA is cancelled (the Mission clearly stated that no lab STTA in the presence of LTTA with senior expat lab advisor).	

	KNCV	Consultant TBD				Support Implementing strategy/approaches to improve TB case detection in urban slum (Map slum areas, areas of homeless people, Identify local charity shelters with vulnerable groups (elderly, orphanage ...), Identify work places with potential TB transmission)	Pending			This will be conducted in APA2-3 expanded workplan
2	KNCV	MamelQuelapio			X	1. support implementation and scale up of new drug regimen and monitoring system, PMDT implementation at national and regional level 2. Review status of PMDT program at CoEs	Pending			Pending due to delay in the national implementation of new drug. Mamel Quelapio has provided distant support in reviewing the first draft new drug implementation plan. Transferred to APA2-3 workplan (expanded challenge TB)
		Mamel Quelapio				Support ALERT & St Peter to be CoEs for TB, MDR TB & X-DR TB clinical care	Pending			No international travel during APA2 – only distant support. TA postponed to Expanded CTB. Transferred to

											APA2-3 workplan (expanded Challenge TB)
3	KNCV	Max Meis		X			1. Conduct review on the status of TBIC in the country, identify gaps and come up with national support package, support enhanced TBIC (Design and install upper-room UVGI in high risk areas) 2.Support Contact investigation and ACF	Complete	23/01/2016	12 days inclusive of travel days.	*** Reported in Q1
		Nico Kalisvaart					Support development & implementation of eRR of TB, TB/HIV & MDR TB in phased manner including Piloting eRR at regional level	Complete	21-25 December 2015	5 days	
		Nico Kalisvaart					Support development & implementation of eRR of TB, TB/HIV & MDR TB in phased manner including Piloting eRR at regional level	Cancelled			
		Christine Whalen/Nick Blok					Support development of strategic approaches for key population (National level support)	Pending			Transferred to APA2-3 workplan (Expanded Challenge TB)
4	MSH	Alaine Nyaruhirira		X			1. Support the AFB Smear Microscopy network accreditation	Complete	19/03/2016	7 days including travel days.	

						plan development and implementation					
Total number of visits conducted (cumulative for fiscal year) 2											
Total number of visits planned in approved work plan4											
Percent of planned international consultant visits conducted							2/4 = 50%				

## 7. Quarterly Indicator Reporting

<b>Sub-objective:</b>	<b>1. Enabling Environment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe) 2015</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
1.1.6. ETHIOPIA SPECIFIC: Status of National Policy for prisons		annually	National policy on prison TB is not available	yes	Measured annually	NTP and partners have started working with prison administration in a very limited area in the past two years. NTP has a plan to work with a clear policy & guidance
1.3.1. Patient delay	Geographic location-CTB supported	annually	38 days	<20 days	Fourteen studies looked at different types of delay for TB treatment in Ethiopia. The median patient delay was 38 days	Nationally available evidence on patient & provider delay have been systematically reviewed and documented
1.4.5. Provider delay	Geographic location-CTB supported	annually	21.4 days	<5 days	Median health system delay was 21.4 days	Synthesis of published studies done

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe) 2015</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.		annually	0	1	Measured annually	Expected to be done in Q4
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).		annually	8/9	9/9	Measured annually	Same for Q3

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe) 2015	End of year target	Results to date	Comments
2.2.7. Number of GII-approved TB microscopy network standards met		annually	9/11	11/11	Measured annually	Same for Q3
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	By region: (Note: only done for all eligible to undergo DST (all retreatment cases plus other presumptive MDR-TB cases, like contacts, HCW etc.), so not for all TB cases!); GeneXpert is done for children and HIV+ TB patients.	quarterly	1,360	86% in Amhara and Oromia regions. 50% (for other regions) maintain 6% among new cases (nationally)	All CTB supported regions, Jan – Mar, 2016  Percent of RR, MDR cases out of all presumptive DR cases: 273 / 1748 = 15.6%	
2.4.1. GeneXpert machine coverage per population (stratified by Challenge TB, other)		annually	National (2014) = 31	118	Measured annually	Currently there are 110 Xpert machines in country. The country plan for 2020 is to reach 400 Xpert machine
2.6.4. # of specimens transported for TB diagnostic services		quarterly	Sputum sample of presumptive MDR-TB cases tested for GeneXpert taken as a proxy: In Amhara and Oromia, we had 9,124 cases tested for GeneXpert per year. Baseline will be	Increase by 20% in all regions. (end of Y3)	Data not available	To be updated (if available in Q4)

Sub-objective:		2. Comprehensive, high quality diagnostics				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe) 2015	End of year target	Results to date	Comments
			determined in 1st quarter of APA3 (Oct-Dec 2016) in the rest of the regions.			

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach		quarterly	Amhara (23956), Ormoia (49346), SNNPR (30817), Tigray (9893), AA(9401),DD(1778),Harari(535),Gam(940),BGG (1669), National(135951); baseline will be determined for selected prisons in quarter 1.	Amhara (26400), Ormoia (54404), SNNPR (33900), Tigray(10900), AA(10300),DD(1950),Harari(590),Gam(1030),BGG(1840), National(149800)--END of APA3	All CTB supported regions, Jan – Mar 2016: - No. of cases notified (all forms) in CTB areas =28,533 - Community ref: 11,767 (41%) - Children 0-14: 3,347 (11.7%)	Updated as per the E-CTB work plan
3.1.4. Number of MDR-TB cases detected		quarterly	865 (216 CTB areas)	(CTB areas) =  Amhara (190), Oromiya (230), SNNPR (50), Tigray(100),AA(130),DD (140),Harari(6),Gam(0), BGG(0),  National (846))	RR plus confirmed, CTB regions, Jan – Mar, 2016 = 273	RR plus confirmed
3.1.5. #/% health facilities implementing intensified case finding (i.e. using SOPs)		annually	0	10	Measured annually	(not nationally reported) Information will be generated from the pilot implementation of integrated TB service at the IMNCL platform in A.A

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).		annually	National=90% 91.4% Amhara; 93.0% Oromia; 90.2% Tigray and 83.4% Bgumuz; ,97%(SNNPR); 79.1%(AA),89.4%(DD),90%(Harar),66.8%(Gambella),; 92.2%( national), ,90.2%(Tigray)	95%  At least 90% in all CTB region. TBD for key population (Prison, ped)	Measured annually	Nationally not disaggregated by setting or age
3.2.4. Number of MDR-TB cases initiating second-line treatment		quarterly	216	All CTB regions (90%, n=760)	All CTB regions, Jan – Mar 2016: = 223	Updated as E-CTB work plan
3.2.7. Number and percent of MDR-TB cases successfully treated		annually	2014/15, national=69.1%	75%	Measured annually	Updated as E-CTB work plan
3.2.8. #/% of PMDT sites reporting on treatment cohort status quarterly		quarterly	No data	8	44	

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB		quarterly	30 CTB areas?	50 CTB areas?	unknown	The revised TB register captured this information; however, it is not a reportable indicator for HMIS. The planned CTB support is to sensitize & avail tools so that information on this activity available at least in CTB supported regions.
4.2.1. Status of active case finding (0=no ACF policies or practices implemented;		annually	0	1	Measured annually	NTP included ACF in the revised NTP guidelines: addresses on systematic approaches for targeted groups such as:

Sub-objective: 4. Targeted screening for active TB						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1=policies or laws supporting ACF have been enacted; 2=ACF policy has been piloted/introduced in limited settings; 3=ACF policy implemented nationally)						close contacts/households & high risk groups, key pop – urban poor, refugees, homeless, orphanages, prisoners, etc

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.2. #/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)		quarterly	36/42 HFs were below the standard or not implementing TB IC measures (result baseline assessment in Tigray & SNNPR)	TBD	No data	The plan is to make it part of the Qual TB/standard of quality of Care tool and be collected during Supportive Supervision (during expanded CTB implementation). The Qual TB tool includes TBIC indicators.  This indicator is dropped during the 18-month work plan development as the level of support on TBIC was minimal. So, CTB Ethiopia will not report on this indicator on QMR. Results will be reported within the framework of expanded CTB project based on a wider assessment that will be done in year 3 Q1/2. This will be also used to update the baseline
5.2.3. Number and % of health care workers diagnosed with TB during reporting period		annually	Obtain baseline data in selected demonstration hospitals in APA 2	TBD	unknown	Not reportable

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT		quarterly	No data for SNNP, Tigray & urban  Amhara & oromiya = 42.8%	20 (updated target according E-CTB)  Amhara & oromiya = 60%  SNNP, Tigray & urban = 50%	To be reported in Y3 for all CTB regions	TB unit register capture the information but not reported to the next higher level.  As it is a mandatory indicator, we will discuss with the NTP on getting the information from selected CTB sites.
6.1.7. # / % of eligible PLHIV with LTBI started on preventive treatment	By region	Annually	Amhara (26.8%), Oromiya(38.6%), SNNPR(45%),Tigray(24%),AA(40%),DD(32%),Harari(45%),Gam(40.4%),BGG(79%)	Increase by 10%		

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity		annual	APA-2 (obtain info from USAID/PHSP)	TBD	Measured annually	CTB is not working with Private sector as there is another USAID project called Shops working on private sector. CTB will try to have the baseline from SHOPS project/USAID and set target as well for Y3.

Sub-objective: 8. Comprehensive partnerships and informed community involvement						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership		annually	0	TBD	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		annually	APA2	TBD	Measured annually	CTB has not yet started providing fund/budget to local partners.
8.2.1. Global Fund grant rating		annually	B1	A2	Measured annually	

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)		Quarterly and annually	Amhara and Oromiya = 2%, SNNPR=24.8% for all adult FLDs and 35.4% for all Pediatric FLDs. Tigray = 22.1% for all adult FLDs and 46.1% for all pediatric FLDs.  AA, DD, Harari, Gamb, BGG = TBD	<5% for all sites	Data not available yet	

Sub-objective: 10. Quality data, surveillance and M&E						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system		annually	1	2	Measured annually	Ministry wants for an integrated eRR (not disease specific), therefore, they will call for key stakeholders to support the

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
						activity when ready to start.
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		annually	One in July 2013, next one planned for July 2016	NA	Measured annually	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		annually	100%	100%	Measured annually	Q4
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		annually	Yes	Yes	Measured annually	Q4

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	by sex and technical area	quarterly	974 (F=293) annual APA1 (SNNP & Tigray)  3129 (Amhara and Oromia)	Total of 6100 (APA2+APA3) [Tigray=967; Benishangul =191; Oromiya=330; Amhara=190; SNNPR=1430; AA=495; DD & Harari=459; Gambella = 342 & national on TOT &	For Q3 = 1,060 (F=297, M=763) - Comprehensive TB=325 (F=98, M=227) - TB lab= 329 (F=94, M=235) - DSM= 92 (F=21, M=71) - Community/IRT= 102 (F=12, M=88) - PMDT= 148 (F=47, M=101) - TB IC= 66 (F=25, M=41)	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
				pastoralist areas =1220 and IRT =500]		
11.1.5. % of USAID TB funding directed to local partners		annually	0	1%	Measured annually	

## Annex I: Narrative report