



USAID
FROM THE AMERICAN PEOPLE

CHALLENGE TB



**Challenge TB - Namibia
Year 2
Quarterly Monitoring Report
April-June 2016**

Submission date: July 29, 2016

Table of Contents

1.	QUARTERLY OVERVIEW	3
2.	YEAR 2 ACTIVITY PROGRESS	5
3.	CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2	22
	SUCCESS STORIES – PLANNING AND DEVELOPMENT	22
4.	QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	24
5.	CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	27
6.	QUARTERLY INDICATOR REPORTING	30

Cover photo:

HIV serial rapid testing training for Community Health Workers, in Windhoek district of Khomas Region. (Credit: Mavis Mukamba, CTB TB/HIV coordinator)

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	Namibia
Lead Partner	KNCV Tuberculosis Foundation (KNCV)
Other partners	Local (Project Hope, Penduka, Namibia Red Cross)
Work plan timeframe	October 2015 – September 2016
Reporting period	April-June 2016

Most significant achievements: *(Max 5 achievements)*

- Decentralization of ART for stable patients to TB DOT containers:** Under TB CARE I, KNCV Namibia procured 28 prefabricated containers to provide TB-DOT in four districts. In APA2, CTB planned to optimize utilization of these containers. In Engela district (one of CTB districts), a total 2,721 stable PLHIV who originally were receiving their ART at Engela District Hospital are now receiving this from TB DOT points in Engela district (Ongenga, El Dafano, Ondobe, Endola, Onamukulu Clinic and Okatope DOT point) which are supported by CTB. This approach will be rolled out in three more CTB districts in Q4 and APA3.
- Training CHW:** CTB Namibia conducted a training of 139 **(29M/110F)** Community Health Workers and Field Promoters to strengthen TB/HIV Collaborative activities in 5 CTB districts (Engela, Katima Mulilo, Windhoek and Oshakati). Field Promoters have traditionally concentrated on provision of TB services, CHWs and community counselors have concentrated in HIV care services. Bringing these groups together for training empowered them to provide integrated TB/HIV care services to the dually infected patients. This is a model that CTB is promoting in the sites that it supports.
- Recruitment of Key staff:** In Q3, CTB concluded the recruitments of all key staff, except the M&E officer (who commences work on 1st August 2016). This has strengthened implementation of activities especially in the CTB regions/districts where these cadres have been actively involved in training of health care workers and have become part of the routine supportive supervision of the ministry. We anticipate an improvement in quality of care and better PEPFAR indicator performance in these sites from Q1 of APA3 onwards. The ART coverage of TB patients in 3 CTB districts has been consistently above 90% (a PEPFAR target) in two consecutive reporting quarters including this quarter.
- Baseline Facility Assessments:** An external (local) consultant, Dr Akpabio led two teams to conduct an assessment of facility readiness to integrate TB/HIV services in 40 facilities in five CTB regions during this quarter and the development of facility-specific plans addressing integration. Some of the key recommendations of this assessment (report is being finalized) were:
 - Improve ACSM on TB/HIV integration;
 - Provide training of HCW in all CTB sites on TB/HIV collaborative activities and guidelines;
 - Ensure adequate (and skilled) staff at all sites;
 - Strengthen M&E systems.

CTB Namibia intends to strengthen supportive supervision through use of a monitoring tool which will be developed by making adjustments to the assessment tool utilized in the facility assessments from Q1 of APA 3 onwards.

- New Regimens for DR-TB treatment:** CTB Namibia provided technical support to the NTLP on accessing the USAID donation program for Bedaquiline. During this quarter, 7 patients (5 in Windhoek and 2 in Oshakati) were commenced on this treatment and more are considered for next quarter. One patient was commenced on Delamanid under the compassionate use program. In addition, the PMDT technical adviser for CTB Namibia attended training on new drugs and short regimens in The Hague to boost capacity in preparation for anticipated changes in treatment regimens worldwide.

Technical/administrative challenges and actions to overcome them:

CTB Namibia faced challenges in recruiting an M&E officer. Although the country team successfully negotiated (with USAID and PMU) for salary adjustments to attract the appropriate person for the position with anticipated compilation of this quarterly report by the newly recruited M&E officer, this did not materialise. The candidate who had accepted our offer (due to start on

1st of April, 2016) had a family misfortune and could not take up the job. CTB Namibia therefore had to complete the quarter without an M&E officer. Another candidate was offered the job and will commence on 1st August 2016. Recruitments of TB/HIV coordinators and an M&E assistant were concluded during the quarter and this eased data collection from the regions significantly.

2. Year 2 activity progress

Staffing and Operations

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-April 2016	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end			
Recruitment of key personnel: TB/HIV Officer: Deputy Director Operations, M&E Technical Adviser, 5 District TB/HIV Coordinators, Administrative Assistant (GF)	0.0.2	1 M&E officer	1 TB/HIV technical officer; 1 Deputy Director Operations; 7 District/Regional coordinators	1 M&E assistant 5 Case management officers 2 Admin assistants	Positions filled	All key positions were filled except for M&E officer.	Partially met	The M&E officer accepted the job offer but due to unforeseen family misfortune he could not take up the position during the quarter as planned. Another candidate was offered the job and will commence on 1 st August 2016. 3 positions of TB/HIV coordinators and the TB/HIV Technical adviser position will not be filled. CTB Namibia has adjusted its organogram based on the available funding for Year 3.
Procurement of vehicles (one 4X4 and a smaller passenger vehicle)	0.0.4		1 car	1 car	2 cars procured	Procurement of 1 4X4 vehicle is at an advanced stage. Initiated procurement of the smaller car.	Partially met	Approval from USAID obtained. Procurement at advanced stage. Vehicle should be delivered in 4 th quarter. Preparations to procure the sedan (the second car) have already begun with obtaining quotations and subsequently, application for a waiver.
Procurement of computers and laptops for new staff	0.0.4		15 laptops procured		15 laptops procured	Laptops for all new staff procured	Met	

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-Jun 2016		
Train HCW including CHWs on TB & HIV guidelines	1.1.1			2 trainings	3 trainings	In total, 3 trainings of CHW were conducted (see below for details)	Met	
Develop job aids for diagnosing TB and treating TB	1.1.2			750 charts	750 charts	Job aids printed, dissemination will be done in Q4	Partially met	
Establish DOT points to assist with community based TB care	1.1.3			Inspection of potential sites and selecting supplier	5 DOT containers placed, furnished + blood pressure machines delivered	Assessments conducted, procurement commenced. Delivery and installation to be done in Q4.	Partially met	
Support community education sessions in CTB districts	1.2.1			75 meetings	150 meetings		Met	The remaining meetings will be conducted in Q4
Hold a sensitization & consultation meeting with players in the fishing industry	1.2.2			1 meeting	1 meeting	Activity cancelled	N/A	Due to competing priorities this activity was cancelled
Train HCW and peer educators in the correctional settings on TB/HIV guidelines, and on recording and reporting tool	1.4.1			1 training	1 training	Activity cancelled	N/A	Due to competing priorities this activity was cancelled
Conduct an assessment of TB and HIV in the fishing industry in Namibia	1.4.2				1 STTA	Activity cancelled	N/A	Due to competing priorities this activity was cancelled
Integrate HIV care into TB DOT points	1.4.3			1-training	2-trainings	Initial discussions with MoHSS and other partners began on this activity, which will be implemented based on results of	Partially met	Training to be conducted in Q4

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-Jun 2016		
						the Facility assessments and further consultations. 2 meetings held (see details below)		
Support the HIV clinicians' society	1.4.4		1 meeting	2 meetings	3 meetings	One HIV Clinicians Society meeting was held with support from CTB	Met	Meeting scheduled for Q3 held. Last meeting will be supported in Q4 (July)
TB/HIV Collaborative activities	1.4.5		Sub-award finalized	Quarterly Report	Quarterly Report	Three community based organizations were identified sub-awards were signed. Recruitment of staff was done and work commenced on 1 st March 2016. Quarterly reports from all 3 received.	Met	.
Recruitment (subcontracting to CBTBC) of 30 CHWs	1.3.1		Sub-award finalized	Quarterly Report	Quarterly Report	30 CHWs effectively commenced work on 1 st of March 2016	Met	
Quarterly zonal meetings	1.2.1	5	5	5	20	Five zonal meetings were held	Met	



Training session for Community Health workers in Oshakati District; picture by Sakaria Nehale

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		
Revise the diagnostic algorithm for TB, to include GeneXpert for all risk groups	2.1.1		3 meetings		3 meetings		Not met	Postponed to Quarter 4
Develop job aids for the requesting and interpretation of GeneXpert results	2.1.2		1500 job aids		1500 job aids		Not met	Postponed to Quarter 4
Support the use of laboratory TB registers	2.1.3			Print 200 registers	200 registers printed		Not met	Postponed to next quarter

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		
Develop a protocol for piloting GeneXpert Omni	2.1.4				1 consultative meeting		N/A	Cancelled due to delay in releasing GeneXpert Omni into the market; will be conducted in APA 3
Procure equipment for GeneXpert Omni	2.1.5				5 GeneXpert machines purchased		N/A	Cancelled due to delay in releasing GeneXpert Omni into the market; will be conducted in APA 3
Conduct a field assessment of TB registers, lab registers as well as ART/PreART register to obtain data on TB patients who have a DST, and those who are enrolled into HIV care	2.3.1			Assessment done	Assessment done	Initial assessment looked at TB registers to assess the proportion of previously treated TB patients who had a DST documented in the treatment card or register. This figure is 44% for Oshana, Ohangwena, Khomas, Omusati, Erongo & Zambezi combined.	Partially met	Activity is continuing into the 4 th quarter.

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Develop MOU with the Ministry of Safety and Security	3.1.1		MOU drafted	MOU signed	MOU signed		Not met	Activity cancelled. In its place meetings with senior staff from MoHSS were held to explore areas of collaboration on TB control in these settings.
Conduct screening for TB in Police cells and Prisons	3.1.2			Targeted screening performed	Targeted screening performed	CTB supported screening in correctional facilities	Partially met	

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		
						the Q1, but no screening was conducted in Q3. Data collection for the TB/HIV assessment in correctional settings started.		
Support diagnosis of TB in the correctional facilities and other high-risk settings	3.1.3				1 digital x-ray and mobile van		N/A	Cancelled in APA2 due to insufficient funds.
Support TB/HIV review meetings that include staff from Police and correctional facilities	3.1.4		Review meetings supported	Review meetings supported	Review meetings supported	Activity relates to the planned MoU (activity 3.1.1) which was later cancelled	Not met	Activity relates to the planned MoU which was later cancelled
Provide LTTA for PMDT	3.2.1	LTTA provided	LTTA provided	LTTA provided	LTTA provided	The PMDT coordinator provided mentorship to clinicians on PMDT. Mentorship & supervision of physicians & HCWs managing DR-TB patients, weekly clinical meetings & ward rounds at Katutura Hospital; Remote & direct site support. Data analysis & report writing for the DRS. Also direct TA to NTLP on M&E & managing the electronic system for DR-TB	Met	
Train clinical teams and other HCWs on the management PMDT	3.2.2			1 PMDT trainings	2 PMDT trainings	Due to competing priorities and the upcoming Program Review, this activity	N/A	Activity moved to APA3

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		
						was cancelled		
Provide direct site support to MDR-TB treatment sites	3.2.3			Site visits	Site visits	On-going; additional support is provided to all sites remotely; Site visits to Windhoek, Otjiwarongo, Grootfontein & Tsumkwe/Mangetti in Q3. Clinical issues of individual patients addressed on site.	Met	Severe HR shortage noted in Tsumkwe following death & resignation of focal nurses; Inadequate infrastructure in Mangetti, Grootfontein & Otjiwarongo.
Initiate a community based DR-TB care model in Windhoek & Oshakati	3.2.5	1 (Tsumkwe already has Ambulatory model)		1 District with Ambulatory model	3 districts with Ambulatory model	1 community based ambulatory project already exists in Tsumkwe and the plan is to model the other two based on the Tsumkwe example	Not met	Planned for Q4, and will be subject to the review of guidelines
Conduct site assessments	3.2.6	baseline assessment done		Site assessment done	Facility plan	3 baseline assessments of high burden DOT facilities done; 1 st assessment done in 37 facilities in Q1 2 nd assessment 18 facilities in Q2, 3 rd Assessment in Q3 an external consultant (Dr Akpabio) conducted in May 2016 in which 40 facilities were assessed (see details below)	Met	An external consultant was engaged; results will be shared in Q4. During this quarter, another assessment of facilities was conducted with support of an external (local consultant) in 40 facilities.

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		
Conduct quarterly supervision to all CTB sites, and provide mentoring, and on-the-job training	3.2.7		site visits	site visits	site visits	Support visits conducted as part of Facility assessments, more structured mentorship visits planned with recruitment of TB/HIV technical officer and district TB/HIV coordinators	Partially met	CTB participated in 3 SIMS visits which were also utilized as supportive supervision to 10 facilities including 1DOT point in Erongo,(Swakopmund) Kavango East (Divundu) and Omusati (Oshikuku and Outapi). In addition, supportive supervision and mentorship was also provided during the Facility assessments to 40 sites (including 3 DOT points).



Data review on contact investigation during the facility assessment in Grootfontein Polyclinic

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		

							not met)	
Develop job aids for TB contact investigation and LTBI treatment (IPT)	4.1.1			750 job aids	750 job aids	Draft materials (job aids and training materials) developed	Partially met	MoHSS and Project HOPE were engaged in developing these. A two-day review meeting of these materials is planned for Q4.
Train CHWs and other site staff as well supporting CBOs on contact investigation and LTBI treatment	4.1.2			Curriculum developed & TOT conducted	District trainings	Basic training planned for CHW on contact investigation and documentation for Q4	Partially met	This is linked to 4.1.1 above. CTB Namibia will strengthen documentation on contact investigation through training of CHW and case management officers.
Conduct mentorship / supervision visits on contact investigation	4.1.3			Integrated supportive supervision including contact investigation	Support visit on contact investigation	Supportive supervision to trained staff will be done in Q4	Not met	Supportive supervision will be conducted in Q4 and first reported data analyzed

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		
Conduct training on TB-IC to all sites supported	5.1.1			TOT conducted	2 TOT trainings	During this quarter, CTB supported the ToT for TBIC in which 32 participants (25 females and 7 males) attended. The aim of the training was to equip participants in order to train, mentor, as well as manage TBIC in their respective	Met	Training of Trainers planned for Q4.

						facilities/districts, hence strengthening TBIC practices. Some of the key issues discussed included: Train HCW; Perform facility TBIC risk assessments and develop setting-specific TB IC plans; Establish a framework for TB infection control in health facilities, congregate and community; Emphasize the importance of behavior change communication in TB IC; Strengthen monitoring and evaluation for TB IC in their setting.		
Develop TB-IC plans for supported sites	5.1.2			TB-IC plans developed	TB-IC plans developed	8 Draft Plans developed, and more to be developed after the remaining TOT are conducted	Partially met	Activity is linked to 5.1.1 above; preparatory work commenced will be completed in Q4
Support renovations and outdoor waiting areas to selected sites	5.1.3			Renovation -5 sites	Renovation -5 sites	Sites assessments done to the five sites. (details below)	Partially met	Renovations to be completed in Q4
Conduct TB-IC assessments	5.1.4			IC assessments conducted	IC assessments conducted	Assessments were done to 6 CTB sites in Oshikoto (2), Omusati (3) and Otjozondjupa (1). Minor renovations will include the provision of patient outdoor waiting areas and sputum booths. Technical specifications have been drafted and	Met	

						request for quotations will be issued before the end of July 2016. The renovations at all sites are expected to be completed in Q4.		
Support TA on HCW surveillance for TB	5.2.1				1 STTA	ToR developed for the STTA which will be conducted in Q4 together with Program Review	N/A	STTA to be conducted in Q4
Conduct training on HCW surveillance	5.2.2				Training held	To be done following the assessment	N/A	To be done as part of STTA in 5.2.1
Conduct baseline screening for TB at supported sites	5.2.3				Screening algorithm developed and piloted in 5 CTB sites	HCW screening conducted using the algorithms	Partially met	In one of the two CTB sites (Engela district), a total of 140 HCW were screened for TB this quarter; of these 3 (2%) were diagnosed with TB. Screening of HCW will be done in two CTB sites as a pilot in APA4

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 (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support the revision of electronic tools to include data on IPT among contacts (see 10.1 and 4.1)	6.1.1			ETR revised	ETR revised	Revision of tools commenced in Q3 and will be completed in Q4	Partially met	Revision of ETR will continue into Q4. Further training on ERR will be done in Q4
Start discussions on conducting a pilot on the use of 3 months' preventive therapy using rifapentine and isoniazid.	6.1.2			Stakeholder meeting held	Stakeholder meeting held	A discussion with the NTLT conducted and CTB staff participated.	Not met	Initial discussions started with MoHSS. The stakeholders meeting is planned for Q4.

Include preventive therapy monitoring in routine supervision, clinical audits, and mentoring field visits.	6.1.3				1500 revised job aids		N/A	Assessing IPT is part of the monitoring tools and mentoring for CTB sites. Job aids to be printed in Q4
--	-------	--	--	--	-----------------------	--	-----	---

Sub-objective 7. Political commitment and leadership

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-Jun 2016	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 the NTP the first consultative workshop for the development of the 3rd Medium Term Plan for TB	7.1.1				Consultative workshop held and STTA	This STTA from KNCV/CTB will be done in Q4. More discussions with preferred consultant will be done during the NTLP program Review	N/A	Initial consultations with MoHSS and HQ have already started. This STTA from KNCV/CTB will be done in Q4. More discussions with preferred consultant will be done during the NTLP program Review Activity to be conducted in Q4.
Support the NTLP in conducting a national program review through STTA and logistical support	7.1.2				Mid-term review conducted	ToR for the three consultants participating in the STTA developed. NTLP has issued the final program and list of reviewers in the concept note.	N/A	Initial consultations with MoHSS and HQ have already started. Three Consultants from KNCV/CTB will participate in the program review next quarter from 24 th July to 2 nd August 2016. Two local TA will also participate as local reviewers.

Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-Jun 2016	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			

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 to the continuation of the multi-sectoral National TB & Leprosy Steering Committee meeting	8.1.1	1 meeting	2 meetings	3 meetings	4 meetings	The three planned NSC meetings were held with support from CTB. This meeting which coincided with the STTA of Eveline Klinkenberg on development of a protocol for TB disease prevalence survey. A draft protocol was produced and MoHSS is utilizing this to solicit for funding	Met	The NSC meeting for this quarter also served as the consultative meeting for the planned TB Disease prevalence survey
Provide TA for the GF reprogramming request	8.2.1			Administrative assistant recruited	Administrative assistant recruited	CTB seconded an Admin assistant to work with the NTLF on GF since 1 st June 2016.	Met	
Participate in CCM meetings and in sub-committees of the CCM	8.2.3	Participation in CCM	Participation in CCM	Participation in CCM	Participation in CCM	CTB Namibia Country Director is a member of the CCM and Oversight committee.	Met	

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		
Monitor stock levels of anti-TB medicines at supported sites	9.1.1			Tool developed	Tool implemented		N/A	CTB will not support this activity which is supported through MSH
Support the use of electronic tools for	9.1.2		ETR Revised	ETR Revised	ETR Revised	Revision begun in Q3 and will be completed	Partially met	Will happen together with the revision of ERR tools

pharmacovigilance						in Q4		
Motivate for the availability of delamanid, bedaquiline, linezolid, meropenem in the routine procurement channels	9.2.1	Motivation submitted	Motivation submitted	Medicines available	Medicines available	CTB supported the NTLP in this bid and the first consignment is already in use (7 patients started on BDQ this quarter and one on DLM).	Met	
Develop a protocol for piloting a shorter MDR TB regimen in Namibia	9.2.2			Consultative meeting	Consultative meeting held	PMDT coordinator attended training in The Hague on shorter regimens for DR-TB in June 2016.	Partially met	A workshop is planned in Q4 to revise the guidelines, and include the shorter regimens. A follow up consultative meeting to discuss the implementation will follow.

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	Oct 2015-Jun 2016		
Support revision of current tools (ETR) to capture CTB indicators	10.1.1			ERR revised	ERR revised	CTB is supporting the revision	Partially met	Activity to be completed in Q4
Provide TA to explore the interoperability of ETB Manager, ETR, EPMS, EDT and DHI	10.1.3			STTA provided	STTA provided	Activity cancelled	N/A	MoHSS already engaged another ministry to do this activity on a bigger scale (than TB)
Train participants on the ERR	10.1.5			1 Training on ERR	2 Training on ERR	HCW workers were trained in use of ERR tools including use of electronic tablets	Met	The next training on ERR will be done in quarter 4 and all CTB field staff will be involved.
Support quarterly zonal TB/HIV review meetings	10.1.6	5 review meetings	10 review meetings	15 review meetings	20 review meetings	All 15 planned zonal data review meetings for the reporting period were conducted with	Met	

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						support from CTB.		
Support TB/HIV program supervision	10.1.7		1 visits	4 visits	8 visits	Five of the ten CTB regions were supported as part of the TB/HIV facility assessments as CTB staff participating in the assessments also took this opportunity to provide mentorship and supervision of staff.	Partially met	Supervision conducted as part of the facility assessments
Finalize and disseminate 2nd DRS report	10.2.1		Dissemination workshop held & DRS report printed	DRS report available	DRS report available	Report writing workshop held, draft report available.	Partially met	Dissemination will be done in Q4.
Provide STTA for planning & protocol development of TB DPS	10.2.1		STTA provided			CTB supported the ministry in conducting a stakeholder Consultative meeting and STTA for the TB Disease Prevalence Survey protocol development. This STTA, led by a senior Epidemiologist from KNCV was a huge success as it led to a draft protocol with clear task allocations for the members of the DPS technical working group as well as a clearer detailed DPS implementation	Met	

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						plan with realistic time-lines. The technical working group whose chairperson was from WHO, had representations from the academia, MoHSS, (Policy planning, Radiology, Directorate of Special Programs, TB/HIV program), National Statistics Agency, MSH, CoHeNa, CDC and USAID.		
Support conduct of OR by local partners	10.2.2			EOI advertised	EOI advertised	Activity Cancelled	N/A	Due to competing priorities, this activity was cancelled
Provide STTA for epidemiologic assessment	10.2.3			STTA provided		ToR developed.	Partially met	STTA to be conducted prior to the Program Review from 11-24 July 2016
Support publishing of OR studies	10.2.4		Funds reserved for 6 OR studies		3 OR study Reports disseminated	Activity Cancelled	Not met	Due to competing priorities, this activity was cancelled

Supportive supervision was conducted from April to June 2016 to each of the 10 CTB regions and a total of 40 facilities (including 13 hospitals, 9 health centers, 15 clinics and 3 DOTs) were visited by a team of three with on the job mentorship/training conducted.



Supportive supervision at Rosh Pinah Clinic, reviewing Registers, assessing TB screening and the provision of IPT. Providing on the job training to Nurse in charge and Field Promoter. The **Rosh Pinah mine** is one of the largest and most important lead and zinc mines in Namibia. The mine is located in the extreme southwest, about 15 kilometers north of the Orange River and 50 kilometers east of the ocean in Rosh Pinah in the Karas region of southern Namibia.

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		
Co-fund trainings on TB/HIV guidelines use	11.1.1		1 training supported	3 trainings supported	4 trainings supported	Activity cancelled	Not met	Due to competing priorities, this activity was cancelled
Support NTLP/NACOP to attend international conferences	11.1.2				International conference attended	Activity altered: Support to the PMDT coordinator to attend the training on short regimens was done instead	Met	

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/SignedAmount**	Total Committed Amount	Total Disbursed to Date
TB SSF phase 2	B1	B1	US 22,491,960	US\$ 11,743,204	US\$ 11,743,204

* Since January 2010

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

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

The country team gave notice that the Global Fund board has approved the TB grant as submitted, an official notice is awaited. Namibia will apply for the next round in 2017. So far no specific discussions at country level have begun yet.

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

Challenge TB Namibia supported the Global Fund implementation this quarter through the recruitment and secondment to the National TB and Leprosy program, of an administrative assistant whose role is to facilitate implementation of the grant through provision of secretarial services, administrative support and any other tasks as delegated by the program manager. Some of the tasks performed by the administrative assistant included organizing meeting venues for planning meetings, setting up appointments with Sub-recipients and ensuring the calendar of activities is closely followed

In addition, the country director as a member of the CCM participates in CCM meetings and participates actively as a member of the oversight committee. Although scheduled quarterly meetings are held, ad hoc meetings are occasionally held depending on issues raised from time to time. The role as a CCM member is to participate in discussions and vote if necessary on issues that consensus is not reached, representing the TB constituency. Identifying potential implementation challenges and providing remedial actions.

Success Stories – Planning and Development

Planned success story title:	Currently no success story has been planned but we will start developing one in quarter 2 onwards, although we currently plan to build our story on IMPROVED TB/HIV COLLABORATION at all levels
Sub-objective of story:	1. Enabling environment
Intervention area of story:	1.4. Provider side: Patient centered approach integrated into routine TB services for all care providers for a supportive environment
Brief description of story idea:	Under TB CARE I, KNCV supported the ministry on procurement of 28 prefabricated containers stationed on various sites through the target districts mainly for use as sites for provision of DOT to TB patients. During assessments and supportive supervision, we note that not all these are optimally used. Options on how best to utilize the resources vary from increasing community awareness of their existence to increasing services provided at these very conveniently located points to include HIV care services such as medicine pick-up points and outreach services in general.

Status update: With CTB support, one district (Engela) already commenced decentralization of ART services during this quarter: Seven (7) of the ten (10) TB DOT Points in Engela District (procured through the predecessor project, TB CARE I) are now actively engaged in providing ART to stable patients. The number of patients decentralized from the main ART Clinic in Engela represents 2712 (52.6%) of a total of 5152 patients. This approach will be replicated in all other CTB districts. CTB intends to maintain a closer watch of this practice and will also ensure all co-infected TB patients from these communities receive their treatments from these DOT containers in the future. This is envisaged to improve treatment compliance and better treatment outcomes of both TB and HIV. Training materials are being finalized and training of staff is planned in August 2016 to ensure standard practices are implemented and can be monitored and evaluated over time.

4. 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	194	194	
Total 2012	216	216	
Total 2013	225	218	
Total 2014	349	309	
Total 2015	284	270	
Jan-Mar 2016	79	71	
Apr-Jun 2016	79	76	
Jul-Aug 2016			
To date in 2016	158	147	

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	0	0	Only Windhoek (Katutura-5Bdq & 1Dlm) and Oshakati (2Bdq) have patients started on this treatment
Total 2015	0	0	
Jan-Mar 2016	0	0	
Apr-Jun 2016	7	1	
Jul-Aug 2016			
To date in 2016	7	1	

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>)						Results shown for Oct 2015 to March 2016 reflect only 4 CTB districts, but this will change from Q3 onwards as CTB is now present in 20 of the
	Engela	211	180				
	Katima Mulilo	120	100				
	Oshakati	132	137				
	Windhoek	406	385				
	Walvis Bay						
	Swakopmund						

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
	Grootfontein						35 districts of Namibia. This will represent close to 80% of all cases of TB/HIV reported in the country each quarter.
	Otjiwarongo						
	Oshikuku						
	Outapi						
	Gobabis						
	Eenhana						
	Omuthiya						
	Onandjokwe						
	Tsumeb						
	Rundu						
	Nyangana						
	Nankudu						
	Keetmanshoop						
	Luderitz						
TB cases (all forms) notified for all CTB areas	869	802					
All TB cases (all forms) notified nationwide (denominator)	2500	2,250					
% of national cases notified in CTB geographic areas	35%	36%					
Intervention (setting/population/approach)		CTB geographic focus for this intervention					
Contact investigations	TB cases (all forms) notified from this intervention		386				
	All TB cases notified in this CTB area (denominator)		802				
	% of cases notified from this intervention		48%				
	CTB geographic focus for this intervention						
Other (specify)	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
	CTB geographic focus for this intervention						
Choose an	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
item.	% of cases notified from this intervention						

5. 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	Jan Willem Dogger (PFM) HQ		X			To provide support to the Namibia office in getting started with implementation including recruitment of key staff	Complete	8-12 February 2016	5	
2	KNCV	Mar Koetse, FO HQ			X		To conduct Internal audit once a year	Complete	23-27 May 2016	5	
3	KNCV	Romandi, SFM				X	International Finance Meeting	Pending			
4	KNCV	Abbas, Country Director					Attending the IMW in The Hague	Complete	1-5 February 2016	5	
5	KNCV	Ruswa, PMDT			X		International Meeting/CTB Week	Cancelled			
9	KNCV	Abbas, Country Director	X				Participating in the Union World Lung Conference; Interacting with other professionals/ CD's and sharing ideas	Complete	1-6 Dec 2015	5	
10	KNCV	NTLP Manager	X				Participating in the Union World Lung Conference; Interacting with other professionals and sharing ideas	Complete	1-6 Dec 2015	5	
11	KNCV	KNCV Namibia staff (3 staff members)				X	3 CTB staff will be supported to attend international trainings.	Complete			
12	KNCV	Kristian van Kalmthout				X	external consultant for short term technical assistance on HCW surveillance for TB	Pending			To be done as part of Program Review
13	KNCV	Max Meis				X	TA to lead consultative workshop for the	Pending			Planned for End of August 2016

#	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					
							development of the 3rd medium term plan for TB.				
14	KNCV	Max Meis			X		Support the NTLP in conducting a national program review through STTA and logistical support	Pending	24 July- 2 August 2016		
15	KNCV	Victor Ombeka			X		Support the NTLP in conducting a national program review through STTA and logistical support	Pending	24 July- 2 August 2016		
16	KNCV	Nico Kalisvaart			X		<ol style="list-style-type: none"> 1. To clean the data with reference to hard copy registration forms if needed; 2. To conduct the initial analysis of the draft TB DRS database in order to recommend data validation steps 3. To support the final validation of the draft TB DRS database 4. To support the documentation of the observations during the validation process 	Complete	17-25 October 2015	8	
17	KNCV	Eveline Klinkenberg			X		<ol style="list-style-type: none"> 1. To conduct relevant desk review of the Namibia TB situation to better understand the context in which the DPS is being planned; 2. To provide technical guidance in a 	Complete	28 March-1 st April 2016	5	

#	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					
							stakeholder workshop for the DPS TWG to take key decisions in the design and organization of the DPS; 3. To assist the Namibia NTP/DPS TWG in drafting a protocol for the DPS in line with the WHO recommendations on such surveys; 4. To provide guidance on the costing elements to be included in the protocol				
18	KNCV	Jens Levy			X		STTA for Epi-assessment	Pending	11-24 July 2016		
19	KNCV	NTP staff				X	3 participants attending The Union course on TB in Malaysia, Kuala Lumpur.	Complete		4 days	
20	KNCV	Max Meis, TFP HQ			X		technical backstopping	Pending	Sep 2016		
21	KNCV	Max Meis, TFP HQ				X	APA3 work planning	Pending	11-14 July 2016		
22	KNCV	Kelly Schut, PO HQ				X	APA3 work planning	Pending	11-14 July 2016		
23	KNCV	Akpabio Ebong			X		TB/HIV facility assessments	Complete		Data collection completed final report awaited	
Total number of visits conducted (cumulative for fiscal year)							10				
Total number of visits planned in approved work plan							23				
Percent of planned international consultant visits conducted							43%				

6. Quarterly Indicator Reporting

Sub-objective: 1. Enabling Environment						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	Sector (Prison, Mining)	annually	9,882 (2014)	9388	Measured annually	Sector specific data for non-NTP providers is not available. This number is from the NTLT
1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy	n/a	annually	Yes	Yes	Measured annually	Not yet available

Sub-objective: 2. Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	n/a	annually	1	1	Measured annually	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	New, Previously treated	annually	n/a (Q3)	80%	Measured annually	Currently this data is not available routinely. In the future, periodic assessments will provide this data, while strengthening the routine system to make it available.
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		annually	1/1 (2014)	1	Measured annually	Not yet available

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
(LQMS).						

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	Setting	quarterly	9,882 (2014)	9388	4750	Disaggregated data will be available at the end of APA 2 Data reported here is for Oct 2015 to March 2016.
3.1.2. #/% of cases notified (new confirmed)		quarterly	1432 (national) (Year?)	?	Not available yet	Disaggregated data will be available at the end of APA 2
3.1.3. Case notification rate	n/a	annually	449/100,000 (2014)	?	Measured annually	Not yet available
3.1.4. Number of MDR-TB cases detected	National	quarterly	349 (2014)	?	245 (Oct 2015 – Jun 216)	Cumulative data from Q1. Includes only confirmed MDR and RR cases
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.).	Setting	annually	85% (2014)	90%	Measured annually	Disaggregated data will be available in APA 3, for patients registered in a disaggregated format in APA 2.
3.2.2. Treatment success rate for pediatric TB patients		annually	not available	90%	Measured annually	Not yet available
3.2.4. Number of MDR-TB cases initiating second-	Nationally	quarterly	327	?	225 (Oct 2015 – Jun 2016)	Cumulative data from Q1. Includes only confirmed MDR and RR cases

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
line treatment						
3.2.7. Number and percent of MDR-TB cases successfully treated	CTB districts	annually	68% (2014)	70%	Measured annually	Not yet available
3.2.10. #/% of planned cohort reviews conducted		annually	5 (100%)	20	Measured annually	Not yet available
3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB treatment	CTB districts	quarterly	98% (2014)	100%	Q1=387 (99%) Q2=330 (97%) Q3= Q4=	This is only Oct-2015 to March 2016 data for four CTB districts; Data for April-June is not yet available
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB districts	quarterly	84% (2014)	95%	Q1=385 (88%) Q2=317 (94%) Q3= Q4=	This is only Oct-2015 to March 2016 data for four CTB districts;
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB districts	quarterly	92% (2014)	95%	Q1=874 (96%) Q2=729 (91%) Q3= Q4=	This is only Oct-2015 to March 2016 data for four CTB districts;
3.2.14. % of health facilities with integrated or collaborative TB and HIV services	CTB districts	annually	4	20	Measured annually	
3.2.19. Treatment success rate of TB patients diagnosed in prison	CTB districts	quarterly	n/a (Q4)	85%	Not available yet	

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
4.1.1. #/% of eligible index cases of TB for which contact investigations were undertaken	n/a	quarterly	Baseline in Yr 2	50%	Data not yet available	Activity will be implemented in Q4
4.1.2. #/% of children	n/a	quarterly	Baseline in Yr 2	50%	Data not yet available	Activity will be implemented in Q4

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
(under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB						
4.2.2. # of high risk persons screened for TB (stratified by applicable risk groups)	sex	quarterly	Baseline in Yr 2	TBD	A total of 131 persons were screened at the Army Barracks in Oshakati, one hundred and thirty-one (131) were referred for further examinations and three (3) screened for TB of which one had bacteriologically confirmed TB, one had EPTB and was diagnosed with MDR-TB.	Activity will be implemented in Q4

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.1. Status of TB IC implementation in health facilities		annually	2	2	Measured annually	
5.1.4. % of TB service delivery sites in a specific setting (ex, prison-based, hospital-based, private facility) that meet minimum infection control standards		annually	n/a (Q4)	60%	Measured annually	
5.1.2. #/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)		annually	Baseline in Yr 2	1	Measured annually	
5.2.1. Status of TB disease monitoring among HCWs		annually	0	1	Measured annually	Activity will start in Q4
5.2.3. Number and % of health care workers diagnosed with TB during		quarterly	51 (2014)	TBD	Not available yet	

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
reporting period						

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	Baseline in Yr. 2	TBD	Not available yet	This data will be available at the end of APA 2, after reporting starts during APA 2.

Sub-objective: 7. Political commitment and leadership						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.1.2. Status of NSP development: 0=The NSP is expired or not being implemented; 1=An updated/new NSP is being drafted; 2=NSP has been developed and costed; 3=NSP has been finalized, endorsed by the government and implemented	n/a	annually	2 (2015)	3	Measured annually	Work on developing the 3 rd NSP starts in 4 th quarter after the Program review
7.2.3. % of activity budget covered by private sector cost share, by specific activity	n/a	annually	Baseline in Yr. 2	TBD	Measured annually	Not yet available

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	n/a	annually	1	2	Measured annually	Not yet available
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		annually	n/a	TBD	Measured annually	Not yet available

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
8.2.1. Global Fund grant rating	n/a	annually	B1 (2015)	B1	Measured annually	Not yet available

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)	1st and 2nd line	quarterly	2 (2014)	0	0	Currently this is not being directly supported by CTB, this report is based on the MoHSS' own reports. From Q3, CTB field staff will be requested to monitor this in CTB supported areas.
9.2.1. # of new and ancillary drug regimens that have become available in country since the start of Challenge TB	n/a	annually	n/a	3	Measured annually	Not yet available

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
10.1.1. #/% of PMDT sites reporting consistently via the ERR		annually	4 (2014)	13	measured annually	Not yet available
10.1.2. #/% of eligible health facilities reporting TB data in real time or at least quarterly via the ERR		annually	Baseline in Yr. 2	80%	measured annually	Not yet available
10.1.4. Status of electronic recording and reporting system		annually	1 (2014)	2	measured annually	Not yet available
10.2.2. Prevalence survey conducted/completed in the last three years		annually	No (2015)	No (DPS may be conducted in 2017)	measured annually	Not yet available

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
10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years		annually	Yes	Yes	measured annually	Not yet available
10.2.4. #/% of operations research, evaluation or epidemiological assessment study results disseminated (stratified by level of dissemination: report, presentation, publication)	Level of dissemination	annually	n/a (Q4)	6 OR studies to be completed by Sep 2016	measured annually	Not yet available
10.1.1. #/% of PMDT sites reporting consistently via the ERR		annually	4 (2014)	13	measured annually	Not yet available
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		annually	0% (2014)	TBD	Measured annually	Not yet available
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		annually	Yes (2014)	Yes	Measured annually	Not yet available
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		annually	No (2015)	No	Measured annually	Not yet available

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded)	n/a	quarterly	50% (2014)	80%	50%	CTB staff provided supportive supervisory visits to 6 of 11 CTB regions. These included 40 health facilities and 3 DOT points as part of the facility assessments and 10 health facilities and 1 DOT point as part of the SIMS Visits.
11.1.3. # of healthcare workers trained, by gender and technical area	n/a	quarterly	321 (2014)	315	134 community cadres trained by the NTP (98 lifestyle ambassadors on community awareness for TB; 36 community TB care providers on TB guidelines)	No CTB funding for any trainings this quarter No gender disaggregation available for the said trainings