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**CHALLENGE TB**



## **Challenge TB - Nigeria**

**Year 2**

**Quarterly Monitoring Report**

**April - June 2016**

**Submission date: July 29, 2016**

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### *Cover photo:*

Photograph 1: Her Excellency, Wife of the President, Mrs. Aisha Buhari with TB partners at the State House during the Stop TB Conference

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### **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	Nigeria
Lead Partner	KNCV
Other partners	WHO
Work plan timeframe	October 2015 – September 2016
Reporting period	April- May 2016

### Most significant achievements:)

Through concerted efforts and effective monitoring, the CTB Nigeria staff have been able to implement 75% of our APA 2 period 1 work plan milestones. Upon the delivery of 94 microscopes in the previous quarter, during this quarter CTB most significantly was able to expand microscopic services across the 12 CTB-states, thus contributing to an increase microscopic coverage nationally. On the whole CTB during the quarter recorded the following achievements; *all data across the 12 states are currently undergoing validation*

- CTB during the quarter embarked on contact investigation of bacteriologically positive TB cases in six states (Lagos, Ondo Osun, Katsina, Kano and Niger states). The purpose was to curtail the transmission of TB within the household of patients and provide care for those who might have contracted TB. Index TB patients' houses were visited and household members screened. In all, a total of **675** index TB patients households were visited, **1,756** household members were screened for TB; **891** sputum samples collected for diagnosis and **96** MTB cases were detected, corresponding with 5,5% of the household members. AFB and GeneXpert were used as per availability. All have been linked to treatment services.
- Similarly, during the quarter, as a follow on to the mapping of community patent medicine vendors (PMVs) CTB orientated additional 90 PMVs in Kano and Katsina bringing the total PMVS oriented and engaged cumulatively to **180**. From the activities of the PMVs during the quarter **426** Presumptive cases were referred, in Kano, Katsina, Rivers and Cross Rivers; **35** TB cases were identified of which one was a rifampicin-resistant TB case. All were linked to appropriate treatment.



Dr. Wonodi reviewing a Child with EPTB (Spine TB) PHC Rumuigbo, Rivers state

In order to ensure that pediatric TB cases receive attention, CTB supported pediatricians to conduct follow up supervisory/ mentoring activities to high burden pediatric clinics to monitor their progress. A total of **67** supportive supervision visits were conducted. Additionally, pediatricians in Akwa Ibom and Cross Rivers led children-focused outreaches in high-density population communities. A total of **17** children were diagnosed with TB. A case of a child with a gibbus (extra-pulmonary TB) was also picked up by a pediatrician in Rivers state. He has been placed on the appropriate anti-TB regimen.

- Another area of significant achievement during the quarter was the installation of **10 additional** GeneXpert machines, bringing the total machines installed cumulatively to **32** under the CTB project. Twelve of those machines were procured through the PEPFAR grant. To further ensure the effective utilization of the GeneXpert machines, CTB continued support to ensure the hub and spoke model for sample movement to

GeneXpert sites. At present a total of **5,569** sputa were transported during the quarter and the results are part of the GeneXpert reporting system.



Supervision visits to a DR-TB patient in the community, in Kano.

CTB during the quarter continued to support the enrolment of MDR TB cases across the 12 states. A total of **149** DR-TB patients were enrolled on treatment during quarter. Of these patients, CTB supported **124 (76M; 48F) (83%)** patients of those enrolled through community DR-TB enrolment during the quarter. In addition, CTB is cumulatively providing economic support for **476** DR-TB patients across the 12 states and **13** patients received hearing aids during the quarter.

- From the 84 sites that were assessed for possible expansion of diagnostic services, **42** new microscopic sites were established (Zeiss-iLED Microscopes) and capacity of the laboratory staff was built to conduct AFB microscopy services. In all a total of **111** (M71; F40) were trained during the quarter. The data from the sites are yet to be compiled to provide a comprehensive report to demonstrate the impact obtained from AFB services.



**Wife of the Vice President, Mrs. Dolapo Osinbajo & Participants.**

The CTB consortium, with support from other stakeholders and The Stop TB partnership Nigeria (STBPN), in collaboration with the National TB and Leprosy Control Programme (NTBLCP), held its maiden National Tuberculosis Conference in May 2016 in Abuja, Nigeria with the theme "The Hidden Face of Tuberculosis: Challenges in Identification and Management among Vulnerable Groups in Nigeria". The key speakers during the conference attended by over 1,200 participants included Ambassador Dr. Eric Goosby, UN Special Envoy on TB, Dr. Lucica Ditiu, Ex director Stop TB Partnership, Geneva; Dr. Maarten van Cleeff, Global Director of the KNCV-lead Challenge TB Project, The Netherlands; Prof Mark Cotton, Dept. of Pediatrics and Child Health, Stellenbosch

University, Cape Town, South Africa; President, African Society for Pediatric Infectious Diseases and Prof. John Idoko, DG, NACA. Some of the dignitaries at the meeting included the wife of the Vice-President of Nigeria, Mrs. Dolapo Osinbajo, the Hon. Minister of Health, Prof. Isaac Adewole, the USAID Mission Director, Mike Harvey, the chair of the Stop TB partnership, Prof. Lovett Lawson so also partners including USAID, FHI, Agbami Partners, WHO, UNICEF, KNCV/CTB and others stakeholders. The key note address from the presentations centered on the need to find TB and eradicate TB in Nigeria as soon as possible with Government commitment. This can be achieved if everyone will speak about TB. Mrs. Dolapo Osinbajo speaking on behalf of the wife of the President of Nigeria, Aisha Buhari, promised to use every



**2016 TB Champions**

resource necessary to help in the fight against TB. The conference came to an end with the crowning of several TB champions, who have been exceptional in the challenge to eradicate TB in Nigeria.

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

- Industrial action by health care workers in some states such as Osun, Ondo, and Benue during the quarter thereby interrupting service delivery and also supplies to private health facilities involved in TB program. CTB will continue to work with the state TB programs to expand DOTS services to identified private faith-based organizations.
- Issues with operationalization of sputum sample transfer with courier services (Riders for Health) both in Kano and Akwa Ibom region. The primary hiccup was due to inadequate communication between facility staff and Riders for Health with regard to establishing a lead focal persons for coordination of these activities. As a result, Riders for Health has now identified state focal persons to monitor and interface between health facility staff and the motorcycle riders. The CTB program officers will continue to provide feedback to Riders for Health about bottlenecks observed in the field and immediate need for corrective actions.
- General inadequacy (numbers and technical capacity) of TB control work force. Weak understanding and lack of motivation of DOTS FPs and TB/Leprosy Supervisors on TB documentation. CTB using the just approved APA 2 work plan will conduct joint advocacy visits to priority states to solicit the support of line ministries for the deployment of staff to TB unit; also in the APA 2 approved work plan there are targeted refresher training for TBLS based on critical performance gap analysis in collaboration with NTBLTC Zaria.

**Next Steps**

- Continue to identify private sectors for the expansion of DOTS services
- Work the state Quality Assurance officers to install the remaining microscopes
- Continue with TB contact investigation and management of diagnosed TB cases in high burden facilities, including proper monitoring and analysis
- Continue to strengthen sputum transportation across the states to optimize utilization of GeneXpert machines for diagnosis of tuberculosis and improve quality supervision and distribution and sensitization on revised GeneXpert algorithm among health care workers.

**Summary milestone data as of March 2016**

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones <b>met</b> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <b>partially met</b> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <b>not met</b> by Q2 (cumulative for Oct 15 - Mar 16)	
	#	%	#	%	#	%
N	45	75%	11	18.3 %	4	6.7%

## 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-June 2016		
Retain local CBOs to provide community education and outreach for case finding and treatment support in hard-to-reach areas (4 states: Akwa Ibom, Benue, Cross River and Osun)	1.2.1	24 outreach activities conducted (6 per state)	24 outreach activities conducted (6 per state)	24 outreach activities conducted (6 per state)	96 outreach activities conducted (24 per state)	<p>CTB continued to engage community CBOs to conduct outreach activities in the identified hard-to-reach areas in 4 states of Akwa Ibom, Benue, Cross Rivers and Osun states. In addition, outreach activities were conducted in Lagos and Rivers states where community members were tested for TB. Information on TB signs and symptoms including Toll free number, availability of diagnostics and treatment services within the communities and close environs were shared to the public during the outreach programs.</p> <ul style="list-style-type: none"> <li>• <b>89</b> outreach activities to intensify case finding have been held.</li> <li>• <b>4,167</b> persons were screened and reached with information on TB</li> <li>• <b>1,355</b> presumptive TB cases were identified and examined using AFB microcopy and GeneXpert</li> <li>• <b>100</b> TB cases were detected and commenced on treatment of which one is an MDR-TB case</li> <li>• <b>900</b> IEC materials distributed during outreach activities</li> </ul>	MetMetMet	Outreach activities will continue next quarter

**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-June 2016		
Continuation of context-specific outreach to increase public awareness of TB symptoms and where to seek care (12 states)	1.3.1	Evaluation of radio and IEC completed and adapted • Monthly radio messages aired, IEC materials distributed • Call center sustained	Monthly radio messages aired, IEC materials distributed • Call center sustained	Monthly radio messages aired, IEC materials distributed • Call center sustained	144 monthly radio messages aired • 1,300,000 IEC materials distributed • Call center sustained	CTB during the quarter continued to support demand creation activities through the radio and the CTB call Centre. In all the messages aired, the CTB toll free call number (CALL CTB 0800-2255-282) was incorporated in to create an avenue for the public to seek more information about TB and where to locate free medical help closest to them. Till date a total of: • <b>2,996</b> radio jingles have been aired including complementary slots provided by the radio stations. • <b>2,871</b> calls were answered and concluded from call Centre on TB information. <b>2022 (70.4%)</b> were inquiry for service; <b>82 (2.8%)</b> were technical complaints and <b>38(1%)</b> were service complaints • <b>1,100</b> T-shirts with messages on TB were distributed. • <b>29</b> flex and wall banners • <b>350</b> face caps distributed • <b>1,000</b> jotters/pens/folders distributed • <b>12</b> LGA mini rallies conducted during World TB Day • <b>31,774</b> copies of IEC materials including posters have been printed and distributed.	Met	Activity will continue in the coming quarters
Sensitize HCWs to increase their awareness of TB symptoms and	1.3.2	HCWs of 96 facilities sensitized and SOPs	HCWs of 96 facilities sensitized and SOPs	HCWs of 96 facilities sensitized	HCWs of 384 facilities sensitized	In order to increase TB case finding and ensure that no TB case is missed during presentation at health care facilities, CTB staff	Met	Activity will continue in the coming quarters. Supervisory visits to

**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-June 2016		
distribute SOPs on intensified case-finding (12 states)		distributed •96 supervisory visits conducted •12 seminars conducted	distributed •96 supervisory visits conducted •12 seminars conducted	and SOPs distributed •96 supervisory visits conducted •12 seminars conducted	and SOPs distributed •384 supervisory visits conducted •48 seminars conducted	continued with the sensitization of HCW with the aim to increase their awareness of TB symptoms, how to promptly identify presumptive cases, increase their awareness of availability and utilization of GeneXpert services and on the availability of Challenge TB toll-free number to call for more information about TB. Additionally, the capacity of facility staff was built in data management and on facilities-specific problem-solving skills. <ul style="list-style-type: none"> <li>• <b>3,270</b> (1,867M; 1,403F) health care workers (HCWs) were sensitized</li> <li>• <b>923</b> health facilities sensitized</li> <li>• <b>1,557</b> SOPs were distributed to further reinforce the during the sensitization trainings.</li> <li>• <b>12</b> seminars were held during the sensitization meetings</li> </ul>		sites are integrated with other visits to health facilities
Update, print and distribute directories of local diagnostic sites to all health facilities in the state (12 states)	1.3.3	6,606 functional TB service delivery points stratified by LGAs printed and distributed	An updated directory of 6,700 functional TB service delivery points stratified by LGAs printed and distributed • 600 state directories distributed	An updated directory of 6,750 functional TB service delivery points stratified by LGAs printed and distributed	26,900 TB service delivery points by LGAs printed and distributed • 600 state directories distributed	It is expected that the directories will be updated every 6 months to incorporate newly established GeneXpert, AFB and DOTS service sites. However, <ul style="list-style-type: none"> <li>• <b>327</b> DOTS directories were distributed to identified health facilities from previously printed materials</li> </ul>	Partially met	The printings are done periodically. the remaining will be distributed during the quarter to newly established DOTS sites

**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-June 2016		
Assess factors related to non-performance of microscopy centers and institute appropriate actions to revitalize or replace those centers	2.1.1	75 sites assessed • Faulty microscopes repaired • 40 sites reactivated • Minor renovation of 25 sites completed	Faulty microscopes repaired • 35 sites reactivated		75 sites assessed. • Faulty microscopes repaired • 75 sites reactivated • Minor renovation of 25 sites completed.	Assessment of non-performing microscopy sites was carried out during the quarter in line with the Fix, Expand, Ensure Quality and Demand creation (FEED) strategy of CTB Nigeria. The sites were assessed to ascertain reason for non-functionality with the aim of addressing them where possible. • <b>123</b> microscopy sites have been assessed to date • <b>58 (47%)</b> were reactivated cumulatively over the quarters • During the assessment faulty microscopes that were found were also repaired, a Recording and Reporting was tools provided, and staff were mentored or provided on the job training.	Partially met	The activity is continuous over the life of project
Expand microscopy sites in low-coverage LGAs	2.1.2	35 labs Microscopy sites established • Orient. of lab staff for 35 sites conducted • 35 labs upgraded • 3,819 biosafety bags	received	3,819 biosafety bags distributed • 193 biohazard bags for DR patients	71 labs Microscopy sites established • Orient. of lab staff for 71 sites conducted • 71 labs upgraded • 15,276 biosafety bags	CTB during the quarter took delivery of 94 microscopes in the previous quarter and assessed a total of 84 labs for microscopy expansion. Some of the reasons for non-functionality include lack of trained staff, lack of functional microscopes and or TB recording and reporting materials amongst others. Further, refurbishment of sites was undertaken for the establishment of microscopic centers and staff capacity was built to conduct AFB	Partially met	Delays in arrival of the microscopes have prevented the project from meeting the target. The money for the purchase of 7 Medical Disposal unit has been re-programmed

		distributed • #MDU • 193 biohazard bags for DR patients			distributed • 7MDU • 777 biohazard bags for DR patients	examinations. In all a total of:  <ul style="list-style-type: none"> <li>• <b>63</b> Laboratory sites were refurbished and / or renovated including <b>21</b> previously existing labs</li> <li>• <b>66</b> microscopy sites have been established and provided equipment and supplies</li> <li>• <b>212</b> laboratory staff (134 males; 78 females) trained on AFB microscopy</li> <li>• <b>16,200</b> bio-safety bags procured with <b>9,450</b> distributed</li> </ul>		
Procure additional GeneXpert instruments for priority areas not covered by GF and Provide technical assistance for installation of GeneXpert machines procured through Global Fund, and support maintenance activities	2.4.1	Additional 10 Gene XPerts	Additional 10 Gene XPerts	NA	4 sites upgraded • 20 GeneXpert instruments & accessories installed	CTB delivered 10 additional GeneXpert machines during the quarter. To ensure effective service delivery, laboratory staff in the health facilities were trained on the use of GeneXpert assay to detect MTB and Rifampicin resistant TB (operations, sample processing, cartridge inoculation, routine maintenance and troubleshooting). Additionally, health facility and peripheral staff within the LGAs were sensitized. The sensitizations were aimed at educating health care workers on updated diagnostic algorithms for GeneXpert assay with expanded testing to all presumptive TB patients. Also the staff were sensitized on recording and reporting tools available for the management of DR-TB cases.  <ul style="list-style-type: none"> <li>• <b>39</b> sites were assessed for GeneXpert installation.</li> <li>• <b>20</b> GeneXpert machines have been installed during the quarter</li> <li>• <b>206 (114M; 92F)</b> laboratory and clinical staff were trained.</li> </ul>	Met	Activity completed

PEPFAR: Procure additional GeneXpert instruments for priority areas not covered by GF and Provide technical assistance for installation of GeneXpert machines procured through Global Fund, procure additional cartridges, and support maintenance activities	2.4.2	12 sites upgraded • 12 GeneXpert instruments & accessories installed	NA	NA	12 sites upgraded • 12 GeneXpert instruments & accessories installed	Additionally through the PEPFAR grant 10 machines were procured and installed. Prior to the installation the sites were assessed and upgraded and the capacity of staff built to be able to deliver TB services in all the sites	Met	
Develop sputum transport and GeneXpert result reporting systems for suspected DR-TB (11 states with the exception of Cross River - culture lab)	2.6.1	9,225 sputa transported and results retrieved.	9,225 sputa transported and results retrieved.	9,225 sputa transported and results retrieved.	36,900 sputa transported and results retrieved.	CTB continued to boost the utilization of GeneXpert machines across the states and ensure expedient laboratory specimen transport and results feedback system.  <ul style="list-style-type: none"> <li>• <b>77</b> cool boxes were procured and distribution is ongoing in the region as sites are identified.</li> <li>• <b>12,784</b> sputa have been transported to GeneXpert sites thus far.</li> </ul>	Partially met	Activity will continue to expand in subsequent quarters

**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-June 2016		
Integrate and link 5 selected pediatric service delivery points in each state for intensified case-finding (in 12 states) in collaboration with other USAID partners in Benue, Bauchi & Kano.	3.1.1	30 Facilities sensitized • 500 copies of Pediatric desk guides re-printed and distributed • National tools (GeneXpert algorithm and R & R tools) distributed	NA	NA	30 Facilities sensitized • 500 copies of Pediatric desk guides re-printed and distributed • National tools (GeneXpert algorithm and R & R tools) distributed	In continuation of the mapping and sensitization of high load pediatric sites in CTB supported states, CTB during the quarter supported the conduct of follow up supervisory visits to the sites with the aim of assessing utilization of knowledge gained during the capacity building and to review any childhood TB cases on treatment in the facilities being supported. INH drugs and registers were provided to some of the facilities. On the job training was conducted for HCWs on INH registers. Other issues addressed include poor documentation practices poor community linkages were also addressed.  <ul style="list-style-type: none"> <li>• <b>35</b> pediatric sites linked for intensified case finding</li> <li>• <b>260</b> Clinicians (<b>116</b> M; <b>144</b>F) were sensitized on childhood TB services</li> <li>• <b>700</b> copies of NTP guidelines printed</li> <li>• Relevant NTP R&amp;R tools were also provided to the facilities.</li> <li>• <b>50</b> TB national guidelines were supplied to all facilities.</li> <li>• <b>81</b> Supervision follow-up visits were carried out by trained pediatricians to pediatric sites</li> </ul>	Partially met	The desk guides are yet to be printed because there is need for a review and update of the guide by the NTP. See activity 10.1.3 for part National tools printed
Work in collaboration with	3.1.2	MoU with Implementi	NA	NA		Orphans and Vulnerable Children (OVCs) care in Lagos state is	Partially met	No activity took place during the

Sub-objective 3. Patient-centered care and treatment								
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other PEPFAR/USG Implementing Partners (IPs) to integrate TB screening into Orphans & Vulnerable Children (OVC) programs in 8 states (Akwa Ibom, Lagos, Katsina, Bauchi, Kano, Niger, Enugu, Benue) KNCV 8 states		ng Partners (IPs) established in each state				implemented by several partners. Since August 2014, approximately 32,000 OVCs have been enrolled across 12,500 households and 5 CBOs currently support activities in these LGAs in Lagos State. KNCV through CTB project developed and shared with stakeholders a detailed step-by-step approach and screening tool/ questionnaire for the screening of all enrolled OVCs. Consequently, within the period, screening of children at correctional / child welfare centers commenced during the planned HCT carried out by CDC/APIN at these centers. Samples obtained from symptomatic OVCs (Presumptive TB cases) were transported to nearest GeneXpert site for investigation. Data is yet to be compiled. Similarly, in Akwa Ibom region, 4 CBOs were identified and engaged. Outreach activities among the children are yet to commence.		quarter on this
Link health services of large companies with NTBLCP structures in 5 states (Lagos, Rivers, Akwa Ibom, Kano and Cross River) KNCV 5 states	3.1.3	Large companies mapped and health services assessed	NA	NA		In continuation of linkage of health services in large companies to NTBLCP structures within the States, the CTB project in Kano mapped out additional 5 companies in Q3. Cumulatively 10 companies were mapped for integration. Of these, seven (7) companies have been fully integrated to TB and the staff mentored to refer identify and refer presumptive TB cases while advocacies were conducted to the	Met	

Sub-objective 3. Patient-centered care and treatment								
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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-June 2016		
						<p>remaining 3. Similar mapping and linkages of sites were also conducted in Akwa Ibom and Cross Rivers for 10 company clinics. CTB will continue to intensify efforts in this regard.</p> <ul style="list-style-type: none"> <li>• <b>20</b> Clinics mapped and 17 of them linked to the State TB program</li> <li>• <b>26</b> (9M;F17) participants oriented during the quarter</li> </ul> <p>CTB and the state team will continue to provide oversight functions to the sites</p>		
A) Conduct assessments of high-volume ART/TB sites and mentor staff to implement the FAST strategy (3 states) Lagos Akwa Ibom, Benue)	3.1.4	A). 9 facility staff trained to establish FAST A). 150 facility staff orientated on FAST A). 15 facilities provided w/ supervision & mentoring	A). 15 monthly mentoring visits conducted	A). 15 monthly mentoring visits conducted	A). 9 facility staff trained to establish FAST A). 150 facility staff orientated on FAST A). 60 facilities provided w/ supervision & mentoring	<p>Following the Technical assistance provided by Dr Max Meis on FAST strategy and the conduct of ToT in Lagos, high volume ART/TB sites namely were identified in Benue Lagos and Akwa Ibom states were identified for the implementation of FAST. Follow up result of implementation showed some improvement in the time to diagnosis and time to treatment though variations exist among participating health facilities in each state.</p> <ul style="list-style-type: none"> <li>• <b>68</b> persons (M39; F29) were trained on FAST</li> <li>• <b>189</b> participants (101 males; 88 females) were sensitized on FAST strategy.</li> <li>• <b>15</b> mentoring visits were</li> </ul>	Met	Facilities have been assessed and staff trained and mentored, activity is ongoing.

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-June 2016			
							<p>conducted to sites on FAST</p> <ul style="list-style-type: none"> <li>From available data, average time to diagnosis in Lagos was 75.4% for 2 days or less compared to 19.2% at baseline while time to treatment was 28.1% compared to 21.9% at baseline</li> <li>Similarly in Akwa Ibom state, the average time to diagnosis for 2 days or less was 72.4% compared to 49.6% at baseline whilst time to treatment was 55.9% compared to 66.3% at baseline</li> </ul>		
Identify key private and public sector facilities and expand DOTS to additional locations in 12 states	3.2.1	Orientation & mentoring for HCWs conducted at 50 HFs.	Orientation & mentoring for HCWs conducted at 50 HFs.	Orientation & mentoring for HCWs conducted at 51 HFs.	Orientation & mentoring for HCWs conducted at 151 HFs	<p>To further engage all service providers in the delivery of TB service, CTB during the quarter expanded DOTS services to private facilities and identified new public health facilities in states where there were no private facilities to expand services.</p> <ul style="list-style-type: none"> <li><b>16</b> DOTS facilities were renovated.</li> <li><b>79</b> DOTS sites established (<b>49</b> private and <b>30</b> public facilities).</li> <li><b>366</b> persons (M209; F157) were trained to provide TB DOT services. CTB team ensured that the facilities were provided tools and mentored on the NTP recording and reporting materials.</li> <li><b>159</b> nonfunctioning DOTS sites</li> </ul>	Partially met	The activity is ongoing and it will be completed in the coming quarter	

Sub-objective 3. Patient-centered care and treatment								
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						have been re-activated since onset of project		
Engage patent medicine vendors (PMVs) in community outreach, case finding, and treatment support in 5 states (Cross River, Lagos, Rivers, Kano & Katsina)	3.2.2	One-day orientation conducted • R&R tools and TB directory distributed to all PMVs. • 9 one-day monthly meetings conducted across 5 states	9 one-day monthly meetings conducted across 5 states	9 one-day monthly meetings conducted across 5 states	One-day orientation conducted • R&R tools and TB directory distributed. • 36 one-day monthly meetings conducted across 5 states.	During the quarter CTB commenced the engagement and mapping of PMV in Lagos, Kano and Katsina states for the purpose of assisting in the identification and referral of presumptive TB case in the communities and the provision of treatment support for patients enrolled into care. Additional 90 PMVs were identified and orientated in Kano and Katsina and commenced activities immediately. In all, a total of <ul style="list-style-type: none"> <li>• <b>470</b> PMVs and Community Pharmacists (CPs) were mapped in Cross Rivers and Rivers state</li> <li>• <b>180</b> PMVs and CPs orientated</li> <li>• <b>426</b> Presumptive cases were referred, in Kano, Katsina, Rivers and Cross Rivers</li> <li>• <b>35</b> TB cases identified of which one is rifampicin-resistant TB case. All were linked to appropriate treatment</li> <li>• Requisite R&amp;R tools were provided</li> <li>• <b>8</b> meetings held with PMVs</li> </ul>	Partially met	Four of the five states have completed their mapping and engagement while Lagos state have conducted entry meeting with umbrella body of PMVs and detailed mapping and engagement will be done next quarter
Establish and or Scale up	3.2.3	Support provided	Support provided	Support provided	Support provided	CTB in its effort to bridge the gap between DR-TB cases diagnosed	Partially met	Activity will continue in

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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-June 2016		
ambulatory DR-TB care, including patient treatment adherence support (baseline investigation, auxiliary drugs, prevention and management of Adverse Drug Reactions) to 10 states. (Lagos and Kano are covered by USAID through FHI360.)		for existing and enrollment of new DR-TB patients	for existing and enrollment of new DR-TB patients	for existing and enrollment of new DR-TB patients	for existing and enrollment of new DR-TB patients	and enrolled into care continued to support enrolment into care of DR-TB patient at the community level. The process for this includes baseline investigations, follow up sputum investigation, hearing aides and ancillary drugs where necessary and provision of patient support for those on care. <ul style="list-style-type: none"> <li>• <b>149</b> (M87; F62) DR-TB patients were newly enrolled into treatment across the 12 states of which <b>124 (83.3%)</b> were initiated at the community level</li> <li>• <b>307</b> (M210; F97) patients cumulatively enrolled on treatment at the community level in the three quarters.</li> <li>• <b>476</b> DR TB patients are provided support in communities across the 12 states.</li> <li>• <b>13</b> DR-TB patients provided hearing aides</li> </ul> Those provided support include all those discharged from treatment facilities into the community.		subsequent quarters

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-June 2016		
Implement contact tracing for bacteriologically positive pulmonary TB cases in 12 states	4.1.1.	150 sputum transport boxes provided • HCWs supported with transport or telephone vouchers	150 sputum transport boxes provided • HCWs supported with transport or telephone vouchers	150 sputum transport boxes provided • HCWs supported with transport or telephone vouchers	605 sputum transport boxes provided • HCWs supported with 6,240 transport or telephone vouchers	<p>Following the sensitization of HCWs as part of activities to implement contact tracing for bacteriologically confirmed pulmonary TB patients Health Care Workers during the quarter conducted visits to the homes of index TB patients and screened their household contacts for TB.</p> <ul style="list-style-type: none"> <li>• <b>20</b> (M1; F19) health workers were sensitized and provided SOPs, contact tracing registers and cool boxes for sputum transport.</li> <li>• <b>852</b> TB patient households visited</li> <li>• <b>2274</b> household members screened</li> <li>• <b>1053</b> sputum samples were collected for diagnosis</li> <li>• <b>132</b> MTB cases were detected</li> </ul> <p>The visits also provided opportunity to provide TB education to household members.</p>	Met	The activity is ongoing in all the states however there are pending challenges in obtaining disaggregated data by state which will be an effort in the next quarter by ensuring availability of harmonized recording and reporting tools

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-June 2016		
Review and finalize state-specific operational plans through technical assistance to local teams (in GF co-located states, this is a joint activity covered under CTB funding) in 12 states	7.1.1	Stakeholders meeting held • Draft of 6 states' operational plan finalized	Advocacy visits conducted to 6 states • operational plan of 6 states approved & implemented		Advocacy visits conducted to 6 states • operational plan of 6 states approved & implemented	CTB during the quarter supported the review of and finalization of the draft of the state Strategic plans from May 2-6 <sup>th</sup> 2016. The plans will also serve as a means for resource mobilization from both government and partners. • <b>6</b> zero drafts of state operational plans were developed and finalized	Partially met	The costing of the plans to be finalized
Organize and conduct baseline assessment in 3 Band-3 states	7.1.2	NA	NA	Baseline assessment conducted	Baseline assessment conducted	The three additional states to be provided support by CTB were recently identified. The states are Nasarawa, and Ogun states. The State control officers for the 3 states will participate in the work plan development process next quarter. The baseline assessments for the states will be conducted next quarter	Not met	The activity has been re-programmed into the APA 2 work plan for only 2 states (Nasarawa and Ogun)
Technical assistance to state teams for effective planning, supervision and data reviews for all 12 states	7.2.1	Technical assistance provided to states • 151 LGA supervisors trained on electronic data management systems	Technical assistance provided to states	Technical assistance provided to states	Technical assistance provided to states • 151 LGA supervisors trained on electronic data management systems	Supervision & mentoring visits to DOTS, TB microscopy and GeneXpert sites were carried out during the quarter to all the states by the CTB team. In all, a total of <b>167</b> supervisory visits were planned and <b>118 (71%)</b> were conducted during the quarter. Cumulatively to date, <b>436</b> supervisory visits were conducted. Key issues addressed during the supervision include the review and update of documentation, on-the-job mentorship and capacity building of HCW to address identified gaps on TB management	Partially met	The NTP is piloting the electronic data management system in 4 states (Ondo, Lagos, Oyo and Ogun). The lessons learned from the process will inform the scale up to the other states.

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-June 2016		
						and enhanced service delivery, replacement of some outdated tools, printing and distribution of R&R tools were not available; advocacy to state and LGA authorities for uninterrupted political and financial commitment to State TB Programme.		
Provide a long term Technical Assistance to NTP on quality planning, implementation, M&E and partners coordination for all interventions (National level-WHO Leads)	7.2.2					As is the custom, CTB staff during the quarter supported the planning and implementation of quarterly state review meetings across the states. The meetings provide opportunity for the collation and validation of statistical data, review of program performance, providing updates on new developments in the program and continuing professional development channel participants especially LG TBL Supervisors.		Partially met

Sub-objective 7. Political commitment and leadership									
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-June 2016			
Organize quarterly a 1 day partner's forum meeting in 12 states	7.2.3	State partners forum meeting held	KNCV/CTB supported and coordinated TB/HIV partner's forum meeting across the Osun, Lagos and Niger states during the quarter with key implementing partners involved in TB/HIV with the aim to on ways to strengthen the delivery of an integrated TB/HIV services in all secondary and tertiary facilities in the state for improved performance and to identify issues and challenges with a view to resolving them. The absence of TB R&R tools at ART facilities (and vice versa) resulting in missed opportunities was discussed likewise the lack/or poor use of HIV/TB national algorithms; high staff attrition and the need for Partners to share information and provide feedbacks. In total <b>47</b> (M30, F17) participants attended the meeting		Partially met	The activity will continue in subsequent quarters			

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-June 2016			

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-June 2016		
Integrate data quality variables into the supervisory checklist and assess data quality bi-annually for 12 states -	10.1.1	Mentoring to facilities conducted	Mentoring to facilities conducted	Mentoring to facilities conducted	Mentoring to 1,341 facilities conducted	The activity as agreed with the NTP will take place from in the last week of July or first week in August, 2016	Not met	The NTP is presently piloting the use of e-TB manager for susceptible TB. Activity is put on hold so emerging issues from e-TB manager pilot can be incorporated into the checklist
Continuation of the inventory assessment for TB services to evaluate the extent of under-notification of diagnosed cases of TB in Lagos State	10.1.2	Assessment and inventory conducted	Assessment and inventory conducted	Data analyzed	Assessment and inventory conducted <ul style="list-style-type: none"> <li>• Data analyzed</li> <li>• Report written</li> </ul>	The clinical coordinator has already been selected and will be commencing work on July 15 <sup>th</sup> 2016. The team of three (3) consultants is in the process of being contacted for interviews. Additionally, a planned methodology work shop took place in Lagos in January 2016, during which buy-in was also obtained from the state TB program manager and Director of Public Health. The protocol is nearly finalized and has also received the green light from the state TB manager and KNCV Lagos office during a mission in May to obtain this permission. During this mission the two lists of private unengaged TB treatment providers were de-duplicated, and the data collection and entry forms were also completed. Disease surveillance Notification (DSN) data has been requested from the Commissioner of Health, and Pick-n-Pack data has been obtained for analysis. Eight (8)	Partially met	The study is planned to take off in August 2016

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-June 2016		
						of ten (10) co-investigators have completed the NHREC course and submitted their certificates		
Print all program recording and reporting tools (25% of estimated need in CTB project area)	10.1.3	Documents printed	NA	NA	Documents printed	<p>During the quarter CTB provided upstream support in the printing of The National recording and reporting materials to bridge the gap in the stock out of National tools pending Global fund printing and distribution. The tools were distributed to the CTB 12 supported states irrespective of coverage area. The manuals will aid GHCWs and stakeholders alike in the management and implementation of strategies for the control of TB, Leprosy and Buruli.</p> <ul style="list-style-type: none"> <li>• <b>700</b> copies of National TBL and Buruli Ulcer Management guideline printed</li> <li>• <b>528</b> manuals have been distributed to CTB supported states and identified stakeholders.</li> <li>• <b>75,000</b> treatment cards printed</li> <li>• <b>85,000</b> Patient appointment cards printed</li> <li>• <b>10,000</b> sputum request forms</li> <li>• <b>2,000</b> Laboratory Registers and</li> <li>• <b>5,000</b> Presumptive clinic register</li> <li>• <b>250</b> copies of Challenge TB bulletin printed and distributed</li> </ul>	Met	Printing is based on need

<b>Sub-objective:12 Technical Supervision</b>								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-June 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			
Technical supervision - KNCV	12.1.1	NA	TA Visit	NA	TA Visit	There was no in country TA visit during the quarter however, there were remote support through regular country team review meetings.	Met	

<b>APA2 TB Funds (Pre-approved activity)</b>								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-June 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			
Provide support for national laboratory assessment organized by USAID in collaboration with N.T.P.	2.2.1	N/A	N/A	1) + 3) Petra de Haas and 16-person team sent to provide TA in and participate in USAID lab assessment	2) Support implementation of action plan on the lab assessment in the 15 CTB states  1) One additional TA trip done by Petra de Haas	With pre approval from USAID, the CTB project supported the visit of Petra de Haas (KNCV) and Prof Moses Joloba (Supra-national reference laboratory Uganda) as part of the National laboratory assessment team visit to Nigeria in collaboration with other external consultants from March 14 <sup>th</sup> -25 <sup>th</sup> 2016. The purpose of the visit was to assess Nigeria's TB diagnostic network to improve capacity of the TB diagnostic network to increase detection of TB and MDR-TB. Findings from the assessment revealed an unclear national TB diagnostic algorithm and	Met	Completed.

						inconsistent process for referral to further tests; ongoing power outages that hinder consistent culture service provision; underutilization of GeneXpert machines amongst others. A comprehensive report is expected and key recommendations will be incorporated into APA2 implementation		
In-country political commitment strengthened	7.2	NA	NA	NA	One TA Trip by Dr Gidado	As part of the strengthening of the engagement of PPM activities in country Dr Mustapha Gidado participated in a 3-day trip to India to attend Global PPM conference together with a representative from NTP. The purpose of the meeting was to see the possibilities of re-thinking the strategic approach for PPM in Nigeria. As a follow up, USAID with CTB project will be conducting an assessment in Nigeria with the aim of re-strategizing the PPM engagement.	Met	Completed.
Staffing and Operations						In continued support for the delivery of quality PMDT services in country, CTB during the quarter engaged eight (8) additional PMDT staff to assist in the enrolment of DR-TB patients into care and monitoring of DR-TB patients under care in the various communities. In addition, the hired staffs are expected to ensure proper documentation, monitor patients' adherence and adverse drug reactions; and ensure that patients enrolled are provided the necessary follow up investigations.	Met	Completed
World TB day						The Challenge TB team in Nigeria including WHO staff planned several	Met	Completed

					<p>outreach activities and events around World TB Day. These included appearances in various radio and television stations, community outreaches, rallies and walks as well as visits to several faith based organizations. At one of such events in Bauchi state which took place at the Palace of the district head of Miri in Bauchi LGA and was well attended by political, community, traditional and religious leaders as well as development partners, people from the community. Speakers at the event included the Governor of Bauchi state represented by the deputy governor, wife of the state Governor, Commissioner of Health represented by Permanent Secretary MOH, Emir of Bauchi represented by the chief Imam of Bauchi and the executive secretary of Bauchi State Action Committee on AIDS, TB and Malaria.</p>		
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<p>TA to NTP on three thematic areas (TB, TB/HIV and PMDT)</p>								<p>WHO/CTB continued to provide upstream support to the NTP in the implementation of TB/HIV, TB and PMDT activities during the quarter. Through these multiple efforts WHO provided support in the following areas:</p> <ul style="list-style-type: none"> <li>• Facilitation and conduct of National TB/HIV working meeting which include; fast-tracking the order and clearing of INH 300mg, for about 40,000 PLHIV and development of the advocacy brief and the newsletter is on-going</li> <li>• Coordination meeting of the National TB Medicines and Logistics group; the first batch of CAT I drugs has been received and is being distributed to all the states to address the stock-out</li> <li>• Support for the National TB operational research technical committee meeting. Through this process a review and evaluation of the bid for TB Small and Medium Scale Operations Research grants. Only two of the reviewed proposals satisfied the set criteria</li> <li>• Support for the resource mobilization activity for the control of TB in Nigeria through the (UN) Special Envoy for Tuberculosis, Dr Eric Goosby from May 16-19, 2016. Through in-depth discussions were held with the Minister of Health;</li> </ul>	<p>Met</p>	<p>Completed</p>
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					<p>chairpersons of health committees in the Senate and House of Representatives as well as the Commissioners of Health from six states and development partners during which he pressed for increased government resource allocation to TB control, especially procurement of first-line and second-line anti-TB drugs from the GDF.</p> <ul style="list-style-type: none"> <li>• Provided technical support for the planning of the Q1 2016 NTBLCP program review meetings in the six geo-political zones of the country</li> <li>• Supported the NTBLCP in updating status of DR-TB patient on the waiting list and facilitated linkage to treatment where necessary</li> <li>• Facilitated and supported the NTBLCP in the training of Pediatricians, Medical officers and Nurses on diagnosis and management of Childhood Tuberculosis in Nigeria</li> <li>• Facilitated and supported NTBLCP in conducting National Supervision of PMDT activities in Cross River and Ogun states</li> <li>• Facilitated the development of the National TB supervision register</li> </ul>	
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### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient ( <i>i.e., TB NFM - MoH</i> )	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed ( <i>if available</i> )
IHVN	A2	A2	\$35.2 Million	\$27.6 Million	NA
ARFH			\$176.9 Million	\$97.9 Million	NA

Source: Global Fund Website: Grant Performance Report

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

Nigeria has two active Global Fund TB grants managed by two Principal Recipients: the Association for Reproductive and Family Health (ARFH) responsible for the expansion of the DOTS strategy and HIV/TB component, and the Institute of Human Virology Nigeria (IHVN) responsible for the Multi-Drug Resistant-TB component. The period of the grant is from July, 2015 to December, 2017. The country just ended the second semester of both grants. The PR's are currently in the process of assessing two states (Kaduna & Ebony) as direct sub recipients for GF and TB Network has been selected as a sub recipient for community TB activities in the Northern states with the exception of Kwara and Kogi states. The OIG report was discussed during the PR/SR meeting and was equally shared to all TB stakeholders to ensure strict adherence to financial management systems; The PRs are equally intensifying their oversight functions over sub recipients at all levels.

As part of the coordinating mechanism CTB, USAID and other key partners participated in the PR/SR meetings and the planning cell meeting; in both meetings overall program performance were discussed and the role of different partners in complementing the effort of NTP were emphasized especially in the following areas: active case finding activities, drug and logistics management, laboratory networks, DR-TB enrolment and quality of supervision at all levels. The Challenge TB project has continued to provide TA for partners' forum meetings in all the 12 states to ensure effective coordination of resources and effective implementation of activities at the state level.

Some of the challenges experienced during the quarter include Occasional stock out of anti-TB medicines and GeneXpert cartridges in few states; the delayed arrival and clearance of first line anti-TB drugs; industrial actions by all government workers including health care workers in number of states; and security challenges in the entire Niger Delta region

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

Through active support of CTB, there was the mapping and redistribution of GeneXpert cartridges and first-line anti-TB drugs between states; CTB Spearheaded a planning meeting to develop draft road map for the introduction of new regimen for DR-TB. A major outcome of the meeting is that CTB will support the introduction of new regimen with external technical assistance. Equally CTB participated alongside other partners in the development of IEC materials by the Global Fund and in the 12 states.

## 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	<b><u>TB Heroes: I have no regrets being a TB Health Worker!</u></b>
<b>Sub-objective of story:</b>	Enabling Environment
<b>Intervention area of story:</b>	Sensitize HCWs to increase their awareness of TB symptoms and distribute SOPs on intensified case-finding (12 states)
<b>Brief description of story idea:</b>	<p>On the 11<sup>th</sup> of May 2016, the Honorable Commissioner of Health for Akwa Ibom State, Dr. Dominic Ukpong was present to award six TB Champions in Uyo for their laudable contribution to TB control in the state. The award ceremony was organized by the CTB Nigeria team, spear headed by the CTB Senior Program Manager for the region. The ceremony was well-attended and included partners from FHI, Pathfinder International, TB Network and several CBOs. Representatives from the Ministry of Health the University of Uyo Teaching Hospital and staff of the State Tuberculosis and Leprosy Control Unit were also present. The TB Champions included nurses and health workers who have exceeded expectations in providing support and help for TB Patients. These recipients are people who performed outstandingly in their various work places. One of the recipients is a 50- year- old health care worker, Mrs. Geraldine Ebong who has been a health care worker for close to three decades and has been working with TB patients for over 10 years. Mrs. Geraldine received an award for her outstanding performance with TB patients. All her patients compliment her because she not only makes sure they follow through with their treatment, but she is always available when they need her. She currently works at the health center in Nung Udoe, Akwa-Ibom where she has taken care of over 100 TB patients. As a trained health care worker, she believes her primary responsibility is to always ensure that all her patients feel comfortable around her. According to Mrs. Geraldine, “patients responds better to treatment when they feel loved by their health workers”. “Due to the stigma associated with TB, these patients require empathy in order</p> <div data-bbox="566 544 1406 1179" data-label="Image"> </div> <p style="text-align: center;"><b>Participants at the ceremony</b></p>

for them to not only come for treatment but also carry on their treatment till they are cured". She is a firm believer of having a good relationship with patients and boasts of the grace God has given her for managing TB patients.

Mrs. Geraldine was happy to receive the award and recognition and believes she still has a few more years of service to offer to TB patients. She says she has no regret of being a health worker and if given the opportunity again, she would still want to work as a TB health care worker.



Akwa Ibom State 2016 TB Champions



TB Champion, Mrs. Geraldine

**Status update:**  
Draft pending HQ Approval

<b>Planned success story title:</b>	<b><u>Partners in the Fight against Tuberculosis</u></b>
<b>Sub-objective of story:</b>	<b>Patient-centered care and treatment</b>
<b>Intervention area of story:</b>	Link health services of large companies with NTBLCP structures in 5 KNCV states (Lagos, Rivers, Akwa Ibom, Kano and Cross River)
<b>Brief description of story idea:</b>	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p><i>The Partners at the community center</i></p> </div> <div style="text-align: center;">  <p><i>Residents of Okoloma community at the outreach</i></p> </div> </div> <p>Demand creation, using multiple channels is one of the core packages of the CTB Project and that is exactly what the CTB team in Rivers State achieved when it partnered with the Shell Petroleum Company Development in Nigeria (SPCD) Community health unit to create awareness in Okoloma community so that the community can begin to demand TB services. The CTB team in Rivers State expressed interest to partner with the SPCD to address specific health issues with the aim of improving the health and well-being of Okoloma Community members. In line with one of the goals of Challenge TB Nigeria, which is to reduce TB in in high burdened local governments and communities, CTB Nigeria and the Shell Community health department embarked on their first community outreach.</p> <p>The turnout for the outreach was successful as over 200 residents were present at the community center. The CTB team, led by the program officer for Rivers State Dr. Ogwueche, was given an opportunity to enlighten the people on TB. It was a very</p>

informative session, as a good number of people had not heard about TB or knew very little about tuberculosis.



free of charge at their local health centers.

The outreach presented more opportunity for both organizations- for the SPCD team to conduct malaria tests, while the CTB team took some sputum samples of residents who were presumed to have TB. Several questions were being asked and the CTB representatives which included doctors and health workers provided people with the necessary answers and clarifications.

Although none of the sputum samples were positive for TB, the CTB team were pleased with the outcome of the outreach, as it was more of an informative platform. The people of the community went back to their homes sensitized about TB. Residents were told what to do if they suspect someone to have TB and were also given the toll free TB health care number to call in case of any enquiries. Most importantly, they were informed that TB testing and treatment is

**CTB Program Officer for Rivers State, Dr. Ogwueche, addressing the crowd**

**Status update:**

Draft pending HQ Approval

## 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	95	39	The review meeting for Q 2 2016 is yet to take place across the states  Apr-Jun 2016 data not available yet
Total 2012	185	225	
Total 2013	665	432	
Total 2014	783	424	
Total 2015	1,279	656	
Jan-Mar 2016	349	241	
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			Nigeria is just in the process of developing the road map for the use of shorter regimen
Total 2015			
Jan-Mar 2016			
Apr-Jun 2016			
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)</i>						Apr-Jun 2016 data not available yet
	Akwa Ibom	602	717				States are yet to conduct their quarterly review meetings for collation of data
	Bauchi	735	833				
	Benue	1,028	1,210				
	Cross Rivers	385	472				
	Enugu	374	428				
	Lagos	2,214	2,314				
	Niger	392	451				
	Kano	1,453	1,740				
	Katsina	707	833				
	Ondo	487	489				
	Osun	604	671				
	Rivers	611	649				
	TB cases (all forms) notified for all CTB areas	9,606	10,807				
All TB cases (all forms) notified nationwide (denominator)	23,362	25,990					
% of national cases notified in CTB geographic areas	41.1%	41.6%					
Intervention (setting/population/approach)							
Children (0-14)	CTB geographic focus for this intervention	12 states	12 states				Apr-Jun 2016 data not available yet
	TB cases (all forms) notified from this intervention	574	597				
	All TB cases notified in this CTB area	9,606	10,807				
	% of cases notified from this intervention	6.0%	5.5%				
Reported by private providers (i.e. non-	CTB geographic focus for this intervention	12 states	12 states				Apr-Jun 2016 data not available yet
	TB cases (all forms) notified from this intervention	1204	755				
	All TB cases notified in this CTB area	9,606	10,807				

governmental facilities)Reported	% of cases notified from this intervention	12.5%	7.0%				
Reported by prisonsReported by prisonsReported by prisons	CTB geographic focus for this intervention	12 states	12 states				Apr-Jun 2016 data not available yet
	TB cases (all forms) notified from this intervention	43	43				
	All TB cases notified in this CTB area	9,606	10,807				
	% of cases notified from this intervention	0.4%	0.4%				

## 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	Dr Max Meis	x				Patient Centered Care and treatment	Complete	13/11/2015	5 days	FAST Strategy Implementation
2	KNCV	Dr Victor Ombeka	x				Patient Centered Care and treatment	Pending			Community PMDT
3	KNCV	Ellen Mitchell	x				Quality data, surveillance & M&E	Complete	15/01/2016	6 days	Assessment of TB Services
4	KNCV	Kelly Schut	x				Technical Supervision	Complete	13/11/2015	9 days	Back stop Project officer
5	KNCV	Jan Willem Dogger	x				Technical Supervision	Complete	13/11/2015	9 days	Back stop Project Management
6	KNCV	Ellen Jane-Burgrust			x		Technical Supervision	Complete	13/11/2015	9 days	Back stop Finance
7	KNCV	Dr Jerod Scholten	x				Work plan development	Complete	23/01/2016	13 days	Technical backstop
8	KNCV	Dr Jerod Scholten		x	x			Pending			Technical backstop
9	KNCV	D'Arcy Richardson						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
10	KNCV	Donna Bjerregaard						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
11	KNCV	Dr Chishala Chabala						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
12	KNCV	Dr Gunta Dravniece						Complete	27/11/2015		PMDT and introduction of new regimens and drugs
13	KNCV	D'Arcy Richardson		x			Work plan development	Complete	22/01/2016	12 days	APA 2 Work plan development
14	KNCV	Kathleen England		x			Work plan development	Complete	22/01/2016	6 days	APA 2 Work plan development
15	KNCV	Victor Ombeka		x			Work plan development	Complete	22/01/2016	6 days	APA 2 Work plan development

16	KNCV	Christina Mergenthaler		x			Work plan development	Complete	22/01/2016	6 days	APA 2 Work plan development	
17	KNCV	Kitty van Weezenbeek		x			Advocacy/ Political commitment	Complete	13/01/2016	2 days	APA 2 Work plan development	
18	KNCV	Maarten Van Cleeff		x			Advocacy/ Political commitment	Complete	14/01/2016	3 days	APA 2 Work plan development	
19	KNCV	Petra de Haas		x			Laboratory Assessment	Complete	25/03/2016	13 days	USAID Laboratory Assessment	
20	KNCV	Christina Mergenthaler			x		Inventory study	Complete	13/05/2015	13 days	APA 1 Period 2 work plan	
10								Choose an item.				
Total number of visits conducted (cumulative for fiscal year)								20				
Total number of visits planned in approved work plan								12				
Percent of planned international consultant visits conducted								167%				

## 7. 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
1.2.3 NIGERIA SPECIFIC: # presumptive TB cases identified by CBOs in hard to reach areas	NA	Quarterly	Not available	NA	3000	Data is not yet available
1.2.4 # TB cases notified through CBOs in hard to reach areas	NA	Quarterly	Not available	NA	300	Data is not yet available
1.3.3 NIGERIA SPECIFIC: Number of presumptive TB cases tested	NA	Quarterly	FY 14 Total Presumptive TB cases =172,040	F Y 16 Total Presumptive TB cases = 242,72		

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.1 # of laboratories performing microscopy (stratified by LED florescence, Ziehl-Neelsen)	stratified by LED florescence, Ziehl-Neelsen)	Annually	In 2014, 387 laboratories in the 12 states	Additional 96 microscopy sites established. Total labs = 507	Measured annually	
2.1.2 A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	NA	Annually	0	2	Measured annually	
2.2.2 #/% of laboratories showing adequate performance in external quality assurance for smear microscopy	NA	Quarterly	CTB states: 97% concordance rate (2014)	95% is benchmark for national, so same as target		
2.2.6 Number and percent of TB reference laboratories (national and intermediate) within the	NA	Annually	National: 5 out of 8 NRLS functioning well 2014	8	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).						
2.2.7 Number of GLI-approved TB microscopy network standards met	NA	Annually	6 out of 11 (2015)	8 out of 11 standards	Measured annually	
2.4.1 GeneXpert machine coverage per population (stratified by Challenge TB, other)	CTB States	Quarterly	CTB: 23 Xpert machines in 12 states (2014) 2015 = 31	27 additional Xpert machines + existing 31 machines = 58 total Xpert machines in 12 states.	55 GeneXpert machines till date	
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other)	CTB States	Annually	100% (CTB 2014)	100%	Measured annually	
2.4.3. MTB positivity rate of Xpert test results	CTB States	Quarterly	25.4% National figure (2014 Annual Report)	NA		Data is not yet available
2.4.4. Rifampicin resistance rate of Xpert test results	CTB States	Quarterly	3.2% (National figure 2014 Annual Report)	NA		Data is not yet available
2.4.5. % unsuccessful Xpert tests	CTB State	Quarterly	3.5% (CTB 2014)	Below 3.5%		Data is not yet available
2.4.7. % of labs using WHO approved rapid diagnostic tools (disaggregated by type: Xpert MTB/RIF, LPA, etc.)	CTB State	Quarterly	25 (FY 15 baseline)	NA for LPA CTB: Gene Xpert = 58	55 GeneXpert machines till date	
2.4.8 NIGERIA SPECIFIC: Number of Xpert MTB/RIF assays performed	CTB States	Quarterly	TB CARE I: 6,353 tests in 11 machines in 2014 = 1,588 tests/quarter	350 * quarter (4) * 58 machines = 81,200 tests		Data is not yet available
2.6.7. NIGERIA SPECIFIC: # of sputum samples transported to GeneXpert	CTB States	Quarterly	TB CARE I: 100 samples/month using One hub and 10 spokes	75 samples/month		Data is 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
sites with documented results			(2014)			
2.3.1 Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result	CTB States	Quarterly	TBD	CTB LGAs 95%		Data is not yet available

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.)	NA	Quarterly	Total TB cases notified (all forms) = 17,204 (baseline for 151 LGAs 2014)	FY 16 Total TB cases notified - Annual (all forms) in 2016 = 24,273	Data is not yet available	Data is not yet available
3.1.2. #/% of cases notified (new confirmed)	CTB states	Quarterly	92% of 17,204 = 15,828	92% of 24,273 = 22,331	Data is not yet available	Data is not yet available
3.1.3. Case notification rate	CTB states	Annually	National = 52/100,000 (2014) CNR for assigned LGAs (CTB): 45/100,000	CNR for assigned LGAs = 63	Measured annually	
3.1.4 # of MDR-TB cases detected	National and CTB states	quarterly	Total FY 15 = 237	Total FY 16 = 1,191		
3.1.7. Childhood TB approach implemented	CTB states	Annually	NA	3	Measured annually	
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	CTB states	Quarterly	10%	10%		
3.2.1 Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector,	National and CTB states	Annually	Total FY 15 = 91%	Total FY 16 = 94%	Measured annually	

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
pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).						
3.2.3. #/% of HFs with TB services/DOTS	CTB states	annually	FY 15 = 1,190 existing DOTS centers/CTB and 2,307 for the whole states	FY 16 - Additional 151 new sites + existing 1,190 = 1,341 for only CTB LGAs	Measured annually	
3.2.4 Number of MDR-TB cases initiating second-line treatment	National and CTB states	quarterly	Total FY 15 = 226	Total FY 16 = 1,132		
i. Number and percent of MDR-TB cases successfully treated	National and CTB states	annually	61%	65%	Measured annually	
3.2.9. % of MDR-TB patients still on treatment and culture negative 6 months after starting MDR-TB treatment	CTB states	annually	baseline as at Q1 2014, Community PMDT = 68.5%	Maintain Community PMDT = 70%	Measured annually	
3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB treatment	CTB states	quarterly	National: 87% tested for HIV - (2013) CTB assigned LGAs: 73.2%	100%		Data is not yet available
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB states	quarterly	National: 67% (2013) CTB assigned LGAs: 60.6% (2014)	>75%		Data is not yet available
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB states	quarterly	National: 88% tested for HIV - (2013) CTB assigned LGAs: 82.2%	100%		Data is not yet available
3.2.22. #/% of TB patients followed by community-based workers/volunteers	CTB states	quarterly	National: 56% of enrolled patients managed by a TS	70%		Data is not yet available

<b>Sub-objective: 3. Patient-centered care and treatment</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
during at least the intensive phase of treatment			(treatment supporter) (2013) CTB: TBD			
3.2.24 % MDR patients who receive social or economic benefits	CTB states	annually	100%	100%	Measured annually	

<b>Sub-objective: 4. Targeted screening for active TB</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	CTB states	quarterly	9,018 (87%)  National 2015)  908 (CTB) Data is for one Quarter of FY15	4000		Data not yet available

<b>Sub-objective: 5. Infection Control</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
5.1.3. #/% of TB IC (i.e. FAST) certified health facilities	CTB states	quarterly	12 facilities in 6 states  (under TB CARE I project)	15 facilities in 3 CTB states	15	
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	NA	NA	Measured annually	
5.2.3 Number and % of	CTB states	annually	NA	N/A	Measured annually	There are no interventions in this

Sub-objective:		5. Infection Control				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
health care workers diagnosed with TB during reporting period						area by CTB nor the country. There are no baseline data available

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	CTB states	Quarterly	6,254 (85%) National 2015 CTB (505) Data is for FY 15 one quarter	2,700		Data not yet available

Sub-objective:		7. Political commitment and leadership				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.1.1. % of the national TB strategic plan that is funded (from government funds, Global Fund grants, donors, etc.)	CTB states	annually	NA	NA	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	National	annually	Not available	Not applicable	Measured annually	

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	National	annually	0	2	Measured annually	
8.1.4. % of local partners'	CTB	annually	None in APA1	Not applicable	Measured annually	

<b>Sub-objective:</b>	<b>8. Comprehensive partnerships and informed community involvement</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
operating budget covered by diverse non-USG funding sources						
8.2.1. Global Fund grant rating	National	annually	B2 and A1 for both RPS (ARFH and IHVN respectively)  2014	Not applicable	IHVN=A2 ARFH=B1 (2016)	Information obtained from Aidsplan

<b>Sub-objective:</b>	<b>9. Drug and commodity management systems</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
9.1.1. # of stock outs per [year] of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	National	quarterly	Not Available	Not applicable		

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
10.1.4 Status of electronic recording and reporting system	National and CTB States	quarterly	1  Patient level data available in the e-TB manager for DR-TB	3	2	Patient case based ERR system is in existence for DR-TB. For the DS TB the ERR system is currently being piloted in 4 select states of Ogun, Lagos, Ondo and Oyo State
10.2.2. Prevalence survey conducted/completed in the last three years	National	annually	Most recent prevalence survey conducted in 2012.	N/A	Measured annually	
10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years	National	annually	Most recent DR-TB surveillance survey conducted in 2012.	N/A	Measured annually	

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
10.2.5. # of successful approaches identified to improve TB diagnosis and treatment	CTB states	annually	N/A	N/A for APA1 or APA2. A review of approaches will be done using program implementation evidence.	Measured annually	
10.2.4. #/% of operations research, evaluation or epidemiological assessment study results disseminated (stratified by level of dissemination: report, presentation, publication)	CTB states	annually	1 study in APA 1. (About to commence field work)	1	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	National	annually	Not Available	Not applicable	Measured annually	
10.2.6 % of operations research project funding provided to local partner (provide % for each OR project)	CTB states	annually	None in Year 1	100%	Measured annually	
10.2.7 Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National	annually	NA	Yes	Measured annually	