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Challenge TB - Zimbabwe

Year 2

Quarterly Monitoring Report

April-June 2016

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Cover photo:

Health Care Workers meeting with an MDR-TB patient at St Lukes District Hospital. (Credit: P. Magaya)

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1. Quarterly Overview

Country	Zimbabwe
Lead Partner	International Union Against TB and Lung Disease (The Union)
Other partners	KNCV Tuberculosis Foundation (KNCV), Interactive Research and Development (IRD) and World Health Organization (WHO)
Work plan timeframe	October 2015 – September 2016
Reporting period	April – June 2016

Most significant achievements:

- The roll out of the District Health Information Software Version 2 (DHIS2) is progressing successfully following the training sessions conducted in Quarter 2. The districts have started entering health facility data backdating to January 2015. For the period of January – March 2016, 1,395/1,740 (80.2%) health facilities had entered their TB data from their quarterly reports into the software. The reporting rate is expected to significantly improve following procurement of 75 laptops for TB Coordinators to assist in data entry to be distributed in the fourth quarter of CTB. As a result NTP and other stakeholders can now view and analyze data online down to primary health facility level. In addition, the electronic reporting system minimizes the risk of losing reports during transit and misfiling that was typical of the paper based system.
- Challenge TB (CTB), supported the development and printing of the first edition of the National Tuberculosis Control Programme (NTP) newsletter titled 'TB News'. Two thousand five hundred copies have been printed and the distribution is still ongoing, including online distribution to partners and CTB country directors around the world. The targeted audience for this production are health care workers (HCWs), communities, parliamentarians and other stakeholders. In this maiden publication, a spectrum of TB issues were shared. These included program implementation updates, data quality management and TB case and indicator definitions, community and media engagement, contact investigation pilot project, operational research initiatives currently under way and highlights of upcoming events and courses. The newsletter will be published bi-annually and will be used as a platform for program information dissemination, health education and promotion, advocacy to mobilise domestic resources, as well as enhancing visibility of CTB as a USAID funding mechanism for TB in Zimbabwe.
- CTB supported the expansion of the Childhood TB intervention package to the community level in Makoni District. The package includes establishing a childhood TB focal person at national level, development of childhood TB guidelines and a training package, capacity building for HCWs through training and on-site-mentorship, improving recording and reporting as well as strengthening community participation. A total of 298 (41 males; 257 females) community based health workers (CBHWs) were trained on TB prevention, transmission, treatment and recording and reporting. The training is anticipated to result in increased community referrals of children that have presumptive TB to health facilities. The immediate outcome of this intervention launched between January and March 2016 is encouraging with an observed increase in the proportion of children diagnosed with TB and the absolute numbers of children diagnosed. The number of children diagnosed increased from 7 (11.3%) out of 62 total cases notified from October – December 2015 to 14 (13.5%) out of 104 total cases notified from January - March 2016. To minimize over diagnosis, the algorithm used in the pilot emphasizes use of Xpert for bacteriological confirmation and in addition, a clinical evaluation by a medical officer if a client cannot produce sputum or if Xpert negative, for further diagnostic work-up using a Chest X ray.

- CTB co-funded with Global Fund an external NTP review that was successfully completed on June 10, 2016. A team of eleven external WHO consultants provided Technical Assistance (TA) with additional support from 8 CTB staff. The lead consultant, Dr Jeremiah Chakaya, was provided through CTB funding. The following were key findings where CTB has been investing;
 - **Tuberculosis Case Finding and Holding:** The country has made great progress with TB case finding and holding. There has been expansion of TB diagnostic and treatment services to near universal access, new diagnostic technologies including the Xpert MTB/Rif assay (Gene Xpert) have been successfully introduced and scaled up, a specimen transport system has been established and digital radiography introduced.
 - **TB/HIV Collaborative Activities:** The delivery of TB/HIV services is closely linked with on stop shop models being the norm. The review group however noted uneven coverage of TB/HIV collaborative activities across districts and was concerned about the quality of implementation of Isoniazid Preventive Therapy in several districts.
 - **Programmatic Management of Drug Resistant TB:** Zimbabwe has made great progress since the programmatic management of drug resistant TB was introduced in 2010. The diagnosis of drug resistant TB has expanded with the introduction of molecular tests and the treatment has been decentralized to community level. There are no patients on a waiting list to initiate treatment with second line drugs. With a treatment success rate of 75%, the treatment outcomes for drug resistant TB in Zimbabwe are among the best in the world.
 - **Monitoring and Evaluation/Operations and Implementation Research:** The Zimbabwe TB program has a robust TB recording and reporting which has recently been incorporated into the national DHIS2. However the system is still paper based and thus prone to errors. There are still pockets of data challenges including incompleteness and inconsistency of records.

Recommendations from the external review findings will be used to inform CTB year 3 planning as well as the development of the new NTP strategy (2018 – 2022).

Technical/administrative challenges and actions to overcome them:

- Over the last 3 months, Zimbabwe has been experiencing a worsening liquidity crunch, characterized by significant restrictions in cash withdrawals from banks for both individuals and corporates (including Non-Governmental Organisations). Though efforts have been made to promote use of electronic fund transfers for payment for services, including participants' travel costs and per-diems for selected activities, the current status quo has slowed down implementation of activities, and is a significant threat to CTB project implementation.
- Global Fund late disbursements have delayed implementation of co-funded activities, such as targeted screening for active TB among high risk groups and development of the electronic recording and reporting system. Continued engagement is underway and the PR has reassured that disbursements will be released during the first week of July.
- The revision of the NTP TB guidelines has been postponed. This came as a result of the delayed publication of the WHO treatment guidelines, 5th edition. The NTP has recommended that new WHO recommendations are a prerequisite for Zimbabwe's revision of the current national guideline.

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-Jun 2016		
Carry out knowledge, attitude, practice and behavior (KAPB) assessment to determine percentage of community with correct knowledge and positive attitude towards people affected by TB	1.2.1	TA engaged. Protocol developed and approved	Consultative meeting conducted Data collection completed Findings printed and disseminated			Following the approval of the protocol in Q2 a consultative meeting was conducted followed by the field work for data collection. The KAPB cross sectional survey was supported by a local consultant in 5 provinces. At the end of the quarter, the KAPB survey report was being finalized. The survey findings will be used for the development of the TB communications strategy.	Partially met	The survey protocol was approved in the last week of Q2 which was well beyond the scheduled implementation time. Dissemination of results and printing of the final report will be done in July.
Develop a communications strategy to guide communication interventions for community empowerment in response to TB	1.2.2		Consultative stakeholders meeting conducted Writing workshop conducted Review and adoption of communication strategy done	Communications strategy printed and disseminated			Not met	The development of the communications strategy was delayed by the late completion of the KAPB survey. However, terms of reference for the communications strategy were developed and by the end of the quarter NTP was working on placement of an advertisement in the print media. The exercise will begin in July.

Conduct media advocacy meeting to strengthen coverage of TB, MDR-TB and TB-HIV activities	1.2.3		Advocacy meeting conducted Press conference held Media health page published	20 stories produced from media mentorship	Advocacy meeting conducted. Media health page published 20 stories produced from media mentorship	CTB successfully engaged the media through an advocacy workshop targeting 19 journalists (8 males, 11 females) to strengthen media coverage on TB issues. A total of 27 stories were published, 7 above the target of 20. These focused on experiences and challenges of TB patients, programme updates, and on childhood TB, TB-HIV, TB-diabetes and MDR-TB. See links below for some of the stories. ¹	Partially met	The press conference and health page which were to be done in conjunction with World TB Day were further delayed due to the late disbursement of funds from GF for the national commemorations. The activity will be carried out in Q4.
Development and printing of information, education and communication (IEC) and promotional material	1.2.4	Newsletter developed, printed and distributed Information booth procured		Newsletter developed, printed and distributed		2,500 copies of the newsletter were printed and distributed to stakeholders in the TB program. The newsletter covered programme implementation updates, data quality management and TB case and indicator	Partially met	The timelines for newsletter publications were moved to second and fourth quarter to allow for maximum coverage of activities to be conducted during implementation year.

¹ Links to some of the TB articles published in the quarter under review:
http://world.einnews.com/article/319759567/xVPbU_6twpvP-FMo
<http://www.herald.co.zw/tuberculosis-threatens-expecting-mothers/>
<http://hmetro.co.zw/double-burden-of-tb-disability/>
<http://hmetro.co.zw/tb-headache-in-apostolic-sects/?s=tuberculosis#>
<http://hmetro.co.zw/respite-for-tb-patients/>
<http://www.keycorrespondents.org/2016/06/14/disability-poverty-tb-and-hiv-where-do-you-turn/>
<http://hmetro.co.zw/drug-resistant-diseases-on-the-rise/>
<http://allafrica.com/stories/201605210202.html>

					<p>definitions, community and media engagement, contact investigation pilot project, reports on operational research currently under way and highlights of upcoming events and courses. The newsletter will be used as a platform for program information dissemination in the TB program, including the community.</p> <p>An information booth to be used during community mobilization campaigns was procured</p>		
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Respondents of the KAPB survey in Makoni district. (Credit: P Magaya)

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		
Refurbishments to facilitate installation of an LPA Hain machine procured under Global Fund at the National TB Reference Laboratory (NTBRL) to increase capacity for culture/DST (carried over from APA1 refer to intervention area 2.3)	2.3.1	Refurbishment completed	Site commissioning done			Minor refurbishments to facilitate installation of the Hain Line Probe Assay (LPA) machine in Bulawayo were completed by the end of the 1 st quarter.	Met	
Install Hain LPA machine	2.3.2	HAIN machine installed and in use, 10 trained Laboratory Scientists				<p>The Hain LPA machine was installed successfully followed by the method validation process. A total of 5 laboratory scientists (3males, 2 females) were trained on the use of the machine.</p> <p>The Hain LPA was validated as per the NTBRL protocol on validating new testing methods. The protocol assesses precision, sensitivity, intra and inter- assay variability, as well as reproducibility. The gold standards used were External Quality Assurance (EQA) results from a SNRL. Precision was assessed by running</p>	Met	

						three batches of ten samples from Antwerp on three consecutive days. Overall, the LPA results tallied with those from SNRL. In the first two months, post validation, a total of 301 routine tests were carried out (190 for 1 st line, 111 for 2 nd line).		
Support optimization of the use of Gene Xpert machines in existing sites through training of nurses in Manicaland province	2.4.1	7 trainings conducted				All the planned trainings were conducted to optimize the use of GeneXpert for intensified case finding among people living with HIV (PLHIV) in Manicaland province. This capacitated Health Care Workers (HCWs) on how to conduct routine symptomatic TB screening for PLHIV and other TB high risk groups as well as investigations using GeneXpert MTB/RIF. In total, 288 HCWs (112 males and 176 females) were trained. There has been a sustained quarterly increase in the number of Xpert tests done after the training as shown in the table 1 below.	Met	

Support the specimen transport system initiated through TB CARE I	2.6.1	50 motorcycles supported through Riders for Health	50 motorcycles supported	50 motorcycles supported	50 motorcycles supported	<p>50 motorcycles were supported in 42 districts and three major cities.</p> <p>A total 168,066 specimens were ferried through the sputum transportation system as from October 1, 2015 to May 31, 2016. Of these 35,741(21%) were TB specimens.</p> <p>Between Apr- May, 2016, 53,551 specimens were ferried and of these 15,350 (29%) were TB specimens, compared to Jan-Feb, 2016 where 48,318 specimens were ferried of which 9,888 (20%) were TB specimens.</p>	Met	
Stakeholders consultation on transitional planning for specimen transport system supported through CTB	2.6.2		1 meeting held			<p>A stakeholders' consultation meeting was held to review the current specimen transportation systems and to establish consensus on a more sustainable integrated system. The meeting was attended by 30 people, namely MOHCC staff from national, provincial and district level, representatives from</p>	Met	Terms of reference for the recruitment of TA have been developed. The TA will support a comprehensive documentation of different options and recommend the most appropriate option to pilot in Q4 of Challenge TB through GF support.

					<p>3 local authorities, and partners, namely; The Union, CHAI, WHO, Riders for Health, Rehabilitation and Prevention of TB (RAPT), National AIDS Council and Association of Public Health Laboratories (APHL).</p> <p>The meeting recommended two options that will be piloted in Q4 through GF support. The best option will be recommended for partner support. The options are:</p> <ol style="list-style-type: none"> 1. Cluster/relay system by Environmental Health Technicians (EHTs), 2. Use of a dedicated cadre identified within the MoHCC. 	
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Table 1: Number of GeneXpert tests done per quarter for Xpert eligible presumptive TB clients in Manicaland Province

Period	Total Xpert Tests done	Number M.TB positive	Positivity Rate for M.TB	Number Rif Resistant	Positivity Rate Rif Resistant
Jul - Sep 15	2,237	309	14%	13	4%
Oct - Dec 15	2,267	323	14%	15	5%
Jan - Mar 16	2,394	319	13%	8	3%
Apr - Jun 16	2,886	321	11%	17	5%

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		
Provincial PMDT trainings for increased case detection of DR - TB	3.1.1		2 trainings		Provincial PMDT trainings for increased case detection	The 2 trainings were conducted in April 2016. A total of 60 HCWs (38 males, 22 females) were trained. These will cascade the trainings at provincial level with support from GF. The training is expected to strengthen local capacity for decentralized care of patients diagnosed with drug-resistant TB.	Met	
Pilot the Childhood TB (0 – 14 years) intervention package in Manicaland through MCHIP Support the child survival partnership forum (to be funded)	3.1.2	1 Training of Trainers (ToT) conducted				A training manual was developed in Q1 of APA2 and used for the ToT which targeted 20 participants (11 males, 9 females). The average post test score was 75% compared to an	Met	

elsewhere by other partners)						average pre-test score of 66%.		
Cascade trainings	3.1.3	2 cascade trainings conducted				A total of 78 HCWs (37 males, 41 females) from Makoni district were trained at district level on childhood TB prevention, diagnosis, treatment and care. This intervention has already started to yield results. There was an increase in the number of children diagnosed in Makoni district from 7 out of 62 total cases notified (11%) from October – December 2015 to 14 out of 104 total cases notified (13%) from January - March 2016 when the intervention package was launched in the district.	Met	
Update tools and registers	3.1.4		Meeting to review registers and tools conducted	Community registers printed		The meeting to review registers and tools was conducted in the month of March, 2016 to include childhood TB. The meeting was attended by health workers from national, provincial and district as well as other partners, namely Clinton Health Access Initiative (CHAI) and Maternal and Child Health Integrated Program	Partially met	The revised tools that include childhood TB indicators were not printed because NTP intends to further revise the tools to facilitate capturing of WHO indicators as well as some USAID mandatory indicators.

						(MCHIP).The new tools incorporate more childhood TB indicators.		
Community engagement for childhood TB & supportive supervision	3.1.5	3 orientation sessions done	4 orientation sessions done 1 of 2 supportive supervision visit conducted	2 of 2 supportive supervision visit conducted		A total of 298 (41 males; 257 females) community based health workers (CBHWs) from Makoni district were oriented in seven sessions focusing on TB prevention, transmission, treatment and recording and reporting. One out of 2 support visits was conducted. This visit was to gather baseline data for site specific implementation status of childhood TB against which the pilot impact will be measured. The baseline assessment showed that none of the 12 high volume sites in Makoni had Childhood TB Standard Operation Procedures (SOPs) and IPT guidelines. In these sites there were only 6 (4%) cases of childhood TB (0 – 14 years) out of the 153 TB cases diagnosed in 2015. This is lower than the national annual average of	Partially met	The implementation of the childhood TB activities was delayed due to prolonged processes for selecting the implementation sites. The remaining supportive supervision visit will be done in July.

						8%.		
Revise and update national TB manual (external TA, situations analysis, stakeholders meeting, writing workshop and printing)	3.2.1	TA engaged Situation analysis done Consultative stakeholders done	Writing workshop done Printing done				Not met	This activity has been deferred pending publication of the revision of WHO guidelines on treatment of Tuberculosis. The activity has been deferred to Q4.
Roll out integrated TB-HIV care to 20 additional peripheral sites	3.2.2				Roll out integrated TB-HIV care to 20 additional peripheral sites		N/A	



Participants of a community health worker training on Childhood TB in Makoni district; (Credit: P Nzombe)

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		
Pilot intensified contact investigation for both adults and children at 2 high TB notification districts (Beitbridge and Seke) through 2 selected CBOs for increased case finding	4.1.1	Baseline assessment conducted			Implementation plan finalized with partner CBOs and Ministry of Health	<p>A baseline assessment to pilot intensified contact investigation was conducted in Seke and Beitbridge districts by the community based organisations (CBOs). The findings of the assessment include the following key issues:</p> <ul style="list-style-type: none"> • The existence of national TB manual that recognizes contact investigation as a priority intervention • There was suboptimal implementation of contact investigation in both districts • Recording and reporting on contact investigation was not comprehensive in both districts <p>An evaluation will be carried out at the end</p>	Met	

						<p>of the pilot to assess any possible changes that may be attributed to the intervention.</p> <p>During the assessment 10 health facilities per district were selected to implement the pilot. The HCWs were oriented on the pilot guide. Pilot implementation is to starting in July 2016.</p>		
Maintain dedicated motorcycles	4.1.2		2 Motorcycles deployed and maintained	2 Motorcycle s maintained	2 Motorcycles maintained	Two motor cycles (one for Beitbridge and Seke districts each) were hired and delivered during the last week of June 2016. Field work is expected to start during the first week of Quarter 4.	Met	
Support supervision	4.1.3	1 of 4 support visits	2 of 4 support visits	3 of 4 support visits	4 of 4 support visits		Partially met	The second visit will be conducted in Quarter 4 when field work has started. The subsequent visits will be carried over to APA3.
Joint progress reviews	4.1.4		1 of 3 Joint review sessions	2 of 3 Joint review sessions	3 of 3 Joint review sessions	2 out of 3 joint review meetings were conducted. The meetings reviewed the pilot guide, discussed possible roles and responsibilities of various stakeholders and appointed a team of officers to spearhead the	Met	

						baseline assessment and speedy commencement of field activities. The second joint review meetings were done on site during the baseline assessments at district level		
End of pilot review	4.1.5				Report of Pilot review		N/A	
(Carry over from APA 1 4.2) Adapt WHO guidelines for active TB screening and reporting tools among high risk groups (Health workers, mine workers, refugees, prisoners, PLHIV, children etc.)	4.2.1		SOPs pretested			Guidelines/SOPs and reporting tools for targeted screening for active TB were successfully developed through external TA supported by CTB. These were informed by a comprehensive mapping for the high risk districts to be targeted for screening across the country.	Met	
Pre-screening phase on targeted screening for high risk group through BRTI	4.2.2			District sensitization done		Pre-screening district sensitization was conducted in Mazowe and Bindura districts in Mashonaland Central. Prescreening sensitization targeted district health teams and community leaders who are expected to mobilize their communities for the actual screening among the high risk groups.	Met	
Community sensitization at district level	4.2.3		Sensitization conducted				Not met	Implementation has been stalled by the late disbursement of funding

								from GF which will cover per diems for the field teams. The GF disbursements are expected in July, 2016. Other additional activities, including demand creation, procurement of furniture and laboratory reagents were planned through the CTB Modification Tracker (MOT) and approval is being awaited.
Targeted screening for TB for increased case finding (through BRTI)	4.2.4			Training of field teams conducted		A total of 23 (15 males and 8 females) members of field team were recruited and trained to carry out the targeted mass screening for TB. Each team comprises 1 medical officer, 1 radiographer, 3 nurses, 1 data entry clerk, 1 laboratory technician, 1 health promotion officer and 2 drivers. In addition 3 district staff from Mazowe and Bindura districts participated in the training.	Met	
Targeted screening for TB using mobile trucks by 2 dedicated teams of 10 per team	4.2.5			Targeted screening activities start	Targeted screening activities continue	Pre-field work has been carried out to prepare for commencement of field work.	Partially met	See detailed explanation in 4.2.3 above



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-Jun 2016		
Engage Government of Zimbabwe for increased TB funding	7.2.1		1 Advocacy meeting conducted				Not met	The advocacy meeting which was to be done in conjunction with World TB Day was further delayed due to the late disbursement of funds from the GF for the national commemorations. The new date for the in-country annual World TB Day commemorations has not been confirmed. The advocacy meeting has therefore been scheduled to take place as a stand-alone activity on July 25-26, 2016.
Leadership development through The Union International Management Development Program (IMDP) courses.	7.3.1				2 NTP Officers and 3 CTB supported		N/A	
NTP implementation and performance review with senior Ministry Management	7.3.2		1 Consultative Workshop held			CTB supported the engagement of Senior Management from the MOHCC on year 2 CTB intervention areas. The one day consultative meeting brought together 23 managers, including the Principal Director for Preventive Services. The CTB Y2 work-plan was discussed and the	Met	

					<p>Senior Management made a commitment to support implementation. Some of the key action points included:</p> <ul style="list-style-type: none">• The MoHCC head office to prepare and distribute a quarterly calendar of activities in order to minimize clashing of planned activities requiring participation the same officers• Consider priority funding for viral load cartridges for use with Xpert machines – an evaluation has been done to assess feasibility of this recommendation. The evaluation findings indicated that this was feasible and implementation will begin in 2017. The findings of the evaluation will be presented in the global AIDS conference in July 2016.		
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(Carry over from APA 1: 11.1) Facilitate access to information and communication services	7.3.4	Conference attended				Two NTP officers, two Union Directors and two Union technical Officers were supported to attend the 46 th World Conference on Lung Health. Zimbabwe facilitated a post graduate course on 'Making Sense of TB data' based on a locally developed guide supported through TB CARE 1. The CTB staff chaired and facilitated a number of sessions during the conference.	Met	
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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		
Facilitate GF implementation Review and writing of the GF update report (PUDR).	8.2.1		1 workshop conducted		1 workshop conducted	The workshop reviewed GF financial and programmatic implementation progress and performance; and facilitated the writing of the second semester report for the country. The PUDR was submitted within the expected timeline to the Project Coordinating Unit.	Met	

Establish relationship with Global fund hub at KNCV	8.2.2	Engagement visit done					Not met	The Hub focal point will visit Zimbabwe during the last quarter of APA2.
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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 (<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		
<p>Develop an integrated TB-HIV electronic patient monitoring system (EPMS)</p> <p>Provide technical and systems support for an Integrated electronic system (carry over and modified from APA1 intervention area 10.1)</p>	10.1.1	1st TA visit done IT System Administrator recruited	Salary support for IT Officer	2nd TA visit done			Not met	A user requirement document and a demonstration prototype for the TB-HIV Electronic Patient Monitoring System (EPMS) were developed in Quarter 1 through Global Fund (GF) Support. Specific outputs included flow diagrams and sample screens. However, the software development was delayed by late disbursements of allocated funding from GF. The IRD consultant will visit the country in mid-August to review the progress on the work done so far.
Train staff members on DHIS2 (NTP staff, Provincial Epidemiology and Disease Control Officers, District Medical Officers, Provincial Nursing Officers, District Nursing Officers, District Environmental Health Officers, TB coordinator and CTB staff)	10.1.2	1 of 5 training conducted	2 of 5 trainings conducted	3 of 5 trainings conducted	5 of 5 trainings conducted	A total of five DHIS2 trainings were conducted targeting 185 (127 males and 58 females) health workers from eight rural provinces, three major cities and uniformed forces. The trained HCWs were Provincial Health Information Officers, Provincial Maternal Child Health TB-HIV	Met	

						Officers, Provincial and District TB Coordinators, Health Information Officers, TB Focal persons, NTP and CTB staff. The districts have started entering health facility data backdating to January 2015. It is envisaged that once the backlog is cleared, there will be timely reporting of facility data for decision making. For the period of January to March 2016, 1395/1740 (80.2%) expected health facility reports were entered into DHIS2.		
Equipment for DHIS2 & integrated TB-HIV recording and reporting systems	10.1.3		Laptops procured			A total of 75 laptops were procured to facilitate data entry and analysis in DHIS2. The laptops will be distributed to District TB Coordinators who will work with the Health Information Officers to enter and analyze the data for decision making in July 2016.	Met	
Conduct TB OR through a local partner.	10.2.1	Protocol approved	Study commenced			Recruitment of participants into the study to determine the Xpert MTB/Rif screening yield in expecting mothers regardless of their	Met	

						HIV status through a local partner OPHID Trust started in June 2016. A total of 119 (8%) participants out of targeted 2,800 have been recruited into the study.		
Implement DRS activities carried over from Year 1	10.2.2	Survey implementation started	Survey ongoing			CTB supported the salary of the TB DRS Coordinator and 50% level of effort for the Data Officer. A total of 743 health care workers (288 males, 455 females) from participating sites were trained on the TB-DRS implementation. Post training support visits by national and provincial teams were conducted to all the sites. As at 30 June, 1,073/1,625 (66%) new and 134 retreatment cases were recruited into the survey.	Met	
Support implementation of the DRS (New activities)	10.2.3		DRS started				Met	The survey is on course and expected to close recruitments by the end of August 2016.
Support Midterm TB-DRS review	10.2.4		Mid-term TB-DRS review conducted			This was conducted from 7-11 March 2016 with KNCV, WHO and The Union consultants teamed with MoHCC staff in field visits.	Met	
Support TB data analysis and Performance reviews workshops	10.2.5		12 district reviews conducted	6 provincial reviews conducted	1 national workshop conducted 12 district	4 out of 6 provincial performance review workshops were conducted. 29 out of 36 targeted district	Partially met	Midlands provincial review meeting was postponed to the first week of July since it coincided with the National TB external

				13 district reviews conducted	reviews conducted	<p>TB performance review workshops were conducted. The participants verified and analyzed routine TB data, assessed provision of TB services and addressed identified challenges, and discussed implementation of the DHIS2 among other things.</p> <p>Some of the key issues identified for action were:</p> <ul style="list-style-type: none"> • Incomplete registers resulting in unsatisfactory data quality • Low GeneXpert utilisation. • High death rates among TB patients • Poor quality sputum specimens • Difficulty in diagnosing TB among children. <p>Specific time framed recommendations were agreed upon to address the above challenges.</p>		<p>review exercise. Masvingo province delayed submitting the funding request for Provincial and District Review Meetings.</p> <p>The two remaining provincial review meetings will be conducted in July 2016.</p>
Conduct Zimbabwe National TB Program External Review (Co support with WHO and GF)				External review conducted		The NTP external review was conducted in all provinces in June led by 11 external WHO	Met	

						<p>consultants with support from 8 local CTB technical officers. Key recommendations were as follows:</p> <ul style="list-style-type: none"> • Rapidly identify funds to support the medium term continuation of the HR incentive/ retention schemes • Assess the NTP's Human resources for Health (HRH) needs, create an appropriate organogram for the NTP and establish posts in the MoHCC • Establish a functional relationship between the NTP and the NRLs through the directorate of laboratory services. • Improve Global Fund financial flows to the NTP. • Enhance patient support and active drug safety monitoring for patients on second line treatment 		
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Sub-objective 11. Human resource development					
Planned Key Activities	Activity	Planned Milestones	Milestone status	Milestone	Remarks (reason for not

for the Current Year	#	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016	met? (Met, partially, not met)	meeting milestone, actions to address challenges, etc.)
Development of mentorship Curriculum (curriculum to cover PMDT, TB case management, M&E, Childhood TB, TB-HIV integration)	11.1.2		TA Engaged	The workshop to revise the curriculum was conducted	Printing of curriculum booklets done	MoHCC decided to integrate the TB clinical mentorship into the already existing HIV clinical mentorship package. During the review workshop the HIV clinical mentorship guidelines, training materials and tools were reviewed to incorporate TB sections which will guide mentors in strengthening the TB program.	Met	NTP proposed the modification of the implementation approach after the ToR for the TA had been developed. They have now opted for the development of the curriculum in-house, in partnership with the National AIDS Program (NAP).
Support Data Driven Support Visits	11.1.3		One national to province visit done		One national to province visit done	2 out of 2 national to province visits were conducted	Met	
		3 of 12 province to district visits done	6 of 12 province to district visits done	9 of 12 province to district visits done	12 of 12 province to district visits done	A cumulative 7 out of 12 province to district visits were done	Partially met	Due to in-country cash shortages some of the proposals were not processed by the CTB administration office since first week of June. Targets could have been met without the emergence of this unforeseen challenge. Alternative arrangements, such as payments through banks and electronic transfer are being pursued.
		20 of 80 district to facility visits done	40 of 80 district to facility visits done	60 of 80 district to facility visits done	80 of 80 district to facility visits done	43 out of 80 districts to facility visits were done. The support visits were data driven and districts with major performance challenges were prioritized. The support visits focused on following up challenges identified in the reports, verification of data	Partially met	

						submitted, health facility problem solving, logistic supplies and on the job training of HCWs.		
USAID TB funding disbursed to local partners	11.1.4			Advert posted	Capacity assessment completed		Not met	The advert will be posted in July 2016

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

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
ZWE-T-MoHCC (2015-2017)	B1	A2	\$38.8M	\$22.1M	\$11.8M
ZIM-809-G12-T	A2	A2	\$51.9M	\$51.9M	
ZIM-509-G08-T	B1	B2	\$6.8M	\$6.8M	

* 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

In the quarter under review, the GF supported an Epidemiological assessment and co-funded an external TB program review as part of preparations for updating the country strategy for TB control and the follow-on next concept note due in 2017. Key recommendations from the Epi-assessment were as follows;

- Support transitioning to an electronic case based recording and reporting system for TB and HIV
- Ensure access by laboratories to web case based data without extensive manipulation
- Develop systems to tighten sputum collection, testing, reporting loop for both susceptible and drug-resistant TB
- Strengthen capacity of central, provincial and district M&E teams
- Integrate all historical case based data into a single aggregated data base
- Promote analysis and critical review of surveillance data at all levels
- Strengthen vital registration to ensure more timely analysis and reporting for decision making

The burn rate for the GF TB Grant for the Quarter 5 of GF (April-June, 2016) was rated as sub-optimal, at 32% against a target of at least 80%. This has withheld further disbursements for Quarter 6. These delays have led to the late start on CTB co-funded activities, such as targeted screening for active TB among high risk groups. The rate limiting activities include hospital renovations that involve other Government entities, such as the Department of Works to supply bill of quantities for tender. As a remedial action the MOHCC has opted to decentralize all construction related activities with concurrence from the relevant Ministry. The affected CTB supported activity of targeted screening for active TB has since started following fund disbursements with an accelerated implementation plan set in motion to ensure the activity is completed on time.

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

- The CTB Country Director is the current vice-chair of the TB sub-committee of CCM which convenes quarterly to review implementation progress and address key bottlenecks. The last meeting was convened in the month of May and among the key action points were;
 - Expedite donation of excess TB commodities to neighboring countries to avert expiries.
 - Rapidly redress bottlenecks to shipment of TB commodities held at the Beira Port.

- The Childhood TB guidelines, training materials and flow charts that were developed and printed through CTB support were used to cascade provincial trainings across the country through GF support.
- CTB co-supported the revision of the current HIV clinical mentorship guidelines to incorporate TB on-site mentorship to be rolled out as a more cost effective capacity development initiative for health care providers.
- CTB supported performance review meetings and support supervision visits in 6 provinces in the southern part of the country while GF supported the same activities in the remaining northern part of the country.
- NTP developed an implementation plan for targeted screening for active TB among high risk groups. This intervention will be co-funded by CTB and GF and preparatory work including staff recruitments and trainings were completed during the quarter under review.

4. Success Stories – Planning and Development

Planned success story title:	Introduction of electronic reporting of routine TB data in Zimbabwe.
Sub-objective of story:	10. Quality data, surveillance and M&E
Intervention area of story:	9.1. Well functioning procurement and supply chain management system in place
Brief description of story idea:	Following the successful development and rolling out of the 'Making Sense of TB Data - Data Collection, Analysis and Use guide by NTP' with the support of CTB, NTP intends to embark on a nationwide DHIS2 project with yet more support from CTB. This approach is anticipated to improve the system by ensuring that TB data is timely entered, analyzed and submitted. More benefits, such as accessing data from the peripheral health facilities online, will be accrued. A total of 185 health care workers (127 males and 58 females) were trained in DHIS2 in Q2.
Status update:	
For the period of January to March 2016, 1,395/1,740 (80.2%) expected health facility reports were entered into DHIS2. A complete success story will be ready to be shared with USAID by September 30, 2016	
Planned success story title:	Successful 2 nd TB –DRS in Zimbabwe
Sub-objective of story:	10. Quality data, surveillance and M&E
Intervention area of story:	10.2. Epidemiologic assessments conducted and results incorporated into national strategic plans
Brief description of story idea:	The country has not carried out well-documented national TB-DRS. The TB-DRS commenced in 2015 after experiencing several hurdles which hindered take off as it had been planned since 2008. This comes on the heels of a recently completed National TB prevalence survey, whose results showed a substantial difference with the WHO estimates. The anticipated results of the TB-DRS survey are important because they will inform evidence based strategies in the national TB response, particularly now that revised international guidance has become available.
Status update:	
Data collection is expected to be completed in August 2016. A preliminary report is expected by December 2016 and the final report to be disseminated in March 2017. A complete success story is anticipated to be ready to be shared with USAID by 2 nd Quarter of CTB APA3.	

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	118	64	Data for the quarter under review were not yet available at the time of reporting.
Total 2012	149	105	
Total 2013	393	351	
Total 2014	412	390	
Total 2015	468	433	
Jan-Mar 2016	193	166	
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	N/A	N/A	Policy on introduction of BDQ and DLM is not yet in place in the country. NTP will be engaged in APA3 to adopt use of BDQ or DLM for treatment of DR-TB.
Total 2015	N/A	N/A	
Jan-Mar 2016	N/A	N/A	
Apr-Jun 2016	N/A	N/A	
Jul-Aug 2016			
To date in 2016			

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

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						For the period January to March, 2016, the data represent 1,395/1,740 (80.2%) of the health facilities. This section will be updated in the next quarter.
	Provinces						
	Manicaland	622	625				
	Midlands	904	848				
	Mashonaland East	558	584				
	Mashonaland West	710	751				
	Mashonaland Central	444	532				
	Masvingo	910	826				
	Matabeleland North	511	551				
	Matabeleland South	579	557				
	Harare City and Central hospitals	1,009	1,313				
	Chitungwiza	218	56				
	Bulawayo City and Central hospitals	460	465				
	TB cases (all forms) notified for all CTB areas	6,925	7,108				
	All TB cases (all forms) notified nationwide (denominator)	6,925	7,108				
% of national cases notified in CTB geographic areas	100%	100%					
Intervention (setting/population/approach)							
Children (0-14)	CTB geographic focus for this intervention	National	National				
	TB cases (all forms) notified from this intervention	405	924				
	All TB cases notified in this CTB area (denominator)	6,925	7,108				
	% of cases notified from this intervention	6%	13%				
Reported by prisons	CTB geographic focus for this intervention	National/Prisoners reported through the NHIS					
	TB cases (all forms) notified from this intervention	40	51				
	All TB cases notified in this CTB area (denominator)	6,925	7,108				
	% of cases notified from this intervention	0.5%	0.7%				

Other (specify)	CTB geographic focus for this intervention	National / Miners and their household members	National / Miners and their household			
	TB cases (all forms) notified from this intervention	137	145			
	All TB cases notified in this CTB area (denominator)	6,925	7,108			
	% of cases notified from this intervention	2%	2%			

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	The Union	Jove Oliver			X		To develop a Communications Strategy	Cancelled			This external TA has been replaced by local TA expected in July 2016.
2	WHO	TBA			X		To update the National TB manual	Pending			This activity was postponed to Q4 pending the revision of WHO guidelines.
3	IRD	Ali Habib			X		To co -develop the integrated TB-HIV electronic monitoring system	Pending			This activity was postponed to August due to delays in GF disbursements for development of the system.
4	WHO	Daniel G Datiko		X			To map high risk groups and development of guidelines for targeted screening for TB.	Complete	29 Feb – 12 March 2016	13	Carried over from APA1
5	WHO	Matteo Zignol		X			To support mid-term review during implementation of the TB -DRS	Complete	7 – 11 March 2016	5	
6	WHO	Wilfred Nkhoma		X			To support mid-term review during implementation of the TB -DRS	Complete	7 – 11 March 2016	5	
7	KNCV	Nico Kalisvaart		X			To support mid-term review during implementation of the TB -DRS	Complete	7 – 11 March 2016	5	
8	KNCV	Jerod Scholten		X			To support mid-term review during implementation of the TB -DRS	Complete	7 – 11 March 2016	5	

9	The Union	Mourad Gumusboga		X			To support mid-term review during implementation of the TB -DRS	Complete	7 – 11 March 2016	5	
10	KNCV	Jerod Scholten	X				Assess the early implementation of the TB -DRS	Complete	12-16 October 2015	5	
11	KNCV	Nico Kalisvaart	X				Support data management processes for TB DRS	Complete	7-18 December 2015	12	
12	KNCV	Max Meis			X		External Program review	Cancelled			Consultant could not make it for the trip
13	WHO	Jeremiah Chakaya			X		External program Review	Complete	29-11 June 2016	14	Lead Consultant
14	The Union	Christopher Zishiri			X		Country directors meeting	Complete	20-25 June 2016	5	Country Directors' annual meeting
15	The Union	Ronald Ncube			X		Country directors meeting	Complete	20-25 June 2016	5	Country Directors' annual meeting
16	The Union	Nqobile Mlilo			X		M&E Officers meeting	Complete	20-25 June 2016	5	Country Directors' annual meeting
17	The Union	Christopher Zishiri				X	TB2016 Conference, Durban	Pending			Approved MOT APA2
18	The Union	Ronald Ncube				X	TB2016 Conference, Durban	Pending			Approved MOT APA2
19	The Union	Cynthia Chiteve				X	TB2016 Conference, Durban	Pending			Approved MOT APA2
20	The Union	Shepherd Machejera				X	TB2016 Conference, Durban	Pending			Approved MOT APA2
21	NTP	Barbra Manyame				X	TB2016 Conference, Durban	Pending			Approved MOT APA2
22	NTP	Tawanda Mapuranga				X	TB2016 Conference, Durban	Pending			Approved MOT APA2
Total number of visits conducted (cumulative for fiscal year)								12			
Total number of visits planned in approved work plan								22			
Percent of planned international consultant visits conducted								56%			

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
1.2.2. % of (population) with correct knowledge and positive attitudes towards people affected by TB	National	annually	Unknown	TBA	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
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	National	Annually	0 (2014)	0	Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	National	Annually	2/2 (100%) 2014		Measured annually	
2.2.7. Number of GLI-approved TB microscopy network standards met	National	Annually	9 out of 11 standards met (Standards 1; 2; 3; 4; 5; 6; 8; 9		Measured annually	

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
			and 10)			
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	National	Annually	6,955/12,890 54% (2014) These data are based on Xpert results of new and retreatment cases.	60%	Measured annually	
2.4.1. Gene Xpert machine coverage per population (stratified by Challenge TB, other)	National	Annually	1 machine per 212,982 (2014)	TBA	Measured annually	
2.4.6. #/% of new TB cases diagnosed using GeneXpert	National	Quarterly	Unknown	TBA		This indicator cannot be measured currently because the current tools do not disaggregate by type of diagnostic method. The new integrated EPMS will capture this indicator.
2.6.4. # of specimens transported for TB diagnostic services	CTB	quarterly	54,000	60,000	24,583 (Oct 2015-Feb 2016)	A total 105,458 specimens were ferried through the sputum transportation system as from October 1, 2015 to February 29, 2016. Of these 24,583 (23%) were TB specimens. During first two months of the second quarter 48,318 specimens were ferried compared to 57,140 in the three months of last quarter.
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,	CTB areas	quarterly	13,761/32,018 (43.0%) Female; 2,398/32,018 (7.5%) Children	8% (For Children <15y)	Total cases notified 14 033 • Males 8246 (59%) • Females 5787 (41%) • Children (0-14 yrs)	These data are for the period of Oct 2015 - March 2016 and the data for the current quarter were not yet available.

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach			<15 (2014)		1,329 (9%) <ul style="list-style-type: none"> Miners 282 (2%) Prisoners 91 (0.7%) 	See Table 5.3 for more data.
3.1.4. Number of MDR-TB cases detected	National	quarterly	412 (2014)	537	307	These data are for the period of Oct 2015 - March 2016 and the data for the current quarter were not yet available. See Table 5.1 for quarterly data.
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	National	quarterly	8% (2014)	9%	1,329/14,033 (9%)	These data are for the period of Oct 2015 - March 2016 and the data for the current quarter were not yet available.
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.).	National	annually	81% (all cases 2013)	85%	Measured annually	
3.2.4. Number of MDR-TB cases initiating second-line treatment	National	quarterly	390 (2014)		257	These data are for the period of Oct 2015 - March 2016 and the data for the current quarter were not yet available. See Table 5.1 for quarterly data.
3.2.7. Number and percent of MDR-TB cases successfully treated	National	annually	75% (2012)	75%	Measured annually	
3.2.11. % of HIV+ registered TB patients given or	National	annually	96% (2013)	98%	Measured annually	

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
continued on CPT during TB treatment						
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	National	annually	78% (2013)	90%	Measured annually	
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	National	annually	91% (2013)	96%	Measured annually	
3.2.22. #/% of TB patients followed by community-based workers/volunteers during at least the intensive phase of treatment	Midlands province	annually	unknown	TBA	Measured annually	
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	CTB areas	quarterly	Unknown	100%	Not available	The activity had not yet started by the end of Q3.
4.2.2. # of high risk persons screened for TB (stratified by applicable risk groups)	CTB areas	annually	0	20,000	Not available	The activity had not yet started by the end of Q3.
Sub-objective:	5. Infection control					

Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	CTB	quarterly	Q4 January – June 2015 (33/28 340) 0.1%		65/28,340 (0.1%) were diagnosed with TB for the period October 2015 - Mar 2016 Oct-Dec 2015 32/28,340 health care workers diagnosed with TB Jan-Mar 2016 33/28,340 health care workers diagnosed with TB	2,301 screened for TB Oct-Dec 2015: 941 screened for TB Jan-Mar 2016: 1,360 screened for TB
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	National	quarterly	544 January – June (2015)	500	1,107 Oct-Dec 2015: 576 Jan-Mar 2016: 531	These data are for the period of Oct 2015 – March 2016 and the data for the current quarter were 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
7.2.3. % of activity budget covered by private sector cost share, by specific activity	CTB	annually	0%		Measured annually	
7.2.4. ZIMBABWE SPECIFIC: Number of Parliamentarians attending an advocacy dialogue for increased domestic TB funding	National	annually	25 (2014)	40	Measured annually	
7.3.2. # of NTP members	National	annually	2	3	Measured annually	

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
participating in a Challenge TB-led leadership program						
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 (2014)		Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	CTB	annually	Unknown		Measured annually	
8.2.1. Global Fund grant rating	National	annually	B1 (2014)	B1	Measured annually	
Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	National	annually	0 (2015)		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
10.1.4. Status of electronic recording and reporting system	National	annually	1 (2015)	2	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital	National	annually	No (2014)		Measured annually	

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
registration for direct measurement of TB burden have been implemented						
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	National	annually	0% (2015)	0%	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National	annually	No (2015)	No	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	CTB areas	Quarterly	0 (2014)	1,680	Installation of Hains machine <ul style="list-style-type: none"> • 5 (3 males, 2 females) M&E DHIS2 training <ul style="list-style-type: none"> • 185 (127 males, 58 females) Childhood TB HCW trainings <ul style="list-style-type: none"> • 396 (89 males, 307 females) DRS trainings <ul style="list-style-type: none"> • 743 health care workers (288 males, 455 females) PMDT trainings	

Sub-objective: 11. Human resource development						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
					<ul style="list-style-type: none"> • 60 (38 males, 22 females) Targeted Active TB screening trainings <ul style="list-style-type: none"> • 23 (15 males, 8 females) Support optimization of Gene Xpert use <ul style="list-style-type: none"> • 288 (112 males, 176 females) Total 1,700 (673 males, 1,028 females)	
11.1.5. % of USAID TB funding directed to local partners	CTB areas	annually	2% (2015)	2%	Measured annually	