



Challenge TB -Tanzania

Year 2

Quarterly Monitoring Report

April-June 2016

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Cover photo: Evaluation of a child during contact investigation in Geita Region during MDR TB supportive supervision visit (Credit: Viocena Mlaki CTB Field coordinator)

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1. Quarterly Overview

Country	Tanzania
Lead Partner	KNCV Tuberculosis Foundation
Other partners	PATH, ATS
Workplan timeframe	October 2015 – September 2016
Reporting period	April –June 2016

Most significant achievements:

- Challenge TB (CTB) supported the development of the National Operational Guidelines for Community Based TB, TB/HIV and DR-TB interventions including contact investigations and monitoring tools. These guidelines will enable community interventions to be done in a structured manner and the contribution of these interventions towards improving case detection to be monitored and measured. To complement the use of the guidelines a training on Advocacy Communication and Social Mobilization (ACSM) was conducted in three districts of Meru, Kinondoni and Geita involving 102 participants which included community volunteers, regional and district TB coordinators. These trainings will eventually be rolled out to most of the CTB districts in year 3. The primary goal of the workshop was to build capacity of Health Care Workers and Community Health Care Workers to understand ACSM concepts in relation to community TB, TB/HIV and DR-TB activities essentially contact investigation and raising community TB/HIV awareness. District teams developed ACSM action plans for implementation to move ACSM activities forward and to integrate them into existing TB control activities in their areas. It is expected that the contribution of cases notified from the community will increase as a result of increased awareness. The implementation will commence in Q4.

CTB supported the National Tuberculosis and Leprosy Program (NTLP) to review and develop a new national TB Routine Data Quality Assessment (RDQA) tool which will be used at national, district and health facility levels for assurance of quality of data. This tool has components for system assessment, data verification, and completeness checking and improvement plan. Indicators with variance of +/- 2% are listed and improvement plans are made. Issues found during the quarter were inconsistency of reported data and source documents which occur during transcription of data from patients' files to unit registers and from unit registers to district registers and due to irregular update of the registers. CTB has started using the tool in 5 CTB districts; improvement plans were made based on findings of data inconsistencies between unit and district registers. It was agreed on improvement plans that data at facility level will be updated at end of every day by DOT nurses and district registers will be updated every month using the unit registers. The tool is expected to be used country wide to improve data accuracy and consistency.

- In this reporting period CTB continued to consolidate previous achievements in TB/HIV by training 30 district TB and TB/HIV coordinators (Females 4, Males 20) on the national TB/HIV collaborative services package. Participants were new district coordinators who had never been trained on the package before. This training equipped them with knowledge and skills that will enable them to play their roles with increased confidence and proficiency. CTB also participated in updating the national comprehensive supportive supervision and mentorship training package which was used to train coordinators in two CTB regions to strengthen their supervisory, coaching and mentoring skills. In this training a total of 20 coordinators were trained i.e. 6 females and 14 males.
- To improve Pediatric TB diagnosis, care and treatment CTB in collaboration with NTLP and other implementing partners supported updating of the national Pediatric TB/HIV training package. CTB will use the package to train health care workers (HCW) in all priority regions in APA3 to impact on knowledge, skills and practices in Pediatric TB case finding and management after an assessment using the KNCV childhood TB benchmarking tool. Contribution of Pediatric notification this quarter was maintained at 11%, this is expected to improve as a result of the planned training.
- A total of 6,356 TB cases all forms (pulmonary and extra pulmonary TB) were notified from the 42 CTB districts, a 5% increase compared to 6,054 last quarter. Out of those notified, 6,177 (99.5%) TB patients were counseled and tested for HIV and received their results an improvement from 98% last quarter. TB/HIV co-infection rate remained in the last quarter at 33% (2,108), among of whom 1,997 (95%) were initiated on antiretroviral therapy (ART) compared to 92% (1,792) last quarter; (2,071) 98% were started on Co-trimoxazole. Private providers contributed to 14.7% of the total notification compared to 8% last quarter as a result of sensitization of coordinators to include private facilities in supervisory visits.

Contact investigation was done for a total of 194 drug sensitive index cases, 444 of their contacts were screened and a total of 27 were confirmed to have drug sensitive TB out of the 215 that were presumptive. For 8 DR TB cases, we had a total of 51 contacts and all were screened, 6 were presumptive TB whereby 1 was confirmed RR and 1 was found with Mycobacteria other than Tuberculosis (MOTT). All were started on treatment signifying the opportunity for detecting TB cases through systematic contact investigation.

- CTB has continued to strengthen TB surveillance among HCWs in all priority regions, whereby a total of 2,747/17,008 (16%) HCWs were screened for TB and 17/2,747 (0.6%) were confirmed to have TB and started on treatment. This is a significant improvement compared to last quarter where 760 HCWs from all CTB regions were screened for TB, with 7 (0.96%) HCWs diagnosed to have TB, none were screened in the preceding quarter.

Technical/administrative challenges and actions to overcome them:

COMMUNITY

An ACSM training package was developed targeting HCWs and Community Health Care Workers (CHWC), however during the training it was noted that most of CHCWs were not conversant with English, which necessitated the facilitators to translate while training. The training report recommended the need for translation of the materials to Kiswahili language for CHCWs to be easily understood and the English version will be used to train coordinators and HCWs.

PMDT

There was a delay in the decentralization process due to renovation requirements in the 3 initiation sites earmarked earlier which cannot be supported by CTB as per USAID rules and regulations i.e. the BOQs included excavations and constructions which would increase the footprints of the buildings. This delay continued in quarter three with sites reviewing their bills of quantities (BOQs). The NTLP has decided to focus on regional hospitals in Mtwara, Dodoma, Morogoro and Mwanza as well as six sites in Dar es Salaam (Sinza, Rangitatu, Buguruni, Tambuka reli, Ukonga, Kigamboni) that have experience providing initial phase treatment (including injectables) and providing early ambulatory care for less complicated DR-TB patients in quarter three.

LABORATORY

Following the critical shortage of GeneXpert cartridges in the first quarter, CTB continued to monitor regularly the status of cartridge stocks in the country. Some sites continued to experience shortages due to the Medical Stores Department closing down for stock taking. CTB assisted the NTLP with redistribution and has continued to actively monitor stock status through the GXAlert system together with calling sites not yet linked to GXAlert to enquire about stock status every fortnight. CTB's EQA focal person stationed at the CTRL is also assisting the national GeneXpert focal person and the logistics officer with forecasting and quantitation of GeneXpert cartridges in line with the GeneXpert roll out plan.

TB/HIV

In the process of scaling up the one-stop-shop model of TB/HIV service provision, the majority of health facilities require minor renovations. Planned renovations have not yet taken place due to higher cost of BOQs submitted than what was budgeted or expected, as well as the need to adhere to the USAID regulations that there should be no construction and or increase of the footprint of the building. Dialogue with respective health facilities' management is on-going to revise the components of the BOQs hence adhering to USAID rules and regulations. We envision the revision of BOQs will lower the costs as well.

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		
Support implementation of the 2013 ACSM strategy - with behavior change strategies focused on key populations (PATH lead activity) - CHS	1.2.1	ACSM material piloted in 3 districts.	Information, Education and Communication (IEC) materials targeting key population developed. IEC materials related to TB, TB/HIV and MDR-TB printed. -90 HCW and CHCW trained on ACSM	ACSM interventions assessed in 3 districts	ACSM intervention in 3 districts. IEC materials will be pre-tested, followed by printing and distribution of IEC materials in 7 CTB regions.	The ACSM training materials were piloted in January 2016 and approved by the NTLF to be used for training of HCWs and CHCWs in March 2016. 102 (56 females and 46 males) HCWs & CHCWs have been trained on ACSM activities in three districts of Meru DC, Kinondoni MC and Geita DC in Q 2. Implementation of ACSM action plans developed by the district teams will commence in the next quarter. CTB supported the development IEC materials for key populations including people with diabetes, elderly, health care workers, people who injected drugs and miners.	Partially met	Assessment of ACSM interventions could not take place during the quarter as planned following delay in start of activities as training was delayed while awaiting approval of use of the materials by the Ministry of Health.

Implement the Quote TB (light) tool in 3 districts (KNCV lead activity)	1.2.2	Quote TB Light tools reviewed, One Quote TB assessment training conducted, Quote TB assessment done in 3 districts	Quote TB stakeholder s meeting conducted in Arusha, Dar, Mwanza, Kilimanjaro, Zanzibar, Geita & Pwani, Quality improvement plans implemented	Quality improvement plans implemented	Quality improvement plans implemented	Quote TB tools were reviewed and assessment was done in Ukerewe, Arusha DC, and Ilala districts in November 2015 by conducting in-depth interviews and focus group discussions. The assessment tool and report has been finalized and approved for dissemination. Stakeholders' meetings could not be held during the quarter as final approval for dissemination came in June 2016.	Partially met	Stakeholders' meetings for dissemination of results and quality improvement plans will be implemented in August 2016.
Engage CSOs and FBOs into TB control (PATH lead activity)	1.2.3	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	Mapping of CSO/CBOs has been done, three have been selected for engagement. CSO/CBO specific strengthening plans have been developed based on Organizational Capacity Assessments done.	Partially met	Organizational capacity training will be done according to the needs of individual CSO/CBOs in Q4 followed by signing of MOU with all CSO/CBOs. Supportive supervision and mentorship will be done in Q4.
Support implementation of M-Health in TB control – CHS	1.4.1			Studies, best practices and lesson learned on M-Health reviewed		Desk review of best practices and lesson learned for m-Health has been done.	Met	Lessons learnt from M-Health desk review will be used to design m-Health interventions in APA3 in collaboration with NTLP

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		
Facilitate (funding and TA) the Laboratory Technical Working Group	2.1.1	1 Lab TWG meeting	1 Lab TWG meeting	1 Lab TWG meeting	1 Lab TWG meeting	Laboratory TWG meetings were successfully conducted in the last 2 quarters whereby the main focus was on supply chain management of GeneXpert cartridges in the country, TB culture laboratories indicators and culture & DST results feedback.	Met	
Update and finalize TB laboratory strategic plan/operational plan (including Xpert Roll-out plan) – PEPFAR	2.1.2	1 meeting for finalizing the laboratory strategic plan & printing of SP done				The meeting was not held, the plan has been reviewed and edited by KNCV team in-country and was sent to the NTLP awaiting the finalization meeting.	Partially met	The meeting didn't happen due to competing priorities with NTLP staff and is now planned for Q4.
Optimize non-functional TB microscopy centers with functional microscopes and appropriate minor infrastructural renovations	2.1.3			10 LED Microscopes procured, installed and functional		10 LED microscopes have been procured and distributed to sites with high work load, installation and training of laboratory staff on use and routine maintenance will be done next quarter	Partially met	The microscopes have already been procured and are already at the health facility level. The installation and training will be in Q4
Continue support for the process of accreditation of CTRL with assessments and trainings of CTRL staff	2.2.1		TA for CTRL accreditation provided Training conducted.		2nd TA for CTRL accreditation provided Training	This activity was planned for Q2 but was conducted in Q1 as it was postponed in APA1 due to	Met	

expected to be done by an external consultant.			Refurbishment of ctrl following recommendation conducted		conducted	unavailability of external consultant at the proposed time in Q4 APA1. Assessment of the CTRL and a workshop on Quality Management towards ISO accreditation was done with technical assistance from KIT. Staff have continued working on recommendations made which include improvement of the QMS documents, in house training for staff and better arrangement of the laboratory. This has enabled CTRL to move from 2 to 3 stars this quarter following an assessment done by East Africa Public Health Laboratory Network Program		
Train EQA supervisors on effective EQA and mentorship	2.2.3	44 lab supervisors trained on effective supervision and mentorship				41 (35 males and 6 females) laboratory supervisors from 5 CTB regions were trained.	Partially met	Due to delay in approval of APA2 this milestone was achieved in quarter 2 instead of quarter 1. Staff from 2 remaining regions will be trained next quarter.
Conduct a national microscopy network accreditation assessment in Year 2	2.2.4		Microscopy network assessment done in 3 regions			Assessment was not done during the quarter. Assessment tools have been prepared; this will be done in Q4.	Partially met	This was not met due to competing priorities of the technical consultant. Assessments will be done in Q4.

Support the preparation of GeneXpert EQA panels in the country - PEPFAR	2.4.2		2 Laboratory personnel trained on the development of GeneXpert EQA panels	Training attended.	EQA for GeneXpert initiated	This activity was cancelled as CDC Atlanta were not providing this course this year however the funds were reprogrammed to support the laboratory technical officer KNCV and Head CTRL to attend Challenge TB Laboratory Capacity Building workshop in The Hague.	N/A	
Use existing GXalert systems at the CTRL to inform optimization of the utilization of GeneXpert	2.4.3	30 gene Xpert machine installed with GXalert and functional				50 machines out of 70 machines in the country are linked to the GX Alert system. With support from CTB, 7 of the GeneXpert machines were connected with GXalert this quarter.	Partially Met	The remaining 20 machines will be connected in Q4 by CTB. please note that 70 is the total # of machines in the country. At the beginning of APA2 30 machines were not linked to gxalert. Initially FIND agreed to link 20 on top of the 40 they had linked and CTB remain with 10 but they did not manage to do this as their contract ended in June. CTB will go ahead and link the 20 remaining as previously planned
Expand GeneXpert services to 4 priority districts	2.4.4		4 GXP machines procured, installed and training of lab personnel conducted		GeneXpert machines maintained Laboratory services in 1 region mapped	GeneXpert machines have been procured and installed at 4 sites that were selected based on TB/HIV burden and convenience of sample referral linkage from lower level health facilities. 2 laboratory	Met	

						personnel from each of the 4 sites were trained on use and basic maintenance of the machines.		
Support use of locally available means of transportation such as motorcycles in specimen transportation from peripheral health facilities to the districts in CTB priority regions.	2.6.1	Specimen transport system functional from peripheral to districts in three regions	Specimen transport system functional from peripheral to districts in three regions	Specimen transport system functional from peripheral to districts in three regions	Specimen transport system functional from peripheral to districts in three regions	Sensitization meeting for health care workers on sputum sample referral system were conducted. The actual work will start in Q4. Motorcyclists have already been identified and contracts prepared.	Partially Met	Implementation was put on hold due to shortage of GeneXpert cartridges and a malfunctioned module and UPS at the site where the initiative was to start in Dar es Salaam

Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Conduct targeted TB screening among children under 5, elderly people and people with diabetes - PEPFAR	3.1.1	TB screening among children under 5, old people and people with diabetes	TB screening among children under 5, old people and people with diabetes	TB screening among children under 5, old people and people with diabetes	TB screening among children under 5, old people and people with diabetes	Targeted TB screening for children <5 years was rolled out at 42 district hospitals in quarter two. A total of 11,083 children were screened in CTB regions out of which 0.5% (56) were confirmed to have TB. In quarter three CTB through district TB and TB/HIV coordinators continued to engage health care workers in	Met	As stated in APA 1 we would take on these key population groups in phases and by priority. Our initial efforts were directed to mining areas, children and HCWs. In APA3 we are going to expand to elderly and people with Diabetes, now that the elderly are given priority in the flow of patients at facilities and we have the national TB/Diabetes policy in place.

						active TB screening among children in all entry points, especially reproductive and child health clinics, pediatric wards and outpatient departments. Out of 59,074 Children screened 555 (0.9%) were found to have TB and started treatment.		
Support the decentralization process for PMDT and further support expansion of ambulatory care including supervision and mentorship of decentralized units, policy, programmatic and clinical expertise support	3.2.1	PMDT in 4 regional hospitals assessed.	Sensitization done in 4 sites.	PMDT in 3 regional hospitals assessed.	PMDT providers training conducted for 25 PMDT ambulatory sites	A PMDT sites' assessment was done at 5 proposed PMDT initiation sites in quarter one, 3 met criteria requiring some renovations. Sensitization was done at the 3 sites in Q2. Bills of quantities have been submitted for renovations from 2 sites, both are being reviewed to meet USAID's rules and regulations. CTB participated in assessment of 10 facilities for initiation of ambulatory PMDT services in collaboration with the NTLF with support from GFATM.	Met	
		Sensitization & PMDT providers training	PMDT providers training conducted	Sensitization & PMDT providers training	Renovation done in 3 decentralized sites	PMDT training was conducted in quarter 1 for 3 proposed initiation sites	Not met	Due to competing priorities with NTLF staff who were to be involved in the assessment, the activity

		conducted for 4 proposed PMDT initiation sites.	for 4 proposed PMDT initiation sites	conducted in 3 proposed PMDT sites.		(Bugando, Mbeya and Muhimbili) Sensitization was done to administration and Drug Resistant (DR) TB teams at the three facilities assessed during which dissemination of the assessment reports and action plans for initiation of PMDT services were developed. Assessment for 6 sites was done during this quarter and sensitization and training will be done in quarter 4		was assessment was delayed hence sensitization and training was not done
		PMDT providers training conducted for 5 PMDT ambulatory sites	PMDT providers training conducted for 25 PMDT ambulatory sites	PMDT providers training conducted for 25 PMDT ambulatory sites	Coordination of patient care from diagnosis to treatment done timely	PMDT Training for ambulatory sites was not done because the training materials were being reviewed by the NTLP.	Not met	Training for ambulatory sites and recently assessed initiation sites will be conducted in Q4.
		PMDT training package finalized, printed & piloted in 3 sites.		Service providers from 25 sites with patients in continuation phase trained	Quarterly TWG meeting held	PMDT training materials (for initiation sites) were completed and piloted with participants from 3 proposed PMDT initiation sites. The materials (for initiation sites) are being finalized to incorporate comments from the pilot	Partially met	Training for ambulatory sites will be conducted in Q4.

						training. Staff from ambulatory sites will be trained in Q4 using the ambulatory sites' training materials that were reviewed and finalized in Q3.		
		Service providers from 25 sites with patients in continuation phase trained	MDR TB short regimen protocol finalized	Quarterly TWG meeting held		Training materials for ambulatory sites were reviewed during the quarter and service providers will be trained in Q4. The activity in Q2 was changed. Instead there will be a workshop for development tools for New Drugs and shorter regimens. Quarterly TWG meeting was done where implementation of the new WHO DR TB treatment guidelines and introduction of shorter regimens were discussed.	Partially met	
		Coordination of patient care from diagnosis to treatment done timely	Quarterly TWG meeting held			Quarterly TWG meeting was done in March.	Met	
		Quarterly TWG meeting held				TWG meeting done in November 2015	Met	

Support Kibong'oto to become a national Center of Excellence for PMDT	3.2.2	Cohort and expert panel review meetings held quarterly	Cohort and expert panel review meetings held quarterly Short regimen protocol finalized	Cohort and expert panel review meetings held quarterly. MDR patients transported to treatment sites	Cohort and expert panel review meetings held quarterly. MDR patients transported to treatment sites	<p>In Q1, a cohort review workshop was conducted for 139 patients at month six of treatment for cohorts initiating treatment in quarters 1, 2, 3 & 4 in 2014 and month 12 of Quarter 1 & 2 in 2014. 14 individual cases with complications were reviewed by a panel of experts.</p> <p>The Q2 meeting was postponed to Q3 in order to give room for implementation of previously set action plans by the DR TB coordinator and CTRL.</p> <p>In Q3 the meeting was held and a cohort of 146 patients was reviewed using the enhanced cohort review tool developed with technical assistance from ATS.</p>	Met	
		TOR for cohort and expert panel reviews A national clinical DR TB team established				<p>CTB with TA from ATS piloted the new enhanced cohort tool and SOP for regional cohorts. This has been incorporated in the reviewed PMDT training package.</p> <p>A DR-TB team of experts from different fields has been</p>	Met	

						identified to serve as the national concilium for DR-TB. An app group has been established for coordinators and experts to discuss and provide immediate solutions. This will take place online in APA3 when there are video conference tools in place.		
		MDR patients transported to treatment sites	MDR patients transported to treatment sites	MDR patients transported to treatment sites	MDR patients transported to treatment sites	37 and 40 patients diagnosed with MDR TB were transported to Kibong'oto with support from Global Fund in Q1 and Q2 respectively. In Q3 CTB supported transport of 40 patients to Kibon'goto Infectious Disease Hospital	Met	
Support development of model TB/HIV one stop shops	3.2.3	Assessment conducted in 14 health facilities one in each of the 7 priority regions.	2 facilities renovated			15 health facilities were assessed for capacity to provide integrated TB/HIV services under 'one stop shop' model of care. Bills of quantity (BOQs) were received from two facilities for minor renovation.	Partially met	Received BOQs had higher costs than budgeted and had elements of construction and increase of building footprints. Sites are reviewing the BOQs to align them to USAID rules and regulations.
To disseminate national TB/HIV policy guidelines and conduct comprehensive TB/HIV training packages and printing.	3.2.4	National TB/HIV policy guidelines stakeholders' dissemination meeting	Comprehensive TB, TB/HIV training provided to 20 TOTs and 120 HCWs.			The TB/HIV policy dissemination did not take place. TB/HIV training provided to 30 TB, TB/HIV district coordinators only due	Partially met	Dissemination meeting is planned for next quarter due to competing schedules with NTLF.

		held	Copies of updated national TB/HIV policy & training materials printed			to limited funding. However, we have planned to train HCWs in APA 3 after updating the national TB/HIV training package.		
Strengthen coordination and collaboration of TB/HIV services	3.2.5	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	Regional TB/HIV coordination meetings took place in 2 priority regions (Pwani and Dar) this quarter as planned. Among other issues discussed was other implementing partner's role in Dar es Salaam, specifically Management Development for Health (MDH) that operates in the same coverage, to avoid duplication of work.	Met	

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		
Develop National Policy Document, Guideline, SOPs and M&E tools for Contact investigation.	4.1.1		M&E plan for CI developed		SOPs for CI developed	CTB and NTLP worked together with consultant from ATS to develop Operational Guidelines for Community TB,	Met	

						TB/HIV, and DR-TB care including CI tools. The Guidelines have been submitted to Ministry of Health for endorsement. NTLP has received approval to print community M&E tools which include CI.		
Mapping and Assessment of congregate setting (mining, etc.)	4.1.2		Mapping of congregate settings done Existing CI activities assessed Assessment conducted in 7 regions,			Mapping of congregate settings has been done. Mines: Small scale – 42, large scale – 2, Drug rehabilitation centers – 8, orphanages and elderly homes – 67 in Q2 Contact investigation will now be done in all 7 regions systematically now that the community TB M&E tools are in place. The process of printing the tools is underway.	Partially met	Initially the contact investigation was focusing on the vulnerable population, however in future we will consider regular screening of the entire population
Develop/review training materials for CI and pilot CI training materials - CHS	4.1.3		CI Training material developed, CI sensitization materials developed, CI recording and reporting forms	TOT training on CI conducted, IEC materials on CI developed and pre-tested, Stakeholder	IC IEC materials printed,	The NTLP has developed a Community TB Care training package that includes contact investigation. Recording and reporting tools have also been developed. CTB provided	Partially met	Plans for contact investigation were changed in agreement with the NTLP. Instead of having contact investigation as a stand-alone activity it has been incorporated in community TB care guidelines and training package. the training materials and guidelines

			developed,	rs meeting conducted in 7 districts, Sensitization meeting conducted in 7 regions,		technical assistance through ATS.		are being translated into Kiswahili language, meetings and trainings will therefore be conducted in APA 3
Support active case finding for TB, TB/HIV and MDR-TB among key population (support will be given to pediatric TB and bi-directional screening of patients with TB and diabetes	4.2.1	Policy document for active TB case detection and care developed. TB Diabetic Guidelines developed	TB Diabetic Guidelines developed TB/HIV national guidelines updated	Pediatric national guidelines updated. TB screening campaign conducted in 3 districts among key population		National TB/Diabetes Policy Guideline has been finalized. TB/HIV national guidelines have been updated. National Pediatric TB training package has been updated. Screening campaigns took place in quarter 2 in commemoration of the world TB day whereby 21 TB cases were detected from 1159 presumptive cases out of the 2040 screened.	Partially met	Due to competing schedules with NTLP, updating of national pediatric TB guidelines will be finalized in the next quarter.

Sub-objective 5. Infection control

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Strengthen infection control in decentralized PMDT units and TB/HIV settings.	5.1.1	6 health facilities assessed TB IPC	17/24 health facilities were assessed for capacity to provide collaborative TB/HIV	Partially met	To address the gaps identified CTB is emphasizing on implementation of IPC			

					plans developed and implemented in 24 health facilities	services. Findings included; facilities with IPC plans that were not being implemented, lack of trained staff for provision of ART and non-adherence to structural IPC guidelines		plans during supervisions and coordination meetings. ART trainings have been proposed for APA3. Facility renovations are planned for two sites; sites are encouraged to utilize district funds to do minor renovations
Conduct targeted TB screening among health care workers	5.2.1	Health care workers from 42 districts screened for TB	Health care workers from 42 districts screened for TB	Health care workers from 42 districts screened for TB	Health care workers from 42 districts screened for TB	<p>Health care screening was a challenge in Q1. Of the 42 districts under CTB support only 2 (4.8%) managed to report HCWs screened.</p> <p>HCWs screening sensitization continued in quarter 2 with varied responses from the districts. A total of 760 HCWs were screened, 7(0.9%) were found to have TB and started on treatment.</p> <p>2,747 HCWs (1,964 females, 783 males) were screened in 42 districts in quarter three, 50 were identified with presumed TB, of whom 17/50 (34%) were confirmed to have TB and 16 started on treatment. 1 died.</p>	Partially met	This is progressing (as scheduled) as more districts management teams and health workers are sensitized and engage in TB screening.

Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Ensure proper recording and reporting of IPT to children < 5 years that are contacts to smear positive TB patients	6.1.1	IPT to children < 5 years properly recorded and reported to central	IPT to children < 5 years properly recorded and reported to central	IPT to children < 5 years properly recorded and reported to central	IPT to children < 5 years properly recorded and reported to central	Only 2 regions of Arusha and Kilimanjaro documented IPT provision in Q1 and reported a total of 28 children. Sensitization and mentorship to HCWs and their supervisors has yielded a positive response in the 2nd and 3 rd quarters with 128 and 211 children reported respectively in all 7 regions.	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-Jun 2016		
Engage key policy and political leaders for resource mobilization	7.2.1		Key policy and political leaders together with business and corporate committed to support TB activities during world TB	Key policy and political leaders together with business and corporate committed to support TB activities		Political and business leaders could not be engaged during the quarter. Advocacy and sensitization were done in the days leading up the world TB day through participation in Radio programs, one TV program and public	Partially met	It was suggested by the meeting participants to have the Stop TB partnership (STP) when functional to engage political leaders and business communities in future

			day	during a special forum with the new parliamentary health committee		announcements in the community and market places. A sensitization meeting with parliamentarians is planned for September after failing to secure an appointment with them in quarter 3.		
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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		
Support national STOP TB Partnership meetings - CHS	8.1.1	National Stop TB partnership meeting conducted			National Stop TB partnership meeting conducted	A 2-day exploratory meeting on establishment of STOP TB Partnership in Tanzania was held and the need for the establishment of the partnership agreed. An implementation plan to further explore and build the STP in Tanzania was developed.	Partially met	
Support launching of the NTLP's national strategic plan. - CHS	8.1.2		NTLP's strategic plan launched				Not met	The NTLP strategic plan will be launched in Q4
Support printing of the NTLP's national strategic plan - CHS	8.1.3		NTLP's strategic plan printed				N/A	NTLP has secured funds for this activity from GF, funds for this activity will be reprogrammed.

To support the annual RTLC's meeting - CHS	8.1.4				Annual RTLC's meeting held	This activity has been cancelled	N/A	NTLP has secured funds for this activity from GF and it will take place later this year, funds for this activity will be reprogrammed.
Follow up and document Global Fund implementation in Tanzania	8.2.1	Global Fund implementation status reported	<p>GF is supporting the NTLP in the following areas: Improving case detection for TB, improving TB diagnostic capacity, scaling up Programmatic Management of Drug Resistant TB, community systems' strengthening, and reduction of stigma and discrimination and TB/HIV collaborative services.</p> <p>In Q2 CTB participated in a Global Fund situation room meeting together with USAID representatives where challenges facing the program were discussed and action points set.</p> <p>CTB participated in Global Fund program under Save the Children (non-government PR) implementation plan launching stakeholders' meeting in May 2016, in Bagamoyo, with NTLP and all sub-recipients</p>	Met				

						of the Save the Children grant.		
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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 (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		
Further surveillance development (Focus on data management, utilization and system management) in challenge TB area based on the roadmap developed from the Year 1 assessment and stakeholders meeting. - CHS	10.1.2				7 regions visited for surveillance assessment	Worked with NTLP and DHIS developers to discuss the ERR system' functionalities and set up a roadmap for implementation	N/A	
Conduct necessary trainings to ensure successful uptake and implementation of new forms - CHS	10.1.4	Trainings conducted in 12 districts	Trainings conducted in 26 districts			DTLCs from all 46 CTB supported districts were trained in Q2.	Met	
Support development of RDQA tool to be used under Challenge TB and NTLP in routine data quality monitoring. Conduct data quality assessment (DQA)	10.1.5		RDQA Tool developed	DQA conducted in 6 CTB regions		New RDQA tool has been developed and piloted DQA done in Dar es Salaam, will continue to other regions in Q4	Partially met	DQA for the remaining regions will be conducted in Q4
Conduct one data quality assessment	10.2.2				DQA conducted in 7 regions		N/A	

Support a one Day TB Operational Research Meeting	10.2.3		OR meeting conducted			Meeting not conducted	Not met	This is an annual meeting and is planned to be conducted in Q4
Conduct an operational research focusing on the barriers to timely definitive diagnosis and treatment after TB suspicion. - CHS	10.2.4			Research protocol developed and approved	Research protocol developed and approved	A request for proposals has been sent to the Muhimbili University of Health and allied sciences for postgraduate students to apply. Applications will be discussed in the operational research meeting by committee members in Q4 whereby suitable proposals will be selected.	Partially met	Selection process will be done in Q4.

Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Supportive supervision meetings in priority regions - PEPFAR	11.1.1	Quarterly central, regional & district supervisions conducted Quarterly performance review meetings	Quarterly central, regional & district supervisions conducted Quarterly performance review meetings	Quarterly central, regional & district supervisions conducted Quarterly performance review meetings	Quarterly central, regional & district supervisions conducted Quarterly performance review meetings	Supportive supervision at all levels conducted as planned. Performance review meetings were conducted as planned in all regions to share experiences, compile and submit previous quarter data. 20 district TB, TB/HIV coordinators from Kinondoni and Pwani regions received training on	Met	

						comprehensive supportive supervision and mentorship.		
Technical supervision	12.1.1		Technical supervision		Technical supervision	The technical focal point for CTB in Tanzania made a supervisory visit in Q2 and Q3 where he also participated in a planning workshop for APA3	Met	

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

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
TNZ-607-GO9-T	A2	A1	US\$ 33.9 m	US\$ 33.9 m	USD 33.9
TB/HIV NFM – MoF	Not available	Not available	US\$ 21.3	US\$ 12,562,249	USD\$7,376,718
Save the Children International			USD 13,000,000	USD 13,000,000	

* 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

Tanzania is a beneficiary of a Global Fund grant titled 'Sustaining the momentum and improving the Gains for HIV/TB' under the grant name: TZA-T-MOF. This grant was based on a joint TB/HIV concept note submitted by the Tanzanian Country Coordinating Mechanism (TNCM) in 2014. The Concept Note was developed based on: (1) National policies and strategic plan priorities; (2) Geographic burden of diseases; (3) Burden of disease among key populations and other vulnerable populations; (4) Addressing factors that reduce program efficiency; and (5) High impact interventions. For the TB disease component, identified priority interventions include; improving case detection for TB, improving TB diagnostic capacity, scaling up Programmatic Management of Drug Resistant TB, community systems' strengthening, reduction of stigma and discrimination and TB/HIV collaborative services.

The program is being implemented by two Principal Recipients (PRs): A government PR – Ministry of Finance and a non-government PR – Save the Children. Ministry of Finance will focus on procurement of health commodities and medicines, strengthening Health Management Information Systems (HMIS) and service delivery to the health facility level; Save the Children will focus on interventions at community level. For the Tuberculosis component, the GF grant is being implemented for 2.5 years from July 2015 to December 2017.

The NTLF is implementing the grant as a sub recipient of Ministry of Finance (the public PR) and so far two cash transfers have been released by the Global Fund as follows: US\$ 2,924,844 to the PR for activity implementation and US\$ 2,735,746 to Global Drug Facility for procurement of first and second line ant TB medicines.

Key challenges in grant implementation include; 1. Inadequate human resource capacity at all levels of the health system. Specific inadequacy at central level are absence of a Pediatric Coordinator, Logistics focal person, Electronic Recording and Reporting (ERR) project focal person and Assistant MDR TB coordinator 2. Procurement of computers for all districts and regional coordinators for Electronic Record and Reporting did not cover CTB supported regions. This means Challenge TB project will have to cover the need in their respective regions. 3. Insufficient budget for activities such as Drug Resistance Survey (DRS) and Epidemiological assessment. The staffing challenges have affected grant implementation in terms of quality of coordination of activities due to shortage of staff. Lack of computers has lengthened the time for compilation of quarterly reports. The DRS could not commence in 2016 as initially planned, it will take place in

2017 with support from WHO. Challenge TB will address the challenge of computers for CTB regions and will support implementation of the epidemiological survey in APA 3.

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

In Q3 CTB participated in Global Fund program implementation plan meeting with other stakeholders in May 2016, Bagamoyo, with the NTLP, Save the children and all sub-recipients of the grant. The aim of this meeting was to discuss and facilitate understanding of the principal recipient of the grant i.e. Save the Children International (SCI) in regard to their HIV/TB program interventions and geographical coverage and address potential implementation challenges.

Also the meeting envisaged having a clear understanding of the stakeholders' roles and responsibilities in supporting the GF grant so as to reduce the chance of duplicating efforts. CTB will continue to support development of policies and training packages for PMDT, laboratory, community and TB/HIV activities at the national level and focusing on the 7 CTB regions for implementation for all areas except PMDT where support will be countrywide.

CTB also participated in GF work plan implementation by supporting the assessment of four (4) PMDT ambulatory sites in Geita region. The GF TB Manager from Geneva, Dr Wandwalo was also involved during APA 3 planning whereby he presented a GF supported initiative to implement a toolkit aimed at improving the quality of active case-finding of TB cases at the facility level. This toolkit will be adopted by CTB in APA3 in CTB supported regions.

4. Success Stories – Planning and Development

Planned success story title:	Use of GeneXpert in TB Diagnosis; an experience from Kilimanjaro.
Sub-objective of story:	2. Comprehensive, high quality diagnostics
Intervention area of story:	2.1. Access to quality TB diagnosis ensured
Brief description of story idea:	<p>John is a 33-years-old, unmarried business man who lives in Moshi, Kilimanjaro. In January 2016 he presented at the regional hospital with a two months’ history of ill health; he had been experiencing a productive cough, fever, and weight loss. He initially sought care at a local pharmacy where he bought some antibiotics and got some short-lived relief.</p> <p>He was admitted at the regional Hospital after worsening of his condition two months later where he was put on intravenous antibiotics and tested for TB by microscopic sputum examination for AFB, both spot and morning samples were negative. HIV testing was negative and chest x-ray was suggestive of pneumonia. After ten days of intravenous antibiotics he was discharged home on oral antibiotics with no significant improvement.</p> <p>Two weeks after discharge he was taken to the TB clinic looking very sick, wasted and coughing profusely.</p> <p>A sputum sample was collected for GeneXpert testing and after two hours a positive MTB result was out and the patient was immediately initiated on TB treatment.</p> <p>GeneXpert facilitated the TB diagnosis for John and the consequent initiation of treatment. Two months later his condition has improved significantly clinically and his follow up sputum-smear test was negative. Members of a community who are knowledgeable on TB were able to take John straight to the TB clinic where he received appropriate care. Community awareness coupled with access to appropriate diagnostics and knowledgeable staff are key to ensure patient centered care. CTB is working to strengthen these areas in our collaborative efforts together with the NTLP to end TB.</p>
Status update:	The patient has gained 15 kg from the time of diagnosis, he currently weighs 57kg on month five of treatment.



John before and after three months on TB treatment (Credit: Jonathan Mremi, KNCV Field Coordinator)

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	36	32	Although many less cases were diagnosed than in 2015 in Q1 and 2, a much higher percentage of those diagnosed are started on MDR-TB treatment. The case detection of RR/ and MDR TB has decreased this quarter as some of the sites experienced shortage of cartridges. This was associated with redistribution from MSD as they had closed the offices for annual stock taking. CTB supported the redistribution of cartridges. Also most of the sites are now connected with the GXalert system and the possibility of double counting has been minimized.
Total 2012	83	44	
Total 2013	95	95	
Total 2014	218	144	
Total 2015	272	124	
Jan-Mar 2016	49	40	
Apr-Jun 2016	45	40	
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	0	0	
Total 2015	1	0	
Jan-Mar 2016	1	0	
Apr-Jun 2016	0	0	
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>)						Data cleaning at NTLN is still ongoing for Jan – Mar data. So this
	ARUSHA	847 (14%)	810 (13.3%)	860 (13.5%)			
	DAR ES SALAAM	2356 (38.8%)	2268(37.4%)	2,387 (37.5%)			

	GEITA	486 (8%)	578 (9.5%)	580 (9.1%)			national number may have +/- 5%
	KILIMANJARO	596 (10%)	572 (9.4%)	647 (10.1%)			
	MWANZA	971 (16%)	1,040 (17%)	1,128 (17.7%)			
	PWANI	573 (9.4%)	585 (9.6%)	570 (8.9%)			
	ZANZIBAR	240 (4%)	201 (3%)	184 (2.8%)			
	TB cases (all forms) notified for all CTB areas	6,069	6,054	6,356			
	All TB cases (all forms) notified nationwide (denominator)	16,045	16,132	Not yet available			
	% of national cases notified in CTB geographic areas	38%	38%	N/A			
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention						
	ARUSHA	243	258	306			
	DAR ES SALAAM (ILALA AND KINONDONI)	320	103	413			
	GEITA	12	0	2			
	KILIMANJARO	55	29	65			
	MWANZA	23	20	38			
	PWANI	86	110	108			
	ZANZIBAR	1	3	6			
	TB cases (all forms) notified from this intervention	740	523	938			
	All TB cases notified in this CTB area (denominator)	6,069	6,054	6,356			
% of cases notified from this intervention	12.2%	8.6%	15%				
Children (0-14)	CTB geographic focus for this intervention						
	ARUSHA	124	111	154			
	DAR ES SALAAM (ILALA AND KINONDONI)	156	188	233			
	GEITA	21	64	52			
	KILIMANJARO	68	62	45			
	MWANZA	102	143	144			
	PWANI	72	78	75			

	ZANZIBAR	24	40	24		
	TB cases (all forms) notified from this intervention	567	686	727		
	All TB cases notified in this CTB area (denominator)	6,069	6,054	6,356		
	% of cases notified from this intervention	9.3%	11.3%	11.4%		
Intensified case finding (ICF) (e.g. health facility-based case finding)	CTB geographic focus for this intervention					
	ARUSHA	139	140	163		
	DAR ES SALAAM	429	403	474		
	GEITA	98	151	127		
	KILIMANJARO	125	136	152		
	MWANZA	231	252	355		
	PWANI	160	115	141		
	ZANZIBAR	28	15	21		
	TB cases (all forms) notified from this intervention	1,210	1,212	1,433		
	All TB cases notified in this CTB area (denominator)	6,069	5,931	6,356		
	% of cases notified from this intervention	20%	20%	22.5%		

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	Katja Lumelova			X		Program supervision and APA3 planning	Pending	4-8 July 2016	5 days	Pending
2	KNCV	Ena Madsen		X			Project officer mentorship	Complete	22 - 26 February 2016	5 days	
3	KNCV	Bianca Schuubiers				X	Finance department supervision	Pending			Proposed dates: Q4
4	KNCV	Katja Brenninkmeijer			X		HR management mentorship	Complete	2-6 May 2016	5 days	
5	KNCV	Vishnu Mahamba		X			To attend International meeting week	Complete	1 - 5 February 2016	5 days	
6	KNCV	Vishnu Mahamba			X		To attend Country Director's meeting	Complete	20 -24 June 2016	5 days	
7	KNCV	Pamela Kisoka			X		To attend Country Director's meeting	Complete	20 -24 June 2016	5 days	
8	KNCV	Amon Mrutu				X	To attend International Finance week	Pending			Proposed dates: 1 - 5 Aug 2016
9	KNCV	Mirjam Engelberts				X	Continue support for the process of accreditation of CTRL with assessments and trainings of CTRL staff.	Pending			Proposed dates: 1 - 20 July 2016
10	KNCV	Valentina Anisimova				X	Conduct a national microscopy network accreditation assessment	Pending			Proposed dates: 1 Aug 2016
11	KNCV	Edgar Luhanga					Participate in workshop on GeneXpert EQA in Atlanta (USA)	Cancelled			Funds were reallocated to facilitate the laboratory technical officer to attend a laboratory workshop in The Hague in June 2016

12	KNCV	Marleen Heus		X			Support the decentralization process for PMDT and further support expansion of ambulatory care – Piloting of PMDT training materials & Training of decentralized sites	Complete	16 – 25 January 2016	5 days	
13	KNCV	Victor Ombeka			X		Support the decentralization process for PMDT and further support expansion of ambulatory care: PMDT training for ambulatory care	Complete	9 th -13 th May 2016	5 days	
14	KNCV	Marleen Heus			X		Support establishment of a national STOP TB Partnership	Complete	30 th May- 3rd June 2016	5 days	
15	KNCV	Nico Kalisvaart		X		X	Further surveillance development (Focus on data management, utilization and system management) in challenge TB area based on the roadmap developed from the Year 1 assessment and stakeholders meeting	Complete	25 th -29 th Jan 2016 26 th -30 th Sep 2016	5 days	Q2 mission done Second mission will be in 4 th quarter
16	KNCV	Jerod Scholten		X			Technical supervision	Complete	22 February – 2 March 2016	10 days	
17	KNCV	Jerod Scholten			X		Technical supervision & APA3 planning	Complete	27 June – 8 July 2016	10 days	
18	ATS	Lisa Chen, Ann Raftery	X				Develop an implementation plan, new SOP and adapt new tool for regionalization of enhanced cohort review in line with the PMDT decentralization framework.	Complete	08 – 13 Nov 2015	5 days	
19	ATS	Lisa Chen, Ann Raftery				X	Train/conduct enhanced cohort review and	Pending	11 – 22 July 2016	10 days	

							support mentorship at a new regional site #1					
20	ATS	Lisa Chen, Ann Raftery				X	To conduct enhanced cohort review and support mentorship at new regional site #2	Pending				Proposed dates: 26-30 September 2016
21	ATS	Elizabeth Fair, Phil Hopewell		X			TA for development of National Policy documents (5 days in-country TA for a workshop)	Complete	3 rd -7 th April 2016			
22	ATS	Elizabeth Fair, Cecily Miller			X		TA for development of training materials and for training of trainers in country	Cancelled				CI materials have been developed and incorporated in community training package
23	PATH	Lisa Mueller		X			Conduct interviews for the Capacity Building Officer position, with PATH's CTB staff develop detailed work plans, and provide technical inputs to ongoing ACSM/community engagement work. TA may include finalization or piloting of ACSM materials, developing criteria and selecting CBOs, or developing rollout training plans.	Complete	3-12 February 2016	8 days		
24	PATH	Lisa Mueller			X		Review ACSM plans with the Community Engagement Officer. Work with the CBO Capacity Building Officer on capacity strengthening plans and assessment report. Meet with one CBO to work on detailed capacity strengthening	Complete	June 12-18; June 25-July 1	14		Provide TA for capacity building and involved in APA 3 planning meeting

						plan. Use findings from the capacity assessment to inform the planning for Year 3. Participate in work planning meeting.				
25	PATH	Lal Sadasivan			X	Meet with KNCV Tanzania and PATH to discuss the Year 3 work plan. Review the overall PATH CTB program and provide specific insight and expertise to the pilot work, monitoring field activities to ensure that all activities are utilizing the best evidence and expertise.	Complete	26 th June-2 nd July 2016	7	Done
26	PATH	Lisa Mueller			X	Support implementation of the 2013 ACSM strategy - with behavior change strategies focused on key populations. Lisa will return to assess progress on ACSM plan implementation, and work with CBOs to plan improvements and ways to address any challenges identified to optimize impact of the ACSM activities.	Pending			Will be scheduled in Q4.
27	KNCV	Miriam Urusa			x	To attend country directors meeting	Complete	20 -24 June 2016	5 days	
28	KNCV	Dennis Lyakurwa			X	PMDT workshop in Netherlands	Complete	20 – 24 June 2016	5 days	
29	KNCV	Edgar Luhanga			X	Participate in the Lab workshop in Netherlands	Complete	27 June – 1 July 2016	5 days	
30	KNCV	Basra Doulla, CTRL Manager			X	Participate in the Lab workshop in Netherland	Complete	27 June – 1 July 2016	5 days	

31	KNCV	Hassan Mbega				x	Attend GLI workshop in Uganda	Pending	18 th - 22 nd July 2016	4 days	
Total number of visits conducted (cumulative for fiscal year)								23			
Total number of visits planned in approved work plan								31			
Percent of planned international consultant visits conducted								74%			

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
1.2.4. TANZANIA SPECIFIC: # of districts where ACSM strategy is implemented.	Type of material/workshop	annually	0 (June 2015)	3	Measured annually	
1.4.2. Number of health facilities where quality of services was measured	Challenge TB area, others	annually	TBD (Dec 2015)	After the baseline	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.	N/A	annually	0 (2015)	1	Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality	N/A	annually	0/6 (0%) (2015)	0/6 (0%)	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
improvement program i.e. Laboratory Quality Management System (LQMS).						
2.2.7. Number of GLI-approved TB microscopy network standards met	N/A	annually	3 (2015)	5	Measured annually	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	Disaggregated by New and Previously treated cases	Every six months	15% (2015)	20%	Every six Months	There is no tool to collect this data and the current algorithm indicates that not every smear positive is confirmed by Genexpert and DST, this makes it difficult to know the denominator
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other).	Challenge TB area, others	Quarterly	83%: 55 GeneXpert (June 2015)	100% of available Gene Xpert machines are functional	CTB regions GeneXpert machines functionality 15/16 (94%) Total GeneXpert machine in the country 70 Functional 62 (89%)	One GeneXpert machine of Amana Hospital is partially functional due to the fact that two modules are defected.
2.4.6. #/% of new TB cases diagnosed using GeneXpert.	Challenge TB area, others	annually	5% in June 2015	20% by end of Year 2 Target	Measured annually	
2.6.1. Average turnaround time from specimen collection/submission to delivery of	Challenge TB area, others	Quarterly	Microscopy: 48 hrs. GeneXpert: 24hrs. Solid Culture: 10	Microscopy: 48 hrs. GeneXpert: 24hrs. Solid Culture: 8	Microscopy: 48hrs (For spot and morning specimens). GeneXpert: Within 24hrs (GeneXpert machine	Solid culture and DST sometimes TAT increases due to contaminated slopes or delay in culture process due to high workload

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
result to the patient (stratified by microscopy, Xpert, culture, DST)			weeks. DST: 5 weeks (2014 CTRL Report)	weeks. DST: 4 weeks.	tests 1 sample at a time and it takes 2 hours to get results) Solid Culture 8-9 weeks, DST 4-5 weeks	
2.6.2. % of laboratory results disseminated via m-health or e-health systems to the provider	Challenge TB area, others	annually	0% (2015)	0.3	Measured annually	
2.6.3. % of laboratory results disseminated via m-health or e-health systems to the patient/community health worker	Challenge TB area, others	quarterly	0% (2015)	5% CTB	0%	In year 2, CTB could not start implementation of digital health as there was a need to review what is on the ground and prepare accordingly. Therefore, this will be done in year 3 of laboratory implementation
2.6.4. # of specimens transported for TB diagnostic services	Challenge TB area, others	quarterly	New cases: 3,874 Retreatment 849 (2014) CTB: New cases 2,199 & Retreatment 491	20 % increment from the baseline	What about Q1, Oct-Dec 2015? Q2, Jan-Mar 2016: New cases: 1,264 Retreatment cases: 800 CTB: New cases 688 Retreatment: 417 Q3, Apr-Jun 2016: New cases: 291 Retreatment cases 273 CTB: New cases 85 Retreatment: 25	There is a decrease of number of specimen referred to CTRL due to the fact that culture services have been decentralized in other 5 TB Zonal Culture Laboratories which decreases workload to CTRL. 2 out of 5 Zonal TB culture laboratories are situated in CTB Supported region namely Mwanza and Kilimanjaro (Sekou Toure and Kibong'oto respectively). Data from all the zonal labs will be reported next quarter.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.6.5. #/% of TB cases detected through a specimen transport system	Challenge TB area, others	quarterly	0%	10%	Data not available yet	This will be reported end of the year as CTRL is working on mechanism to collect this information.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	KPI, Gender, age, geographical area	quarterly	National - 63,151 (all forms); CTB - 23,154 (all forms) (2014)	Facility based ACF: 4,800 Children: 3000 Private health facilities: 3,600	Total cases notified: 6,356 Children: 727 (11.4%) Health-facility-based case finding: 1,433(22.5%) Private sector:938 (14.7%)	
3.1.4. Number of MDR-TB cases detected	Geographical area	quarterly	144 (2014)	179	45 MDR TB cases using GeneXpert machine 2 MDR TB cases using solid DST FROM CTB regions 10 MDR TB cases using GeneXpert machine 0 MDR TB cases using solid DST from CTRL	
3.2.1. Number and percent of TB	Gender, geographic	annually	90% (2014)	90%	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
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.).	al area					
3.2.4. Number of MDR-TB cases initiating second-line treatment	Gender, geographical area	quarterly	144 (2014)	179	117 (37 - Q1, 40 - Q2, Q3-40) CTB region is 25	
3.2.7. Number and percent of MDR-TB cases successfully treated	Gender, geographical area	annually	75% (2011)	80%	Measured annually	
3.2.10. #/% of planned cohort reviews conducted	Gender, geographical area	quarterly	2 (2014)	4	Q1-1 cohort reviewed 139 patients, Q2-0, Q3-1 cohort reviewed 146 patients both for the whole country 2/4(50%)	
3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB treatment	Gender, geographical area	annually	>90% in 2012 according to NTLP annual report 2013	95%	Measured annually	
3.2.12. % of HIV-positive registered TB patients given or continued on	Gender, geographical area	annually	85% in 2014 according to NTLP data	85% maintain the same for CTB area	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
anti-retroviral therapy during TB treatment.						
3.2.14. % of health facilities with integrated or collaborative TB and HIV services.	Gender, geographical area	annually	9% (2014)	30%	Measured annually	
3.2.24. % MDR patients who receive social or economic benefits.	Gender, geographical area	quarterly	0%(2014)	80%	(81%) 95 patients out of 102 supervised received social benefits. Total on ambulatory care is 117	
3.2.25. % of MDR patients that are no longer infectious receiving outpatient care	Gender, geographical area	quarterly	67% June 2015	80%	(55%)117 patients out of 212 are on ambulatory care (non-infectious)	

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. Indicator Value:	TB, DR TB patient contacts in CTB areas only	quarterly	CI 62% (2013-TB) DR TB 0% (June 2015)	80% for TB in CTB areas DR 20%	TB: 194/6356 (3%) DR TB (patients in initiation and ambulatory phase): 7/212 (3%)	CTB has developed a systematic way of conducting, recording and reporting contact investigation that will commence in Q4 using the tools developed by the NTLF

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
Percent						with CTB support.
4.1.3. % of confirmed TB patients by case finding approach (CI, ACF, ICF), by key population and location (ex, slum dwellers, prisoners) (Service cascade)	CI for Tb, DR TB patient contacts in CTB areas only	quarterly	CI: 3%(2014)	3% maintain the same	CI: 27/6356 (0.4%) ICF in health facilities: (22.5%) 1,433/6,356	
4.2.4. #/% of TB patients linked with support for comorbidities (stratified by malnutrition, diabetes, drug use, etc.)	TB and ART	quarterly				This information is currently not captured by the country's R&R system

Sub-objective:		5. Infection control				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.5. #/% of high-risk sites in which TB IC is implemented with Challenge TB support (stratified by applicable sites: PMDT, HIV, mines, prisons, etc.)	PMDT sites, HIV, CTB areas, TBIC package	annually	0	25%	Measured annually	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Indicator Value: Percent Level: National and Challenge TB geographic areas Numerator: Number of high-risk sites in which TB IC is implemented with CTB support in the area Denominator: Total number of high-risk sites in the area						
5.2.1. Status of TB disease monitoring among HCWs	Gender and Sex	annually	TBD (Q2 in APA2)	TBD after the baseline	Measured annually	
5.2.2. #/% of HCWs screened (frequency of measurement based on policy)	Challenge TB area, others	quarterly	1000	TBD after the baseline	760/6921(Jan-Mar 2016) April –June 2,747/17,008(16%) from all 7 CTB regions. Males 783 females 1,964	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	Gender and Sex	annually	N/A	N/A	Measured annually	

Sub-objective:	6. Management of latent TB infection					
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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	Challenge TB area, others	annually	N/A	300	Measured annually	
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy	Challenge TB area, others	quarterly	150 quarterly	98%	0	CTB started recording children initiated on IPT in Q2, treatment completion will be reported in Q4 after completion of the 6m course
6.1.5. A national quarterly monitoring system for LTBI initiation and completion is functional	Challenge TB area, others	annually	No (June 2015)	Yes	Measured annually	

Sub-objective:		7. Political commitment and leadership				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.1. % of NTP budget financed by domestic resources	N/A	annually	15% by 2013 NTLN Annual report	TBD after stakeholders meeting in Year 2)	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	CTB area, National level	annually	N/A	TBD	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
8.1.1. #/% of national	HIV sector, private	annually	to be collected after the first	Will be set after setting the	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
partnership members that are from the private sector, civil society, or current/previous TB patients (stratified by each key group)	sector, civil society, TB patients		meeting (Q3 of APA2)	baseline		
8.1.3. Status of National Stop TB Partnership	N/A	annually	0 (2015)	1	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	N/A	annually	N/A	N/A	Measured annually	
8.2.1. Global Fund grant rating	N/A	annually	A1 (2014)	TBD	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, Regional and District level	quarterly	0	0	In Q2 19/42 districts reported first line drug stock outs at some point during the quarter In Q3 20/42 districts reported stock outs of RHZE, RH,RHZ, RHE and Streptomycin at KIDH	

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
					during the quarter	

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	Scores, CTB area, other areas	annually	2 (2015)	2	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	CTB area, National level	annually	Yes (2013)	Yes	Measured annually	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	CTB area, National level	annually	0% (2015)	100%	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation)	CTB area, National level	annually	N/A	Yes	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
approach)						

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.1. Status of system for supportive supervision Indicator value: Score based on below: 0=no supportive supervision guidelines developed and no consistent supportive supervision taking place; 1=supportive supervision plan developed, but not implemented systematically; 2=supportive supervision plan implemented consistently, including provision of written feedback to lower levels; 3=supportive	N/A	annually	0	2	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
supervision plan implemented consistently, feedback provided and evaluation of supervision plan conducted Level: National Means of Verification: TB NSP, SS guidelines, SS implementation plan and budget, SS reports						
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded). Indicator Value: Percent Level: National and Challenge TB geographic areas Numerator: Number of planned supervisory visits conducted during reporting period Denominator: Total number of	CTB and NTP funded	quarterly	2: June 2015	42 Districts conduct monthly supportive supervision, 7 regions conduct a combined regional and Central Supervision)	42/42 100%	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
supervisory visits planned for the same period Means of Verification: SS reports						
11.1.3. # of healthcare workers trained, by gender and technical area	Gender, technical area	quarterly	N/A	1,272	<p>M&E Tools training 56 (10 Female, 46 male)</p> <p>PMDT initiation sites training 24 (10 Females 14 Males)</p> <p>Laboratory EQA training 41 (6 Females 35 Males)</p> <p>In Q3 Training of 14 district TB and TB/HIV coordinators on national TB/HIV collaborative services package 12males and 2 females (Kilimanjaro)</p> <p>TB HIV training in Mwanza for 16 coordinators from Mwanza and Geita 13 males 3 females</p> <p>ACSM training in Geita 30 participants 8 female, 22 males</p> <p>ACSM training in</p>	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
					<p>Kinondoni 42 participants are female 31 males 11</p> <p>ACSM training in Meru 30 participants are females 17 males 13</p> <p>GeneXpert training 9 participants are male 5 females 4</p>	
11.1.5. % of USAID TB funding directed to local partners	N/A	annually	N/A	1%	Measured annually	