



USAID | **UKRAINE**
FROM THE AMERICAN PEOPLE

STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE PROJECT

STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE

**QUARTERLY REPORT
JULY 1, 2012-SEPTEMBER 30, 2012**

**SUBMITTED TO ALINA YUROVA,
CONTRACTING OFFICER'S REPRESENTATIVE**

October 10, 2012

October 10, 2012

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International in partnership with Project HOPE.

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

CONTENTS

Acronyms

Introduction

Accomplishments Summary

A. Accomplishments by Activity and Task

Result 1: *Improve the quality and expand availability of the WHO-recommended DOTS-based TB services*

Activity 1.1

Activity 1.2

Activity 1.3

Result 2: *Create a safer medical environment at the national level and in USAID-supported areas*

Activity 2.1

Activity 2.2

Result 3: *Build capacity to implement PMDT programs for multi-drug resistant/extensively drug resistant TB at the national level and in USAID-supported areas*

Activity 3.1

Result 4: *Improve access to TB/HIV co-infection services at the national level and in USAID-supported areas*

Activity 4.1

Activity 4.2

Activity 4.3

B. Deliverables

C. Budget

D. Schedules

E. Challenges

F. Plans for FY 2013 Q1

- Annex 1 Agenda and declaration of the working meeting “Focusing on TB issues: medical education in the conditions of health-care system reformation” 10-11 September, 2012, Alushta, AR of Crimea
- Annex 2 Table of baseline data for illustrative indicators of STbCU performance monitoring plan
- Annex 3 Agenda of the oblast seminar on the monitoring and evaluation effectiveness of TB measures
- Annex 4 Analysis of the survey results among the readers of “Tuberculosis, Lung Diseases, HIV-Infection” Journal conducted in July-August 2012
- Annex 5 STbCU Grants Plan for Project Year 1
- Annex 6 Media monitoring
- Annex 7 Agenda of the Round table meeting on infection control

ACRONYM LIST

ACSM	advocacy, communications, and social mobilization
AIDS	acquired immunodeficiency syndrome
ART	anti-retroviral therapy
COP	chief of party
CoE	Center of Excellence
DCOP	deputy chief of party
DOTS	directly observed treatment short course
DRS	drug resistance survey
DST	drug susceptibility testing
EQA	External Quality Assurance
FDU	Foundation for Development of Ukraine (Ahmetov Foundation)
GF	Global Fund
GFATM	Global Fund for AIDS, Tuberculosis, and Malaria
GHI	Global Health Initiative
GoU	Government of Ukraine
GTBI	New Jersey Medical School Global Tuberculosis Institute
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HKMS	health knowledge management specialist
IC	infection control
IPC	infection prevention and control
LHSI	League of Health and Social initiatives in labor protection
LOE	level of effort
MDR-TB	multi-drug-resistant tuberculosis
MOH	Ministry of Health
MoU	memorandum of understanding
NGO	non-governmental organization
NRL	National Reference Laboratory

NTP	National Tuberculosis Program
OR	operational research
PAL	practical approach to lung health
PATH	Program for Appropriate Technology in Health
PEPFAR	President's Emergency Plan for AIDS Response
PHC	primary health care
PLWH	people living with HIV
PMDT	Programmatic Management of Drug Resistant TB
PMEP	Performance Monitoring and Evaluation Plan
RC	Ukrainian Red Cross Society
RTM	regional training manager
SDP	service delivery point
SES	Sanitary and Epidemiological Services
SOW	scope of work
SPS	USAID Strengthening Pharmaceutical Systems Project
STbCU	Strengthening Tuberculosis (Tb) Control in Ukraine
STI	sexually transmitted infection
STTA	short-term technical assistance
TB	Tuberculosis
TOT	training of trainers
USAID	United States Agency for International Development
USG	United States Government
VCT	voluntary counseling and testing
WHO	World Health Organization
WG	Working Group
XDR-TB	Extensively Drug-Resistant Tuberculosis

INTRODUCTION

The Strengthening Tuberculosis Control in Ukraine (STbCU) Project seeks to enable the Government of Ukraine (GoU), in partnership with national and international stakeholders, to implement effective and strategic actions to improve the quality of TB services, including detection and treatment of TB, multi- and extensively-drug resistant TB (MDR-TB and XDR-TB), and prevention of the rapid growth of TB-HIV co-infection.

The task order scope of work identifies four primary objectives, as follows:

- *Improve the quality and expand availability of the WHO-recommended DOTS-based TB services*
- *Create a safer medical environment at the national level and in USAID-supported areas*
- *Build capacity to implement PMDT programs for multi-drug resistant/extensively drug resistant TB at the national level and in USAID-supported areas*
- *Improve access to TB/HIV co-infection services at the national level and in USAID-supported areas*

The second quarterly report presents progress that has been made during the three months from July 1, to September 30, 2012 and focused mostly on regional need assessments and regional planning, as well as preparation for training activities, i.e. collaboration with the TB Control Center, the State Service on HIV and other Socially Dangerous Diseases, the State Sanitary and Epidemiological Service and Medical Academies on revision of training materials, and development of the Center of Excellence.

ACCOMPLISHMENTS SUMMARY

During reporting period STBCU mostly focused on baseline regional needs assessment. 10 USAID supported regions were visited by team of 3-4 STbCU staff members in order to identify regional TB control programs needs, perform initial gap analysis in TB and TB-HIV Control as well as define partners' activities in TB control at regional level. Substantial efforts were also done to identify and communicate partners whose activities are related to TB control in order to synergize work and avoid duplication.

STbCU focused on advocacy of internationally recommended approaches in PMTD, laboratory strengthening, and TB infection control implementation at different working groups under MOH. Country discussions on DRS preparation started. Also considerable part of work was devoted to development of training programs and curriculums on TB for primary health care workers and laboratory specialists.

The other direction concerned to establishment the formal relations with regional medical facilities by signing MoU.

TECHNICAL ACTIVITIES

Throughout the second quarter of implementation, the STbCU project continued to collaborate with other donor-funded programs and local organizations working in the tuberculosis control field. This collaboration included, but wasn't limited to, participating in a working group on TB treatment presented by the FDU, contributing to a roundtable discussion on case detection and treatment organized by Labor and Health Social Initiatives (LHSI), COP participation in the National Council on TB and HIV meeting in late July, and COP meetings with UNDP and Deputy Ministry of Health.

Baseline assessments were conducted through regional travel by the project's technical staff. During these visits, baseline data and information have been collected, potential local partners and grantees were identified, and MoUs with local governments have been signed.

ADMINISTRATIVE AND MANAGEMENT ACTIVITIES

On July 5th, 2012 the STbCU project was registered by the Ministry of Economic Development and Trade as an international technical assistance project. As a result of the registration, the STbCU project was able to convert all existing staff to long-term employees and initiate the process for opening the project's bank account. Additionally, registration allowed Deputy Chief of Party, Operations Director Natalia Stadler to be fielded to post from the United States.

In the second three months period of the project, the STbCU project finalized recruitment of main office staff, completing both the technical and administrative teams. The STbCU team is still looking to fill additional support roles within the project team, but has filled all major personnel needs during the second quarter of implementation. With a full staff on board, the

STbCU team held a team building activity during the week of September 24th to discuss roles and responsibilities of the larger team, and to ensure the team consistency.

Finally, last week of the quarter, the STbCU project received Grants Under Contract authority through a contract modification, allowing the project to establish the grants plan. .

A. ACCOMPLISHMENTS BY ACTIVITY AND TASK

RESULT 1: IMPROVE THE QUALITY AND EXPAND AVAILABILITY OF THE WHO-RECOMMENDED DOTS-BASED TB SERVICES

The results achieved under this objective during the second quarter of Project implementation are primarily related to the establishment of the project team, cultivation of partnerships and integration into the routine activities of the Ukrainian Health Care System, in particular signing of the MoU and providing a series of visits to the target regions to conduct baseline needs assessments and establish relationships with partners.

A series of consultations with the partners whose activities are also related to TB issues has been conducted to ensure synergy of efforts and avoid overlapping.

Thus, DCOP, TB, HIV, M&E, and laboratory diagnostics specialist participated in a number of working group meetings devoted to second phase Round 9 proposal to the GF.

ACTIVITY 1.1 BUILD INSUTITIONAL CAPACITY TO IMPROVE THE QUALITY OF DOTS-BASED PROGRAMS

TASK 1.1.1: Strengthen the formal medical education system to include internationally recognized modern approaches in TB control.

During the second quarter, the Project's team strived to create the relevant background of educational program implementation into formal medical postgraduate education. The focus was made not only on PHC, TB, and laboratory specialists' education but also on turning epidemiologists and SES specialists' involvement into an educational campaign which is crucial, taking into consideration the institution's need for reform. Leading national experts on related specialties such as the MOH Principal Specialist on Family Medicine, prof. L.F.Matyucha and MOH Principal Specialist on Epidemiology, prof. I.P.Kolesnikova were engaged to develop training programs and materials, and promote their approval by MOH.

In order to identify and update the existing training materials as well as develop new modules, the Regional Training Manager and DCOP/Medical Director participated in MOH WG on trainings.

Working group which includes specialists on TB, HIV and Family Medicine, is finalizing the educational module framework now.

On September, 10-11 in Alushta, Crimea, a workshop was conducted with participation of the representatives of leading medical universities from the USAID-supported regions, as well as key national experts on TB, HIV, Epidemiology and Laboratory Diagnostics (Annex 1). During the meeting it was decided to promote approval of possible training



mechanisms at the level of MOH and involve academic staff of universities into training programs in addition to state medical educational programs and curricula. Since these mechanisms could be different at the regional level, the follow up meetings of academic staff were scheduled for December, 2012 to discuss some experience and challenges.

TASK 1.1.2: Establish a training and information resource center.

In accordance with the Work Plan, the strategy for information and resource center has to be developed by December, 2012. The possible subcontractors are being selected to elaborate and maintain software as well as key topics and sections.

Since the consultations on GF r9 project are still in progress, the identification of the hosting organization is currently underway.

TASK 1.1.3 Provide training, refresher training, supervision, and mentoring for health care professionals.

The training plan for the first 1.5 years was developed in July 2012. The training materials on TB management in PHC will be finalized by mid-October, 2012 (See 1.1.1). The training plan for laboratory specialists in the 1st level laboratories is established and trainers have been identified. The list of participants for the first two trainings (October-November 2012) is already compiled based on the previous training history of each participant and regional training needs.

TASK 1.1.4 Increase TB laboratory network efficiency.

During the baseline needs assessment, the situation with TB diagnosis in the laboratory network was analyzed, main challenges were identified as well as organizational and functional linkages were established. As a result of a series of meetings with the laboratories staff, the trainers(teachers) to conduct trainings on sputum smear microscopy were determined. Additional technical assistance was provided to doctors of the bacteriological laboratory regarding the bacteriological research methodology and maintenance of BACTEC system.

The Laboratory Diagnostics specialist participated in a series of MOH Working Groups on laboratory diagnostics. The issues related to strengthening of material and technical base of laboratories, training of laboratory staff, revision/development of EQA guidelines, including legislative framework were discussed. The meeting resulted in coordination of mutual efforts to conduct trainings, identification of key areas of interest as well as major partners in conducting of EQA including legislative framework.

TASK 1.1.5: Strengthen TB monitoring and evaluation systems and TB surveillance.

On July 12-13, 2012, DCOP and M&E specialist participated in a two-day workshop devoted to further strengthening of M&E systems in TB arena in Ukraine, in particular, conducting a consultation regarding revision of R&R system and finalization of monitoring visits checklist.

During the reporting period, all stakeholders involved in TB activities in Ukraine including national and international specialists worked on the second phase Round 9 proposal to the GF and in August 2012 M&E specialist participated in the working group on the M&E component of the mentioned proposal.

DCOP and M&E specialist participated in the MOH M&E working group meeting where they supported the National TB Center and M&E department of FDU in the development of new registration and reporting forms for MDR cases. The DCOP Medical Director contributed development of the registration form on TB treatment adverse reactions, enabling side effects frequency analysis.

Also, upon the request of the State Service on HIV/AIDS and Other Socially Dangerous Diseases, the STbCU Project provided technical assistance in analyzing suggestions on modification to R&R forms submitted by the Regional Organizational and Methodological Departments of Oblast TB Centers. The analytical note with findings and recommendations was submitted.

STbCU Project has suggested creating a subgroup of the main M&E working group on R&R system harmonization and this idea was supported by the stakeholders. Issues of membership, objectives and strategic plan of the working group on R&R system harmonization were discussed and agreed upon. One of the objectives is to involve Ukrainian Institute for Strategic Studies under MOH as one of the key institutions that develops rating scales to compare progress in social development among administrative territories of Ukraine.

In order to collect baseline information for further indicator reporting and further needs assessments, the Project staff and consultants have begun data collection.

A tool was developed to retrieve data from Tb 03 form on gender disaggregation in all 10 regions. Data was analyzed and reflected in list of PMP indicators (Annex 2).

STbCU Project staff is aware of previous USAID technical assistance TB Project activities in both capacity building and policy development. Nevertheless, it is better to take a baseline as “zero” for the following two PEPFER indicators: number of individuals provided with technical assistance for HIV-related capacity building and number of individuals provided with technical assistance for HIV-related policy development, presuming with data collection over further Project activities.

Verification of some baseline data will be finalized next quarter, when the surveys and TB/HIV requested data will be available.

Sarah Tisch, Chemonics Gender expert, conducted a workshop for STbCU staff targeting a need to recognize and utilize a gender sensitive approach in the Project's activities. As a result of this workshop, a decision to disaggregate beneficiaries of project activities by gender for subsequent cumulative findings presentation was made.

Evidence based information for a baseline is also needed. First of all, assumptions about the baseline level of knowledge on proper infection control practices should be verified. Secondly, a survey on TB patients' satisfaction with DOTS oriented services is considered. The third area of interest concerns better understanding of gender related factors, that affect TB screening, TB diagnostic, adherence to TB treatment.

An overview of the existing Project records was conducted and included PATH reports on Ukraine Tuberculosis Partnership Project and Characteristic of Male and Female Tuberculosis Patients in Ukraine, as well as the KAP survey of the population of Ukraine conducted within the framework of GF round 9 TB surveillance, NTP documents, HIV register, including Bulletin #37 and 38 and other stakeholders' reports served to enriched M&E activities of the STbCU project.

Specific tools (checklists) were developed, which enabled the STbCU Project team to determine and assess the regions needs during monitoring visits to the USAID-supported regions to tailor these visits to the Project needs.

These visits resulted in the analysis of the situation in the regions as well as identification of the best regional practices developed under the previous USAID project in order to scale-up replicable models of TB prevention and control and better address specific regional needs and challenges in the course of the STbCU project implementation as well as bridge the gaps in TB/HIV integrated service delivery and referral systems (See 4.1).

STbCU Project staff has discussed the possibility of collaboration with SPS Project, in particular on the E-TB manager implementation at the regional level, including training needs and mentoring/monitoring visits related to proper data entry and verification.

The first seminar on TB M&E at the regional level was conducted in Kherson Oblast on September 20, 2012 (Annex 3). Participants discussed the achievements and challenges of Kherson Oblast's TB M&E system and familiarized themselves with the STbCU Project capacity to provide technical assistance and how to address defined gaps and challenges. The result was an agreement to incorporate the proposed activity into the working plans.

TASK 1.1.6: Develop IEC materials.

The update and renewal of the Journal “Tuberculosis, Lung Diseases and HIV Infection” is already in progress. The last Issue #3 included the questionnaire related to challenges of the professional medical education in the field of TB. The key opinion leaders on different specialties responsible for TB case management are being invited to discuss these issues as well as other topics, considered in the Journal and its on-line version.

Survey results of “Tuberculosis, Lung Diseases, HIV-Infection” Journal conducted in July-August 2012 have been recently analyzed. Most of the respondents highly appreciated Journal content (Annex 4).

COP and HKMS discussed the issues of Journal policy during the conference call with GTBI experts. The request for special reviews on certain TB-related topics was made and a follow-up contact is scheduled.

TASK 1.1.7: Training to improve laboratory capacity for infection control.

A series of consultations with the State Service of Ukraine for HIV/AIDS and Other Socially Dangerous Diseases and SES were related to Standards on IC in laboratories development and EQA.

On September 3, 2012, a working meeting was organized and held with the Chief Doctor of the Central Sanitary and Epidemiologic Station (Central SES) of the Ministry of Health of Ukraine, Heads of virological, bacteriologic laboratories, laboratory for especially dangerous diseases of the Central SES of Ukraine with participation of the specialists from the Sanitary and Epidemiologic Service, State Service of Ukraine for HIV/AIDS and Other Socially Dangerous Diseases, State Enterprise All-Ukrainian Center For Control of Tuberculosis as well as STbCU specialists. The meeting participants discussed the issues related to the development of guidelines on TB infection control in laboratories, principles of ensuring EQA of culture tests including drug resistance test.

On September 7, 2012 STbCU initiated and organized a round-table on TB IC, including TB IC in bacteriological laboratories was conducted with the participation of the heads and leading specialists of Ukrainian SES (See 2.1.1).

September 2012, STbCU Regional Training Manager and IC Specialist participated in the Conference on epidemiological and clinical aspects of prevention, diagnosis and treatment of modern infectious diseases, including TB. During this event, the participants discussed inclusion of the WHO-recommended TB IC principles into pre-graduate educational programs, and preliminary collaboration agreements between the basic chair of epidemiology of Kharkiv medical academy for post-graduate education and STbCU Project were achieved.

On September 28, 2012, the TB IC working group meeting took place during which TB IC plans of key stakeholders, including the STbCU Project, were addressed and approved. It was agreed that the guidelines (training materials) on TB infection control in the laboratories will be developed by the specialists of the Central SES of MOH of Ukraine.

Consequently, according to the STbCU Project plan, it is expected that guidelines (training materials) on TB infection control in the laboratories be developed in a timely manner, namely by November 2012. From November 2012, the developed materials will be discussed in detail with the involvement of international experts and subsequent presentation of the results in February 2013.

ACTIVITY 1.2 EXPAND ACCESS TO TB SERVICE DELIVERY TO IMPROVE PREVENTION, DIAGNOSIS, AND TREATMENT OF TB

TASK 1.2.1 Develop and issue small sub-grants for ACSM.

After completing the assessment of regional NGOs capabilities as well as local especial needs, the draft grants plan was developed (Annex 5). Consultations with the Coalition of HIV/AIDS Service organizations are in progress to develop a grants manual, grant management principles, and monitoring criteria.

TASK 1.2.2 Provide Support to the Ukrainian Red Cross Society.

Preliminary agreement with the Head of Ukrainian Red Cross Society on the principle direction of collaboration has been achieved. The focus is on outpatient DOT support in patients at risk of low treatment adherence such as those, who live far from DOT-sites, especially in rural areas, have a history of treatment default. Zaporizhzhya and Kherson oblasts were selected for start of grant implementation because of unfavorable incidence rate trends and geographic peculiarities such as predominance of rural areas with low population density. Scopes of Work for grants activities are developed and have been submitted to the National Office of Red Cross for revision. The grants budget is currently being developed.

TASK 1.2.3 Strengthen TB service provision at PHC level.

Through analysis of data obtained during a baseline needs assessment in 10 USAID supported regions serious gaps of TB case management at PHC level have been revealed both in case detection and in outpatient management. Due to lack of referral to smear test, plenty of smear-positive cases are misdiagnosed or diagnosed with delay after long history of other pulmonary diseases treatment. At the same time due to the wide use of outdated equipment and inexperienced radiologists for screening chest X-ray vastly leads to hyperdiagnostics of smear-negative TB. PHC doctors in regions deny outpatient TB treatment considering it out of their responsibilities, and create the corresponding patients' negative attitude.

Aforesaid gaps are mostly due to doctors' low awareness of proper TB management, low commitment of PHC facilities administration, and personnel shortages. The latter factor seriously aggravates the situation, as PHC level of health care is especially understaffed. Thus the following directions of TB service provision are defined:

- Comprehensive algorithm of TB detection on primary health care level development and popularization;
- PAL implementation;
- Educational campaign for PHC doctors and nurses including trainings and educational publications in Journal «Tuberculosis, Lung diseases and HIV-infection», as well as other resources for specialists;
- NGO involvement into PHC personnel education and patients' social support at the stage of case detecting and outpatient treatment support.

TASK 1.2.4: Develop IEC materials.

At the reporting period a journalists' database was created and 4 press-releases were prepared and published using USAID tools, MOH and SES channels. 27 articles based on these press-releases have been published (Annex 6).

A number of events were organized at the national and regional levels, followed by information materials describing both the TB epidemic and the Project's activities:

- Round table discussion on how to improve management and existing policies of TB infection control in Ukraine, Kyiv, September 7, 2012, Signing MoU
- Workshop of medical universities representatives from USAID regions, Alushta, September 10-11, 2012
- Signing memorandums with oblasts health departments
- Preparations to STbCU Project Launch (Presentation), planned to October 04-05, 2012
- Seminar on M&E for 53 local professionals in Kherson Oblast, September 20.

The project has received a lot of positive feedback from the event participants. Thus, Tatyana Arkadivna Rybak, Deputy Head of the Odessa AIDS Center noticed: "It's the first seminar of such kind focused on HIV-related TB, when infection disease doctors worked together with TB specialists. It was really useful to get together specialists from different structures to discuss challenges, set cooperation and reach mutual understanding of both state services to combat TB and HIV.

The information and branding materials published to support these events, included (See layouts in the attached file):

- STbCU one-pager, both in English and Ukrainian
- Brief overview of TB situation in Ukraine (data from MOH Analytical report, 2012)
- Project roll-up banner 1,2x2 m

- Notebooks A5 to be distributed to the participants of events
- Banners 1,2x0,5 m with STbCU logo to be used at 10 Project regions at events organized within the Project's support
- A4 folders with the Project logo, to be distributed to the participants
- Pens with STbCU logo to be distributed to the participants of events organized by the Project
- Table flags with STbCU logo to be used at 10 Project regions at events organized within the Project's support
- Backcloth banner 2x3 m, to be used at media-events organized by the Project

Beside the external IEC materials, the internal communication tools were developed: Branding and Marking Plan, as well as Project templates and letterheads. The project has obtained USAID approval of the Project's logo, updated one-pager, and project letterheads in English and Ukrainian.

HKMS initiated conducting of weekly team meetings devoted to scientific and evidence based information review and discussion in order to develop consistent position on essential TB control issues.

The Project's database of illustrations launched, include photos made at oblast and city TB dispensaries, NGOs and AIDS Centers in Kharkiv, Kherson, Dnipropetrovsk and Zaporizhzhya.

RESULT 1 OVERVIEW OF KEY ACCOMPLISHMENTS

The main activities during the Quarter II of Project implementation were in response to the regional baseline needs assessment. After the series of visits into each of USAID supported oblasts, the local situation in facilities, related to TB, including PHC, TB, HIV Services, and, partially, NGOs and SES, has been assessed. As the results had been discussed with the team, the principle directions of regional activities were modified according to Project needs, and data the collection procedure for Project monitoring was identified. A primary baseline and need assessment has been conducted and discussed at the STbCU workshop on September 17-18, 2012. A summary document is currently in development. A brief review is presented during the Project Presentation on October, 9-10.

Project introduction at the central and regional level has resulted in the



signing of 11 MoUs with services, involved in Project activities.

Taking into consideration the target of international TB control standards and training program implementation into formal medical education, significant efforts were made to establish relations with academic institutions and opinion leaders on different medical fields. In particular, the meeting of medical universities representatives from USAID regions, as well as key national experts on TB, HIV, Epidemiology and Laboratory Diagnostics has been conducted on September, 10-11 in Alushta, Crimea. Possible mechanisms of training materials approval by MOH and universities academic staff involving into training program in addition to state medical educational programs and curricula were discussed.

RESULT 2: CREATE A SAFER MEDICAL ENVIRONMENT AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 2.1 IMPROVE INFECTION CONTROL



TASK 2.1.1: Support Safe Medical Practices

Within Quarter II of the Project, STbCU activities focused on conducting a baseline assessment and building a relationship with Ukraine's Sanitary and Epidemiological Services (SES).

Several meetings with the representatives of the State and Central SES, State Service of Ukraine for HIV/AIDS and Other Socially Dangerous Diseases, and the State Enterprise All-Ukrainian

Center for Control of Tuberculosis were held to discuss the organization of TB infection control in Ukraine. To continue the dialogue and discuss the results of these meetings, on September 7, 2012, STbCU hosted a roundtable on TB IC, with participation of all key partners from both the public and private sectors (Annex 7). The TB IC roundtable helped identify key avenues of cooperation between STbCU and these partners, particularly the State SES, which signed MoU with the STbCU project at the conclusion of the event.

The Project anticipates holding an additional roundtable on TB IC at the national level in December 2012, when it will present on its partnership and cooperation with the State SES. This roundtable will also be an opportunity to identify remaining challenges and focus on addressing problematic issues.

TASK 2.1.2: Elaborate IC Plans

The Project's baseline needs assessment detected serious gaps in IC plan development and commitment at the rayon level; namely, that the existing national IC standard differs from international requirements, and that it is not being uniformly upheld. Additionally, interventions requiring investments such as environmental control and personal protective equipment are not implemented due to insufficient funding, whereas managerial and administrative activities are underestimated. Another identified shortfall is the fact that doctors, laboratory specialists, and nursing staff are not properly informed about infectious control measures and safety standards at the workplace, and failure to comply with infection control measures has resulted in a high TB incidence rate among health-care workers. In 2011, this figure was 7.5 cases per 10,000.

Thus, the STbCU project is working to formulate a plan to address the following activities:

1. Advocacy of TB facilities' renovation needs;
2. Initiation and participation in working groups for national IC standard update;
3. Educational campaign for IC and TB specialists, including trainings and educational publications in the *Tuberculosis, Lung diseases and HIV-infection* journal, as well as other resources;
4. Monitoring of IC plan to ensure it reaches its targeted beneficiaries.

TASK 2.1.3: Support IC TB management teams.

As a result of a series of meetings with the TB facilities and SES staff, the candidacies for the positions of Project regional TB IC consultants were determined.

ACTIVITY 2.2 INCREASE THE CAPACITY OF OBLAST SES TO IMPLEMENT, MONITOR, AND EVALUATE INFECTION CONTROL (IC) INTERVENTIONS

As mentioned in the WHO Review of the National Tuberculosis Program in Ukraine, which was performed in 2010, despite a substantial level of knowledge about infection control among key staff in many TB hospitals and dispensaries, following their participation in international training courses, most of the TB health care workers in Ukraine (doctors, nurses, and janitorial staff) lack up-to-date knowledge, skills, and best practices.

Thus, the Project started a survey to measure knowledge, attitudes, and practices (KAP) as part of its rayon activities, beginning at the managerial level. A series of regional joint meetings of local medical administrations, including TB service and SES key personnel, will also be held to advance the goals of this activity.

RESULT 2 OVERVIEW OF KEY ACCOMPLISHMENTS

Although TB service and SES have historically worked separately, the STbCU project has achieved progress in facilitating their collaboration on TB IC-related activities. Specifically, collaboration in legal base development has started at the central level, and aligning the promotion of international best practices in infection control is moving forward at the rayon level.

RESULT 3: BUILD CAPACITY TO IMPLEMENT PMDT PROGRAMS FOR MULTI-DRUG RESISTANT/EXTENSIVELY-DRUG RESISTANT TB AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 3.1 PROVIDE TRAINING, SUPERVISION, AND MENTORING ON MDR-TB CASE MANAGEMENT

TASK 3.1.1: Strengthen TB Center of Excellence (TB CE)

The STbCU project conducted a capacity and needs assessment of the Dnipropetrovsk Center of Excellence (CoE), created a National CoE development strategy based on the assessment findings and submitted it to USAID. The Project determined that the purpose of CoEs should be the following:

1. To train and retrain PHC doctors and nurses, workers of TB Service, laboratory doctors, microscopic and bacteriological laboratory technicians, and SES doctors in TB diagnostics and treatment, MDR-TB, TB/HIV and infection control;
2. To conduct training and refresher courses for heads of statistics departments, statisticians, monitoring specialists of TB institutions and PHC facilities in monitoring and evaluation of TB control activities;
3. To use National Center of Excellence potential for informing and involving persons responsible for implementation of TB control programs activities at oblast and rayon levels (heads of oblast and rayon administrations, oblast/rayon health care departments);
4. To introduce an integrated/cascade system of training and monitoring at the PHC level, specialized TB and HIV Services and SES.
5. To create conditions for clinical consultations, mentoring, scientific and practical research on the basis of NCE for professionals involved in TB control activities.

6. To involve civil society (NGOs) in implementation of TB control activities (advocacy, communication and social mobilization).
7. To consolidate efforts of national and international organizations related to training, development of educational materials, and training programs under the auspices of NCE.

TASK 3.1.2: Advocate for policy and guideline changes

On September 25, 2012, Project TB specialists took part in a working group meetings organized under the auspices of the State Service of Ukraine for HIV/AIDS and Other Socially Dangerous Diseases to further develop the TB case management-related components of the Unified Clinical Protocol for primary, secondary (specialized) and tertiary (highly-specialized) care.

TASK 3.1.3 Support quality diagnosis and treatment

During the Project's baseline needs assessment visits, the DCOP Medical Director, TB specialist, and HKMS took part in the MDR Council at the oblast level, where a series of managerial issues, including a non-standard treatment regimen, lack of adverse reaction registration, and non-DOT manner of treatment administration, were detected. The Project will be working towards raises these issues at both the legal level and in the STbCU educational and advocacy program.

The DCOP Medical Director and the M&E specialist participated in the M&E working group meeting on September 4, 2012, where they supported the National TB Center and the M&E department of FDU in developing new registration and reporting forms for MDR cases. DCOP Medical Director Ms. Tonkel provided an update of the improvements to the treatment-adverse reaction registration form, whereby now those registration forms enable conducting qualitative and quantitative analysis of side effects with an algorithm of overcoming them.

The DCOP Medical Director also participated in the TB 01MDR forum update to measure and monitor daily drug intake. It enables doctors to control patient's' intake of each TB drug per day and creates a profile for each patient and their medical practitioner on his/her TB drugs consumption.

TASK 3.1.5: Support EQA of culture and DST laboratory network linked to Supranational Reference Laboratory.

The Project's Laboratory Diagnostics Specialist participated in the MOH Working Group meetings on TB diagnostics. Revisions to the EQA legislative framework and performance were also included on the agenda (See 1.1.4).

RESULT 3 OVERVIEW OF KEY ACCOMPLISHMENTS

In Quarter II of the Project, work on MDR TB was still oriented on Project members' participation in MOH working group on elaborating on MDR TB guidelines and official data analysis. To date, the Project has identified several inconsistencies in doctors' treatment practices, and this will be the foundation for the Project's MDR-related educational and advocacy program.

RESULT 4: IMPROVE ACCESS TO TB/HIV CO-INFECTION SERVICES AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 4.1 IDENTIFY GAPS IN TB/HIV CO-INFECTION SERVICES AND BUILD CAPACITY TO ADDRESS THEM

TASK 4.1.1: Undertake a gap analysis in TB/HIV co-infection services.

Baseline needs assessment and initial gap analysis have been conducted in the 10 USAID – supported sites during field visits. Main partners and players identified as well as gaps in TB/HIV services. Further in-depth exploration of systematic shortcomings and ways to overcome them is planned to be conducted with the help of GTBI research team in Q3 of the Project based on WHO-recommended and international models.

TASK 4.1.2: Identify gaps in TB/HIV co-infection services and build capacity to address them.

As mentioned above, the initial gap analysis in co-infection management in the project oblasts has been conducted and the main effort to overcome them outlined. Main capacity building effort is going to be in the area of changing knowledge and practice of TB and HIV service providers as well as coordinating and facilitating dialogue between TB and infection diseases specialists by means of common councils, rounds, round tables and seminars. Also, working with patients' community is being considered (e.g. work with Coalition of HIV service organizations for better HIV/TB case management, advocacy, etc).

TASK 4.1.3: Assure TB training for HIV and TB providers in HIV diagnosis, treatment, and prevention.

Project HIV-specialist conducted a number of meetings with our partners (Lavra Clinic) and discussed training and mentorship cooperation opportunities. TB-HIV trainings also are included into the project training plan and the TB-HIV co-infection subject is included into the training program for PHC providers.

September 27, 2012, a seminar on HIV-associated TB was conducted in Odessa to share achievements of two services cooperation and identify ways to overcome possible challenges.

ACTIVITY 4.2 ENSURE HIV TESTING FOR TB PATIENTS AND EFFECTIVE REFERRAL OF THOSE FOUND TO BE HIV POSITIVE

TASK 4.2.1: Build on existing models.

Several successful models of nearly universal and timely HIV testing and registration of HIV+ cases have been identified during field visits. These include models of Odessa, Donetsk that are worth replicating in other oblasts where things don't look as bright, such as Crimea, Zaporizhya region, Lugansk, etc. STbCU will promote successful models to be shared with other oblasts.

TASK 4.2.2: Ensure HIV testing and referral for TB patients.

Baselines for PEPFAR indicators established, including for HIV testing of TB patients. While initial gap analysis some inconsistencies in TB-HIV data collection were found which could not be immediately addressed given the imperfectness of registration system and lack of cooperation of TB and HIV services regarding data collection and analysis. Thus, baseline PEPFAR indicators are based on officially available data which is considered as not confidential enough. It is planned to have some special studies to identify the ways of data quality improvement.

ACTIVITY 4.3 PROVIDE TB SCREENING OF HIV PATIENTS AND REFERALL SERVICES FOR THOSE WHO ARE SUSPECTED CASES OF TB

TASK 4.3.1: Build on existing models.

TB screening of PLWH remains the area needing much improvement in most of the assessed oblasts. X-ray remains the primary screening method along with PPD tests that are known for low diagnostic value in people with HIV. Patient screening questionnaire needs to be actively promoted as a routine TB screening method for all groups of patients, especially for PLWH, as well as sputum tests. Screening interventions are not fully documented, which is another area in need of improvement of databases used in AIDS centers. These are areas of further attention of the Project for the upcoming quarter.

TASK 4.3.2: Provide TB screening of HIV patients and referral to TB services.

Baseline for the TB screening in HIV patients has been set. During field assessment visits, the needs of HIV service were identified to have access to methods of molecular TB diagnostic for early detection of TB/HIV cases (such as GeneXpert) and to have developed protocol of using these methods in PLWH.

Aligning promotion of WHO recommended symptom based screening for TB algorithm has been started. The questionnaire to document the interview is under development.

RESULT 4 OVERVIEW OF KEY ACCOMPLISHMENTS

During the second quarter of the Project the STbCU staff was included and took part in a number of national working groups, including MOH WG on TB/HIV which led to forming partnerships on the national and local level and better visibility of the Project.

Initial gap analysis was conducted in 10 USAID supported regions by regional coordinators and baseline PEPFAR indicators have been established. . Local TB/HIV consultants are identified and hired for better coordination of routine work on oblasts level.

Partnership with Ukrainian National HIV Training Center is being actively developed for further trainings on TB/HIV issues and mentorship for TB and HIV providers as well as PHC.

B. DELIVERABLES

The following reports and other deliverables have been completed during the reporting period:

Deliverable	Date Submitted	Date Approved
Year 1 Work Plan	Original: May 16, 2012 Revision: July 2, 2012 Revision: September, 2012	
Year 1 Performance Monitoring and Evaluation Plan	Original: May 16, 2012 Revision: July 2, 2012	
Branding Implementation Plan and Marketing Plan	May 16, 2012	
Year 1 grant plan	October 10, 2012	

C. BUDGET

Quarterly Expenditure Report, Q4, FY 2012 (July - September, 2012)

Name of Contractor: Chemonics International Inc.

Award Number: Task Order No: AID-121-TO-12-00001
under Contract No: AID-GHN-I-00-09-00004



Total Estimated Cost of the**Award:**

\$17,862,795

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

C. Total Accrued Expenditures as of end of the Quarter:

\$1,051,964

The numbers in the table below reflect the spending by category for FY12 Quarter 4 and show projected cumulative spending through the end of September 2012.

Project Objectives	July 2012 (actual)	August 2012 (actual)		FY 2012 Quarter 4 Total	Total Accrued by September 30, 2012
Objective 1	\$ 41,513	\$ 67,065		\$ 199,869	\$ 315,589
Objective 2	\$ 27,675	\$ 44,710		\$ 133,246	\$ 210,393
Objective 3	\$ 34,594	\$ 55,888		\$ 166,558	\$ 262,991
Objective 4	\$ 34,594	\$ 55,888		\$ 166,558	\$ 262,991
Total	\$ 138,377	\$ 223,552		\$ 666,231	\$ 1,051,964

D. SCHEDULES

In consultation with USAID, the STbCU project recently received authority to issue grants under contract to local organizations, which has delayed the issuance of grants from the originally envisioned timeline. However, the STbCU team has already begun to envision the technical direction of the grants program and is in the process of developing an STbCU-specific grants manual, intending to award its first grants in early 2013.

Patient satisfaction and KAP survey is being delayed due to enlargement of interviewees' number (about 1.000 people) and long approvals at local level.

The timeline for the procurement and delivery of the GeneXpert devices has been delayed due to the timing of project registration and continued efforts to coordinate with other donors to avoid duplication of activities and/or procurements. Similar to grants, the process for the GeneXpert procurements is underway, and is expected to be completed in the next six months.

The Project also envisioned short-term technical assistance for laboratory mapping to be led by a team of international and local experts, and this assignment has been delayed due to other priority program areas and identifying the best-suited resources to conduct this work.

E. CHALLENGES

Entering its third quarter of implementation, the STbCU project does not yet have a finalized approved work plan. Working together with USAID, the Project is making great progress in further outlining and developing activities for Project Year 1, and continues to move forward with program implementation.

Challenges, related to plenty of players on TB control field in Ukraine, are still hindering the implementation of the Project. During reporting period the situation became even more severe because of unclear roles and responsibilities in GF project implementation and undefined position of governmental TB control entities.

For instance, STbCU initially intended to develop Project's training programs based on existing officially approved educational activities, implemented by GFr9 project (implementers are PATH and FDU). Unfortunately official training materials haven't been provided by partners. This made STbCU to start development of own training materials.

Host organization of Resource center as well as its content and functioning is still under discussion because the same activity of GFr9 project is already started based on TB Control Center.

Also the creation of new NRL which was declared by MOH could decrease efficiency of TB laboratory network EQA in regions given potential risk of mis-coordination between new NRL and existing NRL.

The STbCU project is also working to ensure successful collaboration on activities such that duplication of activities is minimized among implementing partners.

ANNEX 1

AGENDA
of a working meeting
“Focusing on TB issues: medical education in the conditions of health-care system reformation”
10-11 September, 2012, Alushta, AR of Crimea

Sunday, September 9	
14:00 – 19:00	Arrival of the participants, check-in at the hotel
19:00 – 20:00	Dinner
Monday, September, 10	
10:00 – 11:00	Arrival of participants, check-in at the hotel
11:00 – 11:30	Coffee break
11:30 – 12:00	Conference opening: Greetings to the Conference participants on behalf of the STbCU Project and administration of the Autonomous Republic of Crimea.
12:00 – 13:00	Introduction of Strengthening Tuberculosis Control in Ukraine (STbCU) Project <i>Speaker: Tamara Tonkel, STbCU Medical Director</i>
13:00 – 13:30	Launching of renewed international standards in the curricula of medical universities of Ukraine <i>Speaker: Hryshyn M.M., Professor, Doctor of Medical Sciences, Head of Phthisiology and Pulmonology Chair of the SI “Crimea State Medical University named after S.I. Heorhievskiy”</i>
13:30 – 14:00	Discussion
14:00 – 15:00	Lunch
15:00 – 15:15	Experience of Phthisiology and Pulmonology Chair of Donetsk National Medical University in switching to teaching of phthisiology based on international standards <i>Speaker: Lepshyna S.M., Associate Professor, Head of Phthisiology and Pulmonology Chair of Donetsk National Medical University</i>
15:15– 15:45	Discussion
15:45 – 16:15	<i>Discussion in two groups:</i> <ul style="list-style-type: none">– <i>basic requirements to advanced thematic training program approved at the national level;</i>– <i>incorporation of international standards into training curricula of higher medical schools;</i>

	<ul style="list-style-type: none"> – conditions for conducting courses/advanced thematic training under the aegis of higher medical schools and with STbCU financial support; – possibility of conducting in-service training with issuance of certificates acceptable during professional certification procedure.
16:15 – 16:45	Coffee break
16:45 – 17:30	Discussion, continuation
17:30–18:00	Summing up the results of day 1.
19:00 – 20:00	Dinner
Tuesday, September 11	
9:00 – 9:15	<p>Practical approach to lung health (PAL) and its role in the activities of doctors of different specialties and postgraduate education programs of general practitioners and family doctors</p> <p><i>Speaker:</i> Matyukha L.F., Doctor of Medical Sciences, Head of Chair of Family Medicine and Outpatient Care of the National Medical Academy of Post-Graduate Education named after P.L. Shupyk</p>
9:15 – 10:00	Discussion
10:00 – 10:15	<p>Experience of organizing and ensuring operations of the National Training Center at Lavra</p> <p><i>Speaker:</i> Antonyak S.M., Head of AIDS Department of SI “Institute for Epidemiology and Infectious Diseases named after L.V. Hromashevskiy under the National Academy of Medical Sciences of Ukraine”</p>
10:15 – 11:00	Discussion
11:00 – 11:30	Coffee break
11:30 – 11:45	<p>The issues of certification of professional training courses</p> <p><i>Speaker:</i> Verner O.M., Associate Professor, Head of Training Division of the National Medical Academy of Post-Graduate Education named after P.L. Shupyk, Associate Professor at the Chair of Microbiology and Epidemiology</p>
11:45 – 12:30	Discussion
12:30 – 12:45	<p>Modern laboratory techniques of TB detection and diagnosis. Preparation of specialists in TB bacterial diagnosis.</p> <p><i>Speaker:</i> Zhurylo O.A., Doctor of Medical Sciences, Head of Microbiology Laboratory of the National Institute of Phthisiology and Pulmonology named after F.G. Yanovskiy</p>
12:45 – 14:00	Discussion
14:00 – 15:00	Coffee break
15:00 – 15:45	Summing up the conference results. Closing remarks.
15:45 – 16:15	Coffee break
16:15 – 18:00	Departure of the participants

DECLARATION

of the working meeting on Highlighting TB Issues: Medical Education Against The Background Of Healthcare System Reformation

1. Address a matter related to development of training materials for short-term courses (STC) on topical issues of TB control (DOTS, DOTS+, IC for phthisiatricians, PHC physicians, laboratory doctors and bacteriologists, SES staff, including epidemiologists) during the working group meeting for development and launching of training programs for medical and social workers, specialists of the Penitentiary Service on phthisiology approved by the Order of the Ministry of Healthcare of Ukraine dated 26.09.2011 #620.
2. With the aim to unify and standardize pre- and postgraduate training programs, to conduct a working group meeting with participation of leading non-staff specialists of the Ministry of Healthcare of Ukraine – Kolesnikova I.P., major - “Epidemiology”, Glushkevich T.G. “Bacteriology”, Matyukha L.F. “General practice – family medicine” as well as national experts, WHO and Project specialists (deadline – September-October 2012).
3. In connection with renewal of the normative and regulatory base, basic chairs of the relevant majors shall revise training materials and the Working Group shall consider approval of these materials by the Department of Education and Science under the Ministry of Healthcare of Ukraine.
4. Approve the minimum duration of STC cycles - 36 hours.
5. Issue to STC cycles participants certificates of higher educational establishments under which auspices the training was conducted.
6. Provide information to Olena Kheylo, STbCU Chief of Party regarding STbCU financial support of STC before October 10, 2012 taking into account payment for trainers’ work and organization of training under the aegis of higher educational establishments.
7. Create with the Project assistance a group of experts who will develop algorithms of TB diagnostics and treatment at PHC level (patient’s history).
8. Basic Chair of Epidemiology of the National Medical University named after O.O. Bohomolets shall develop and introduce elective course on infection control in the TB facilities system for students of higher medical educational establishments.
9. The Project in cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria shall arrange for development of training program for trainers and receive approval for its conducting by the Order of the Ministry of Healthcare of Ukraine before September 25, 2012.
10. Conduct an additional meeting to discuss progress in fulfillment of the Resolution in the 1st quarter of 2013.

ANNEX 2

Table of baseline data for illustrative Indicators of STbCU Performance Monitoring Plan.

	Indicator	Frequency	Data Source/Method (Category of indicators: input, process, output, outcome, impact)	Baseline
Project Objective: Decreased TB burden, contributing to a reduction of TB morbidity and mortality, decreasing the burden of TB through specific quality assurance and systems strengthening measures for routine TB services, and MDR-TB and HIV/TB co-infection				
1	Treatment success rate nationally*	annually	Draft 2010 NTP and National Statistics System (Impact)	56.6%
2	Treatment success rate in USAID-supported areas*	annually	National Statistics System/Secondary collection (Outcome)	54.2%
2.1	Treatment success rate among all pulmonary new Tb cases (male) in USAID-supported areas ^{1*}	annually	Primary collection for 10 regions (Outcome)	61.4%
2.2	Treatment success rate among smear positive pulmonary new Tb cases (male) in USAID-supported areas*	annually	Primary collection for 10 regions (Outcome)	47.9%
2.3	Treatment success rate among all pulmonary new Tb cases (female) in USAID-supported areas*	annually	Primary collection for 10 regions (Outcome)	74.0%
2.4	Treatment success rate among smear positive pulmonary new Tb cases (female) in USAID-supported areas *	annually	Primary collection for 10 regions (Outcome)	58.0%
3	Treatment success rate in non USAID-supported areas	annually	National Statistic data (Outcome)	56.6%
PIR 1. Improve quality and expanded availability of the WHO-recommended DOTS based TB services				
4	Percent of estimated number of new smear-positive TB cases that were detected under DOTS (USAID indicator)	annually	Project records/Survey (Output)	73%

¹ Baseline data for disaggregated by gender treatment success rate in USAID supported area was done based on collected data from Crimea, Zaporizhia, Odessa, Kharkiv, Kherson, Sevastopol regions. Due to unsigned MoU there was delay with receiving primary data collection access.

5	Percent of Ukrainians with access to DOTS services that meet international standards*	annually	Project records/Survey (Output)	50%
SR 1.1 Build institutional capacity to improve the quality of DOTS-based Programs				
6	Percent of public sector TB treatment facilities including PHC with health care professionals trained in TB case detection and treatment based on DOTS	quarterly	Health facility records/Primary collection (Output)	0 ²
7	Number of health care workers who successfully completed an in-service training program (PEPFAR H2.3.D)	annually	Project records/Primary collection(Output)	0
8	Percent of Laboratories in USAID assisted areas performing TB microscopy with over 95% correct microscopy results (Agency Indicator)*	annually	Laboratory records/Primary collection (Process)	72.3% ³
9	Percent of smear positive individuals with positive TB culture, in pilots, in level 2 and 3 labs	annually	WHO laboratory evaluation 2009/Primary collection (Outcome)	46%
SR 1.2: Expand access to TB service delivery to improve prevention, diagnosis and treatment of TB				
10	Declining patient default rate	annually	Draft 2010 NTP/Secondary collection (Outcome)	7.8%
11	Increased smear microscopy TB detection at the PHC level	annually	National Statistics System; Draft 2010 NTP/Secondary collection (Outcome)	2.2%
SR 1.3: Conduct operational research to improve National TB Program's (NTP) performance				
PIR2: Creating a Safer Medical Environment at the national level and in USAID-supported areas				
12	TB incidence among health care workers*	annually	National Statistics System/ Secondary Collection (Impact)	7.5
SR 2.1: Improve infection control				

² Considering measurement of STbCU Project input baselines of some indicators were taken as zero.

³ Following continuity in USAID TB technical assistance in these Baseline was taken form PTH report. However, due to almost one and half year of interruption in laboratory quality control intervention because of shortage of resources in the country this declined up to 50% (according to Tb Centre estimation).

13	Number of facilities with proper infection control measures in place*	annually	Health Facility Records/ Survey (Outcome)	6
SR 2.2: Increase the Capacity of Oblast Sanitary and Epidemiological Services (SESs) to implement, monitor and evaluate infection control (IC) interventions				
14	Proportion of health care workers that are knowledgeable on proper infection control practices*	annually	Project records/Primary collection(Output)	18%
PIR3: Build capacity to implement PMDT programs for multi-drug resistant/extensively drug resistant TB at the national level and in USAID-supported areas				
15	MDR-TB treatment success rate among male patients in USAID-supported ⁴	annually	National Statistics System/Secondary collection (Outcome)	22.4%
	MDR-TB treatment success rate among female patients in USAID-supported	annually	National Statistics System/Secondary collection (Outcome)	31.7%
16	MDR-TB treatment success rate in non-USAID-supported areas	annually	National Statistics System/Secondary collection (Outcome)	37%
17	Percent of Ukrainians in USAID-assisted sites with access to PMDT that meet WHO international standards*	annually	Facility records/Survey (Output)	34%
SR 3.1: Provide training, supervision, and mentoring on MDR-TB Case management based on WHO Guidelines				
18	Percent of laboratories in the targeted regions performing quality assured culture and DST	annually	National Statistics System and WHO Data/Secondary collection(Output)	10%
19	Percent of health facilities in the targeted regions regularly supplied with quality second line drugs	annually	PATH reports/Secondary collection (Outcome)	18%
20	Default rate for MDR TB cases	annually	National Statistics System/Cohort (Output)	12,2%
PIR4: Improve Access to TB/HIV Co-infection Services at the national level and in USAID-supported areas				

⁴ Baseline data for disaggregated by gender MDR-Tb treatment success rate in USAID supported area was done based on collected data from Crimea, Zaporizhia, Odessa, Kharkiv, Kherson, Sevastopol regions. Due to unsigned MoU there was delay with receiving primary data collection access.

SR 4.1: Identify Gaps in TB/HIV Co-infection Services and Build Capacity to Address Them				
21	Percentage of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients in USAID-supported sites	annually	Project records/Primary data collection (Output)	80
22	Proportion of newly diagnosed HIV and TB individuals who undergo diagnostic and counselling service for dual infection in USAID - supported sites *	annually	Project records/Primary data collection (Output)	80
23	Number of individuals provided with technical assistance for HIV-related capacity building (PEPFAR indicator)*	annually	Project records/Primary data collection (Output)	0
24	Number of individuals provided with technical assistance for HIV-related policy development (PEPFAR indicator)*	annually	Project records/Primary data collection (Output)	0
SR 4.2: Ensure HIV testing for TB patients and effective referral of those found to be HIV positive				
25	Proportion of TB patients who are counseled and tested for HIV at USAID-assisted sites*	annually	Draft 2010 NTP/ Secondary Collection (Output)	80
26	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (PEPFAR P11.1.D); ⁵	annually	National Statistical Data 2011 (Output)	12000
SR 4.3: Provide TB screening of HIV patients and referral to TB services for those who are suspected cases of TB				
27	Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings (PEPFAR C2.4.D);	annually	Draft 2010 NTP/ Secondary Collection (Output)	80
28	Number of HIV-positive adults and children receiving a minimum of one clinical service (PEPFAR C2.1.D);	annually	National Statistical Data 2011 (Output)	0
29	Number of eligible adults and children provided with a minimum of one care service (PEPFAR C1.1.D).	annually	National Statistical Data 2011 (Output)	0

⁵ This baseline for 2011 was taken for 10 USAID regional according to National Tb Centre Statistic note and HIV-infection Bulletin # 37 of Ukrainian AIDS Centre and regional primary data about Tb screening among HIV+ patients.

ANNEX 3

AGENDA
of the oblast seminar
on the monitoring and evaluation effectiveness of TB measures
September 20, 2012

Venue: communal establishment "Kherson oblast TB dispensary" (address: Kherson city, 82, Mykolaivsky highway)

Goal:

TO expand the knowledge of the monitoring and evaluation of TB and multi-resistant TB. Solving problems on the maintaining of the National electronic registry of TB patients

Participants: TB doctors

Time	Theme
9:30-10:00	Registration for participants. Coffee
10:00-10:15	Opening of the seminar: goal, tasks and expected results of the seminar <i>Volodymyr Mykolajovych Buryatynskij, chief physician of the Kherson TB dispensary</i>
10:15 -10:45	Presentation of the USAID-STbCU Project, with an accent on the task and measures of the monitoring and evaluation of the effectiveness of TB measures component in Ukraine. <i>Nina Roman, regional technical coordinator of the USAID “Strengthening Tuberculosis Control in Ukraine” Project</i>
10:45-11:00	Epidemic situation with TB and HIV-associated TB in Ukraine and Kherson oblast <i>Hanna Volodymyrivna Koval, chief freelance TB doctor of the Department of Health of Kherson Regional State Administration</i>
11:00-11:35	Statistical data and its influence on the evaluation of the effectiveness of the implementation of TB measures <i>Tamara Maksymivna Lechevska, deputy of the information department of the Kherson oblast TB dispensary</i>
11:35-12:00	Monitoring and evaluation of the effectiveness of implementing laboratory research with determining TB pathogen and sensitivity of it to TB medicine <i>Lyudmyla Samujilivna Talashenko, deputy of the laboratory of Kherson oblast TB</i>

	<i>dispensary</i>
12:00-13:00	Chief role and purpose of the electronic registry of TB patients to evaluate the quality of conducting the appropriate monitoring
	<i>Natalya Grygorivna Krysenko, TB doctor of the Kherson oblast TB dispensary</i>
13:30-14:00	Work issues with the electronic registry maintaining <i>Viktoriia Volodymyrivna Gurash, medical recorder of the information analytical department of the Kherson TB dispensary</i>
14:00-14:30	Evaluation of management of accounting forms <i>Galyna Volodymyrivna Koval, chief freelance TB doctor of the Department of Health of Kherson Regional State Administration</i>
14:30-15:00	Monitoring of treatment of TB patients <i>Natalya Grygorivna Krysenko, TB doctor of the Kherson oblast TB dispensary</i>
15:00-15:15	Ensuring quality monitoring of TB drug use <i>Olena Volodymyrivna Kurochek, accountant of TB medicine at Kherson oblast TB dispensary</i>
15:15-15:30	Q&A
15:30-16:00	Summarizing

ANNEX 4

Analysis of the survey results among the readers of “Tuberculosis, Lung Diseases, HIV-Infection” Journal conducted in July-August 2012

In early July 2012, editors of the Journal “Tuberculosis, Lung Diseases, HIV-Infection” sent the questionnaire to readers – scientists, heads of the health care institutions and authors-practicing doctors with the aim of getting the evaluation of scientific and professional level of the Journal, the effectiveness of address delivery, extension of possible topics, introducing new items for discussion and addressing critical social and medical problems.

As of today, the editorial staff has received 61 answers to questions raised in the survey.

Statistical analysis of the received questionnaires revealed the following:

1. The Journal is received:

- a) Regularly, on a quarterly basis – 98% of respondents
- b) Irregular – 2%
- c) do not receive – 0%

2. Scientific level of the Journal:

- a) high – 82% of respondents
- b) average – 18%
- c) low – 0%

3. The Journal as a source of scientific and medical information:

- a) important source – 64% of respondents
- b) necessary source – 36%
- c) insignificant source – 0%

4. The following crucial topics are proposed for discussion:

1. Organization of TB service:

- practical experience of facilities and TB Services, experience of the regions and other countries;
- normative documents regulating the operations of TB Service.

2. Diagnosis of TB, HIV and co-infection:

- new diagnostic methods, differential diagnosis and treatment of tuberculosis not only in Ukraine, but also around the world;
- HIV and TB diagnosis by family doctors, physicians;
- Specifics of HIV-associated TB diagnosis;
- X-ray and computer-assisted diagnosis of lung affection, CNS affliction for HIV-infected individuals;
- diagnosis of lymphadenopathy (for TB, HIV/AIDS, toxoplasmosis, cytomegalovirus, lymphogranulomatosis);

- diagnosis cytomegalovirus, herpetic and toxoplasmosis lesions of organs without the use of histochemical studies and PCR.
3. Specifics of disease course in children:
- TB and HIV/AIDS in children;
 - surveillance of BCG vaccination complications.
4. Co-infection issues:
- combined pathology of HIV-infection/TB/viral hepatitis and drug addiction;
 - mycobacteriosis in HIV-infected individuals;
 - Affection of the central nervous system, cardiovascular system, kidneys in HIV-infection;
 - toxoplasmosis in the cases of HIV/AIDS and TB co-infection;
 - TB and diabetes.
5. Extra-pulmonary TB:
- cases of extra-pulmonary TB;
 - analysis of extra-pulmonary TB (tuberculous rheumatism, urogenital, ocular TB);
 - -extra-pulmonary TB: incidence structure, diagnosis and treatment; HIV/AIDS and extra-pulmonary TB (abdominal TB, tuberculosis colitis).
6. Prevention:
- primary prophylaxis of HIV and TB;
 - TB prevention (organizational and preventive work in TB settings and facilities).
7. Treatment:
- Treatment of MDR-TB, EXR-TB patients, comparing the effectiveness of different regimens;
 - treatment of HIV-associated tuberculosis;
 - treatment of tuberculosis in senior patients;
 - hepatoprotective therapy, treatment of liver cirrhosis in HIV-infected individuals;
 - specific treatment of HIV/viral hepatitis co-infection;
 - side effects of ARV therapy, its adjustment.
8. Other questions:
- consideration of interesting clinical cases;
 - patanatomic and histological changes in individuals who died from AIDS at various opportunistic infections;
 - modern clinical classification of chronic obstructive pulmonary diseases and pulmonary insufficiency;
 - atypical pneumonia (Legionella pneumonia, mycoplasmal pneumonia, Chlamidia trachomatis pneumonia).
 - With the aim to expand the database of surveyed readers, the editorial staff of “Tuberculosis, Lung Diseases, HIV-Infection” Journal plans to post on the Journal’s web-site (www.tubvil.com.ua) a special feedback web-page.

ANNEX 5

STbCU Grants* plan for Project Year 1

Direction	Region	Deliverables	Grant size	Recipients	Total
Patient outreach	Kherson and Zaporizhzhya oblasts	Provide DOT treatment of at least 20 patients with active TB in each oblast, particularly those who are at risk of treatment default and those who reside in rural areas and are subjected to interrupted inpatient treatment, have a history of interrupted treatment, or have difficult life circumstances.	\$50,000 per oblast	Ukrainian Red Cross Society	\$100,000
Advocacy for TB patient outreach in rural areas	Dnipropetrovsk, Kharkiv, and Lugansk oblasts	<ul style="list-style-type: none"> • Advocacy of farmers participation in the Program • Case detection at place (screening interviews, sputum samples collection) • DOT support • Sanitary and legal education • HIV/TB integrated case detection (mobile laboratories involvement into sputum samples collection) 	\$4,000 per region	NGOs chosen on competitive base	\$12,000
TB/HIV integrated services among vulnerable populations	Odessa oblast, Crimea (including Sevastopol), and Kyiv.	<ul style="list-style-type: none"> • Motivation of target audience to undergo screening for TB and HIV • Social services support (employment, documents management, social payments etc.) • Substance abuse treatment motivation • HIV/TB integrated case detection (mobile laboratories involvement into sputum samples collection) 	\$4,000 per region		\$12,000
Support to patients released from imprisonment	Kherson, Zaporizhzhya, and Donetsk oblasts	<ul style="list-style-type: none"> • TB service follow-up at the place of accommodation • DOT support • Documents management 	\$3,000 per Kherson and Zaporizhzhya oblast and \$5,000 per Donetsk oblast		\$11,000
Total Anticipated Grants Expenditures in Project Year 1					\$135,000

ANNEX 6

MEDIA-MONITORING RESULTS

articles mentioning USAID Strengthening TB Control in Ukraine project

July 01-September 30, 2012

В Алуште обговорили пути развития образовательных программ медицинских вузов Украины по фтизиатрии

Министерство здравоохранения АР Крым
<http://mz-ark.gov.ua/?p=11938>

В Алуште обговорили пути развития образовательных программ медицинских вузов Украины по фтизиатрии

http://www.medicina-yalta.org.ua/mod/news/index.php?page=&id_news=215

Буде посилено контроль за хіміорезистентним туберкульозом

Прес-служба "Українського медичного часопису" за матеріалами www.dssz.gov.ua
Український Медичний Журнал 2012.09.11 17:32
<http://www.umj.com.ua/article/40210/bude-posileno-kontrol-za-ximiorезистентnim-tuberkulozom>

Раїса Богатирьова зустрілася з представниками місії Агентства США з міжнародного розвитку (USAID) в Україні, Молдові та Білорусі

Прес-служба МОЗ України
Міністерство охорони здоров'я України 2012.09.04 20:58
http://www.moz.gov.ua/ua/portal/pre_20120904_a.html

Перспективи співпраці України та США у сфері охорони здоров'я обговорили в МОЗ України під час зустрічі з новопризначеним директором регіональної місії Агентства США з міжнародного розвитку в Україні, Молдові та Білорусі

Срмолова Ю. В. Видавництво "МОРИОН"
Прес-служба "Українського медичного часопису" за матеріалами www.moz.gov.ua
Український Медичний Журнал 2012.09.07 16:32
<http://www.umj.com.ua/article/39997/perspektivi-spiivpraci-ukraini-ta-ssha-u-sferi-oxoroni-zdorov-ya>

Держсанепідслужба України та Держслужба соцзахворювань покращують співпрацю у галузі інфекційного контролю за туберкульозом

Прес-служба МОЗ України
Міністерство охорони здоров'я України 2012.09.07 17:59
http://www.moz.gov.ua/ua/portal/pre_20120907_1.html

Держсанепідслужба України та Держслужба соцзахворювань покращують співпрацю у галузі інфекційного контролю за туберкульозом

Права пацієнтів в Україні
http://www.patient.in.ua/index.php?option=com_content&view=article&id=309:2012-09-10-08-50-52&catid=6:2011-12-23-08-34-16&lang=en&Itemid=

Держсанепідслужба та Держслужба соцзахворювань покращують співпрацю у галузі інфекційного контролю за туберкульозом

<http://www.dsesu.gov.ua/wses/dsesu.nsf/prSIj/FB484A5B4D40EB87C2257A7200437149?OpenDocument&ID=UA>

Держсанепідслужба України та Держслужба соцзахворювань покращують співпрацю у галузі інфекційного контролю за туберкульозом

<http://kremenchuk-2ml.pl.ua/2012/09/08/%D0%B4%D0%B5%D1%80%D0%B6%D1%81%D0%B0%D0%BD%D0%B5%D0%BF%D1%96%D0%B4%D1%81%D0%BB%D1%83%D0%B6%D0%B1%D0%B0-%D1%83%D0%BA%D1%80%D0%B0%D1%97%D0%BD%D0%B8-%D1%82%D0%B0-%D0%B4%D0%B5%D1%80%D0%B6%D1%81%D0%BB/>

Партнери обговорили шляхи покращення епідзаходів у протитуберкульозних закладах
<http://dssz.gov.ua/index.php/uk/golovna/97-novyny/1171-2012-09-10-08-36-04>

Контроль за туберкульозом в Україні буде удешевлюватися
PharmaSvit 2012.09.10 12:33
<http://pharmasvit.com/kontrol-za-tuberkulezom-v-ukraine-budet-uluchshatsya-72226.html>

Туберкульоз контролюватимуть дві служби
Ермолова Ю. В. Издательство "МОРИОН"
Прес-служба "Українського медичного часопису" за матеріалами www.moz.gov.ua, www.dsesu.gov.ua
Український Медичний Журнал 2012.09.10 13:32
<http://www.umj.com.ua/article/40065/tuberkuloz-kontrolyuvatimut-dvi-sluzhbi>

Project HOPE Receives USAID Funds to Strengthen Tuberculosis Control Program in Ukraine
<http://www.redorbit.com/news/science/1112681667/project-hope-receives-usaid-funds-to-strengthen-tuberculosis-control-program/>

Project HOPE Receives USAID Funds to Strengthen Tuberculosis Control Program in Ukraine
<http://www.prweb.com/releases/prweb2012/8/prweb9831623.htm>

Інформація щодо робочої зустрічі представників Проекту „Посилення контролю за туберкульозом в Україні“ у Дніпропетровській області 10-11 липня 2012 року
<http://www.guoz.dp.ua/anonsi-zakhodv-ta-podjj/1989-nformacya-schodo-robochoyi-zustrch-predstavnikv-proektu-posilennya-kontrolyu-za-tuberkulozom-v-ukrayin-u-dnpropetrovsky-oblast-10-11-lipnya-2012-roku.html>

У Дніпропетровській області розпочинає роботу п'ятирічний проект з посилення контролю за поширенням туберкульозу.
<http://www.guoz.dp.ua/anonsi-zakhodv-ta-podjj/2092-u-dnpropetrovsky-oblast-rozpochinaye-robotu-pyatirichniy-proekt-z-posilennya-kontrolyu-za-poshirennyam-tuberkulozu.html>

На Дніпропетровщині розпочинається реалізація Проекту "Посилення контролю за поширенням туберкульозу" міжнародного фонду USAID та Дніпропетровської облдержадміністрації
Дніпропетровська ОДА 2012.08.22 10:07
[http://www.adm.dp.ua/OBLADM/Obldp.nsf/\(docweb\)/19CCF391D424BC5DC2257A6200263908?OpenDocument](http://www.adm.dp.ua/OBLADM/Obldp.nsf/(docweb)/19CCF391D424BC5DC2257A6200263908?OpenDocument)

В Днепропетровской области стартовала реализация проекта "Усиление контроля за распространением туберкулеза" Фонда USAID
Мост Днепр 2012.08.22 11:16
<http://most-dnepr.info/news/society/69675.htm>

Днепропетровщина запускает программу по борьбе с туберкулезом
Минпром (независимый проект) 2012.08.22 11:51
<http://minprom.ua/news/101950.html>

На Дніпропетровщині розпочинається реалізація Проекту «Посилення контролю за поширенням туберкульозу» міжнародного фонду USAID та Дніпропетровської облдержадміністрації
www.megev-rn.dp.gov.ua

На Дніпропетровщині розпочинається реалізація Проекту «Посилення контролю за поширенням туберкульозу»

http://kryvyrih.dp.ua/ua/st/pg/270812286726384_n/index.html

На Дніпропетровщині розпочинається реалізація Проекту «Посилення контролю за поширенням туберкульозу» міжнародного фонду USAID та Дніпропетровської облдержадміністрації

<http://pavlograd-official.org/news/novini-dnipropetrovshhini-21-08-2012.html>

Преодолеть туберкулез запорожцам помогут специалисты из США

Z-city Запорожье 2012.08.27 14:26

<http://z-city.com.ua/news.html?id=-9037>

Американцы помогут запорожцам бороться с туберкулезом

Ева Миронова, "РепортерUA"

РепортерUA 2012.08.27 12:49

<http://reporter-ua.com/2012/08/27/amerikantsy-pomogut-zaporozhtsam-borotsya-s-tuberkulezom>

НАКАЗ МОЗ від 25.07.2012 р. № 270-к Про розподіл обов'язків між Віце-прем'єр-міністром України — Міністром охорони здоров'я України, першим заступником Міністра, заступником Міністра та заступником Міністра — керівником апарату

(із змінами, внесеними згідно) **Наказ МОЗ України від 30.08.2012 р. № 374-к" '**

<http://www.apteka.ua/article/154355>

ANNEX 7

Round table

Discussion on how to improve management and existing policies of TB infection control in Ukraine
September 7, 2012.

Hotel Riviera (Kyiv, 15 P. Sahaydachny St., next to Poshtova Ploshcha metro station)

Objective:

Discussion on improvement of existing policies in the field of TB infection control in Ukraine within the framework of the USAID Strengthening Tuberculosis Control in Ukraine Project (STbSU).

AGENDA

Time	Topic
10:30-11:00	Registration of participants. COFFEE*.
11:00-11:05	Opening of the meeting: objective, tasks and expected results of the round table <i>Facilitator: Andriy Aleksandrin, IC specialist, USAID Strengthening Tuberculosis Control in Ukraine Project</i>
11:05-11:30	Opening remarks and greeting to the participants <i>Oleksandr Tolstanov, Deputy Minister of Healthcare of Ukraine</i> <i>Anatoliy Ponomarenko, Head of the State Sanitary and Epidemiologic Service of Ukraine</i> <i>Tetyana Aleksandrina, Head of the State Service of Ukraine for HIV/AIDS and Other Socially Dangerous Diseases</i> <i>Alina Yurova, USAID TB Program Manager</i> <i>Olena Kheylo, Chief of Party, USAID Strengthening Tuberculosis Control in Ukraine Project</i>
11:30 – 11:40	Introduction of the USAID Strengthening Tuberculosis Control in Ukraine Project with special emphasis on the tasks and activities under component Improvement of TB IC in Ukraine. <i>Tamara Tonkel, Medical Director, USAID Strengthening Tuberculosis Control in Ukraine Project</i>
11:40-11:50	Q&A
11:50-12:05	Presentation of the survey results “TB transmission risk: reduction strategy and status of the problem” <i>Nikoloz Nasidze, Coordinator for HIV/AIDS, TB and other infectious diseases, WHO</i>
12.05-12.15	Q&A
12.15-12.25	Experience of the Sanitary and Epidemiologic Service in organization and conducting of IC measures at TB facilities in Donetsk oblast <i>Galyna Kolomiytseva, Head of Department of Highly Infectious Diseases at Donetsk oblast Sanitary and Epidemiologic Station</i>
12.25-12.35	Q&A
12.35-12.50	Increasing cooperation on IC TB between the State Sanitary and Epidemiologic Service of Ukraine and the State Service on HIV, TB, and Other Socially Dangerous Diseases <i>Viktor Lyashko, Head of Department for Organization of the State Sanitary and Epidemiologic</i>

	<i>Supervision of the SES of Ukraine</i>
12.50-13.00	Q&A
13:00–13:40	<p>Discussion of the strategy to improve TB infection control in Ukraine and ensure effective cooperation among the State Sanitary and Epidemiologic Service of Ukraine, State Service of Ukraine for HIV/AIDS and Other Socially Dangerous Diseases and USAID Strengthening Tuberculosis Control in Ukraine Project</p> <p><i>Facilitator: Andriy Aleksandrin, IC specialist, USAID Strengthening Tuberculosis Control in Ukraine Project</i></p>
13:40-14:30	<p>Next steps. Signing of the Memorandum. Closing remarks.</p> <p><i>Oleksandr Tolstanov, Deputy Minister of Healthcare of Ukraine</i> <i>Anatoliy Ponomarenko, Head of the State Sanitary and Epidemiologic Service of Ukraine</i> <i>Tetyana Aleksandrina, Head of the State Service of Ukraine for HIV/AIDS and Other Socially Dangerous Diseases</i> <i>Alina Yurova, USAID TB Program Manager</i> <i>Olena Kheylo, Chief of Party, USAID Strengthening Tuberculosis Control in Ukraine Project</i></p>
14:30-15:30	Lunch

*Coffee and snacks will also be available during the entire event