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STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE PROJECT

## STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE

**Contract No. AID-GHN-I-00-09-00004**

**Task Order No. AID-121-TO-12-00001**

**Year 2 – 3rd Quarterly Report**

**(April 1 – June 30, 2014)**

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**July 10, 2014**

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.

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## ACRONYMS

ACSM	Advocacy, communications, and social mobilization
ART	Anti-retroviral therapy
CT	Computer tomography
CoE	Center of excellence
DOT	Directly observed treatment
DOTS	Directly observed treatment, short-course
DRS	Drug resistance survey
DST	Drug susceptibility testing
EQA	External quality assurance
GF	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GoU	Government of Ukraine
GTBI	Rutgers Global Tuberculosis Institute, New Jersey Medical School
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HCW	Health care worker
IC	Infection control
IEC	Information, education, and communication
IPT	Isoniazid preventive therapy
M&E	Monitoring and evaluation
MDR-TB	Multidrug-resistant tuberculosis
MoH	Ministry of Health
NGO	Nongovernmental organization
NTP	National Tuberculosis Program
OR	Operational research
PAL	Practical approach to lung health
PHC	Primary health care
PITC	Provider-initiated testing and counseling
PLWH	People living with HIV
PMDT	Programmatic management of drug-resistant TB
UV	Ultraviolet
SES	State Sanitary and Epidemiological Service
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOPs	Standard operating procedures
STbCU	Strengthening Tuberculosis Control in Ukraine
TB	Tuberculosis
TIRC	TB Training and Information Resource Center
UCDC	Ukrainian Center for Socially Dangerous Diseases Control
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis



# EXECUTIVE SUMMARY

## Project Overview

The five-year USAID Strengthening Tuberculosis (TB) Control in Ukraine (STbCU) project, implemented by Chemonics International — in partnership with Project HOPE and the Global Tuberculosis Institute (GTBI) at Rutgers, the State University of New Jersey, seeks to improve the health status of Ukrainians by reducing the burden of TB through specific quality assurance and system strengthening measures for routine TB services, multidrug-resistant TB (MDR-TB), and TB/human immunodeficiency virus (HIV) co-infection. This report summarizes key accomplishments and progress by task order objective for the third quarter of Year 2 (April 1 – June 30, 2014).

## Accomplishments Summary

Objective 1: Improve the quality and expand availability of the World Health Organization (WHO)-recommended directly observed treatment, short-course (DOTS)-based TB services.

- Following project advocacy, the Ministry of Health (MoH) working group agreed to support DOT-based changes to the national unified clinical protocol of primary, secondary, and tertiary medical care for tuberculosis.
- On May 27, the State Sanitary and Epidemiological Service of Ukraine (SES) approved an informational letter developed with project on planning and implementation of SES mentoring visits to healthcare facilities treating TB patients.
- Project specialists and regional coordinators performed 65 mentoring visits to central raion inpatient facilities and outpatient facilities, as well as primary health-care (PHC) points in rural areas. This quarter, 845 health care workers received on-the-job technical assistance. Mentoring visits are designed to reinforce the knowledge and skills received through the project's cascade training approach.

### Feedback from our Partner

“UCDC would like to express gratitude to specialists of the USAID Strengthening TB Control in Ukraine Project for their cooperation and support in implementing activities aimed at increasing the health status of Ukrainians by improving healthcare services related to diagnostics, case management and prevention of tuberculosis, including drug-resistant and HIV-associated TB.”

—*Ukrainian Center for the Control of Socially Dangerous Diseases of the Ministry of Health of Ukraine*

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

- The project infection control (IC) specialist and the SES IC expert group conducted 13 mentoring visits and provided technical assistance to 380 specialists at TB, PHC facilities, and AIDS centers. The project also assisted counterparts in seven health-care facilities in Zaporizhzhia oblast and in four facilities in Odesa oblast with development and implementation of their respective TB IC plans.

Objective 3: Build capacity to implement programmatic management of drug-resistant TB (PMDT) for multi-drug resistant (MDR) and extensively drug-resistant (XDR) TB at the national level and in USAID-supported areas.

- To improve the policy and legal environment for the implementation of PMDT according to international standards, the Dnipropetrovsk Center of Excellence (CoE) developed the following local regulations:

- Local protocols on different TB forms: protocols for treating cases of first through fourth TB categories, surgical treatment, and extra-pulmonary TB.
- Patient routing for first, second, and fourth categories.
- Biological samples and culture routes to diagnose TB and monitor treatment results in the Dnipropetrovsk oblast.

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

- Case detection of TB by smear microscopy increased from 4.8 percent in the previous quarter to 6.4 percent in all supported oblasts in Quarter 3.
- 438 TB and HIV specialists from Zaporizhzhia and Dnipropetrovsk oblasts received on-the-job technical assistance on TB/HIV patient management.
- The Zaporizhzhia oblast health department endorsed a regional order on collaboration between health-care facilities providing TB and HIV services. Now all USAID-supported oblasts except for Kyiv have orders on collaboration between health-care facilities providing TB/HIV services.

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

**Activity 1.1: Build institutional capacity to improve the quality of DOTS-based programs.**

Per Task 1.1.1, and as described above, during the reporting period the project contributed to the unified clinical protocol of primary-, secondary-, and tertiary-level medical care, which STbCU has been actively promoting since December 2012. At a July 3 Ministry of Health (MoH) working group meeting, the following recommendations were approved: to use directly observed treatment (DOT) in the penitentiary system and all types of public and private clinics; to evaluate the predictors of potential treatment ineffectiveness after four months of treatment; to exclude recommendations on culture tests for MDR-TB contacts with respiratory symptoms and unconfirmed TB; to repeat follow-up sputum tests during the whole period while a cough is present; and to change the previous term “TB of unclear localization” to “respiratory TB unspecified, but confirmed bacteriological and histological tests,” which is part of the International Classification of Diseases (10<sup>th</sup> revision). The MoH working group is tasked with bringing national guidelines up to international standards and was resumed at the request of the Global Fund (GF). The updated protocol version was presented for discussion. The majority of the previous project’s suggestions related to the protocol have now been accepted.

STbCU also provided technical assistance to the Ukrainian Center for the Control of Socially Dangerous Diseases (known as UCDC) on drafting the national application for HIV and TB assistance to the Global Fund. In particular, the project focused on the joint TB/HIV component of the proposal. The final version was submitted on June 15, 2014 and stakeholders are waiting for feedback from the GF.

On June 25, the Ministry of Health (MoH) posted guidelines on cough management for public discussion ([http://www.moz.gov.ua/ua/portal/dn\\_20140625\\_0.html](http://www.moz.gov.ua/ua/portal/dn_20140625_0.html)) that include the practical approach to lung health (PAL) approaches advocated by the project. STbCU also participated in the selection, evaluation, and translation of key evidence-based sources for the document’s development.

To support re-organization of the national health-care system, STbCU representatives participated in technical advisory group meetings to develop proposals for inclusion in the World Bank’s

“Improvement of Health Care Serving People” project. STbCU representatives provided recommendations and suggestions to the document, such as recommending allocation of funds for changing legislation on TB service financing and developing a mechanism for transferring medications between health-care facilities of different levels.

STbCU also continued advocating for improved implementation of TB care programs. On May 19, 2014, the working group within the coordination board on combating TB, HIV/AIDS, and other socially dangerous diseases of Kryvyi Rih City Council reviewed implementation questions on the outpatient TB care model, including home-based care. Representatives of the city health administration, municipal administration, social service, and other NGOs of Kryvyi Rih participated in the meeting. Unfortunately, despite the support of the city administration and the city health administration, the oblast finance department was not supportive of implementing home-based care. Thus, the resolution of the coordination board has not been approved, but the project will provide follow-up assistance as required.

On June 27, STbCU participated in the Kyiv City Health Collegium devoted to TB and HIV program implementation to present Year 2 activities and key results. STbCU also provided all participants with its TB-HIV services gap analysis and informational materials for PHC providers. This meeting was a critical step forward in STbCU’s relations with the city health administration. Newly appointed Kyiv city partners became supportive of further collaboration and several joint activities for the nearest months were agreed upon.

On May 27, the State Sanitary and Epidemiological Service of Ukraine (SES) approved an informational letter on planning and implementation of the SES’ mentoring visits to health-care facilities that provide TB care. The informational letter was prepared by the National Group of Experts on TB Infection Control supported by STbCU. This letter provides a definition of monitoring, presents the legal and regulatory framework for conducting monitoring visits, and provides a list of services that can be provided through SES monitoring visits — a departure from the previous focus on purely monitoring responsibilities for the SES that allows facilities to gain practical advice and assistance during the visits.

Per Task 1.1.2, the project and UCDC agreed on a work plan on the establishment and administration of a web-based Training and Information Resource Center (TIRC). In accordance with this plan and the project’s own Year 2 work plan, the project started a tender procedure to choose a web-platform designer for the TIRC.

As part of the ongoing content development for the TIRC, in April-June 2014 the team uploaded new technical materials, including:

- Numerous webinars conducted by the RD-TB Network  
<http://stbcu.com.ua/resources/guidelines/>
- Brief review of the new WHO “Technical and Operational ‘How-To’: Practical Considerations,” and its full translation to Ukrainian: <http://stbcu.com.ua/2014/who-xpert-manual/>
- WHO publication “Prisons and Health”  
[http://www.euro.who.int/\\_data/assets/pdf\\_file/0005/249188/Prisons-and-Health.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1)
- SES information letter on monitoring visits: [http://stbcu.com.ua/wp-content/uploads/2014/05/Information-letter\\_Monitoring-visits.pdf](http://stbcu.com.ua/wp-content/uploads/2014/05/Information-letter_Monitoring-visits.pdf)
- Video instructions on TB infection control:
  - <https://www.youtube.com/watch?v=3uJgvfgUGto&feature=youtu.be>
  - <https://www.youtube.com/watch?v=RaW3jxy4CUo&feature=youtu.be>

- Unofficial translation of “Recommendations for the Management of Cough in Adults,” from the British Thoracic Society Cough Guideline Group: [stbcu.com.ua/wp-content/uploads/2014/05/Cough.doc](http://stbcu.com.ua/wp-content/uploads/2014/05/Cough.doc)
- Unofficial translation of “Approach to Lung Health,” a manual on initiating PAL implementation: [stbcu.com.ua/wp-content/uploads/2014/04/PAL.docx](http://stbcu.com.ua/wp-content/uploads/2014/04/PAL.docx)

To increase partner awareness of the development of the TIRC and the availability of pertinent information on the project’s website, news updates are shared in real time with national and regional stakeholders through e-mail and the project’s monthly bilingual newsletter.

Per Task 1.1.3, this quarter the project conducted 10 trainings reaching 190 health-care providers (150 women and 40 men) on TB and TB/HIV. Among the trainees were 113 family doctors and therapists (including physicians from the penitentiary system) from Kharkiv, Kherson, Dnipropetrovsk, Zaporizhzhia, and Luhansk oblasts and the city of Kyiv. STbCU also trained 25 laboratory technicians (including lab technicians from the penitentiary system) from seven project-supported regions on TB detection by sputum smear microscopy diagnostics in two trainings on sputum smear microscopy. The project trained 29 TB specialists from Dnipropetrovsk, Zaporizhzhia, and Kherson on cohort analyses and TB/HIV case management. Finally, STbCU trained 23 medical statisticians, epidemiologists, infection disease specialists, university employees on TB/HIV case management in two on-the-job trainings (see Exhibits 1 and 2).

**Exhibit 1. Number of Trained Specialists by Specialty and Work Venue  
April 1 – June 30, 2014**

Specialty	Regions								Total
	Dnipropetrovsk	Donetsk	Zaporizhzhia	Luhansk	Odesa	Kharkiv	Kherson	Kyiv City	
PHC doctor and nurses	39		4	13		10	22	25	113
TB specialists and TB nurses	4		15				10		29
Laboratory specialists	7	3	5	2	1	4	3		25
Employees of TB chairs and chairs of family medicine			2						2
Infectious disease specialists	9		6						15
Epidemiologists	1								1
Statisticians			1				3		4
Others	1								1
<b>Total</b>	<b>61</b>	<b>3</b>	<b>33</b>	<b>15</b>	<b>1</b>	<b>14</b>	<b>38</b>	<b>25</b>	<b>190</b>

**Exhibit 2. Training Activities in USAID-Supported Regions by Type and Location  
April 1 – June 30, 2014**

<b>Name of training</b>	<b>Location</b>	<b>Number of trainings</b>	<b>Number of trainees</b>
TB case management in PHC facilities	Dnipropetrovsk CoE	4	76
	Kyiv	1	25
Cohort analysis of susceptible and MDR-TB cases	Kherson	1	25
TB detection and diagnostics by sputum smear microscopy. Quality control of investigations.	Dnipropetrovsk CoE	2	25
TB/HIV co-infection case management (on-job trainings)	Zaporizhzhia	1	24
	Dnipropetrovsk	1	15
<b>Total number of trainings and trained specialists</b>		<b>10</b>	<b>190</b>

The project also updated training materials on TB/MDR-TB case management and TB case detection by sputum smear microscopy in accordance with the new WHO Global TB Report and new Ukrainian national TB data.

On June 25, 2014, the project conducted a seminar on TB infection control for representatives of the Zaporizhzhia branch of the All-Ukrainian Network of People Living with HIV who directly work with most at-risk populations. Project experts taught participants the basics of TB infection control and discussed ongoing implementation of TB infection control measures in oblast TB facilities and HIV/AIDS centers, as well as ways of joining efforts to advocate for improvements.

The project also registered six abstracts to present at the 45th Union World Conference on Lung Health to be held in Barcelona, Spain, from October 28 to November 1, 2014.

Per Task 1.1.4, to increase the efficiency of Ukraine’s TB laboratory network, STbCU continued to help laboratories implement an effective quality assurance system for sputum smear microscopy. In the third quarter, the project focused particularly on external quality assessment (EQA), conducting two five-day trainings on the topic. For the first time, laboratory specialists from the penitentiary system participated in such training (see 1.1.3). Main topics covered included: a new state regulation on EQA of laboratory TB examinations, EQA of smear microscopy TB diagnostic method, completeness and quality of documenting EQA results in accordance with the national requirements, and principles of EQA procedures at first-level laboratories.

The project also continued to conduct oblast mentoring visits to improve the quality of laboratory examinations. In Kharkiv oblast, the project provided methodological support to the local laboratory coordinator on the organization of blind smear cross-checking.

Additionally, since the start of the project in April 2012 STbCU has been actively promoting the reorganization of the Dnipropetrovsk oblast laboratory network in accordance with international recommendations. This oblast includes two large cities (Dnipropetrovsk and Kryvyi Rih) with a combined population of more than 1.6 million. The WHO recommends one smear microscopy laboratory per 100,000 people, while currently there are only four laboratories. In May 2014, the oblast administration issued an order that envisages of 10 microscopy centers functioning in Dnipropetrovsk and five in Kryvyi Rih. These centers will be supervised by higher-level laboratories and defined in the EQA schedule.

As a result of a mentoring visit to Zaporizhzhia oblast, the monitoring group developed recommendations for a local order on EQA, including shifting responsibilities for EQA for first-level laboratories from third-level to second. Moving EQA to second-level laboratories will lessen the load of the third-level laboratory and allow it to concentrate on new, more sophisticated diagnostic methods. It will also promote execution of EQA and improve monitoring and analysis of EQA data, as well as facilitate mentoring. Additionally, during mentoring visits to Zaporizhzhia and Dnipropetrovsk the monitoring group, which is chaired by the head of the national reference laboratory, conducted on-the-job training on TB diagnostic methods using the BACTEC system and the rapid diagnostic molecular-genetic technique Xpert MTB/RIF.

In the third quarter, the project continued conducting targeted conferences to analyze results of the 2013 sputum smear microscopy external quality assessments and to develop next steps for quality improvement in USAID-supported oblasts. In April, the project held a conference in Luhansk, which has introduced an EQA system into the practice of quality assurance for laboratories due to the project. In 2013, all laboratories of first and second levels underwent panel testing for EQA for the first time in a few years. STbCU, the local TB dispensary, and the regional coordinator conducted significant preparatory work.

To improve knowledge and practices of TB laboratory specialists, the project supported a two-day internship for two first-level laboratory specialists in the third-level laboratory of Kherson oblast. The internship was designed for lab specialists who scored less than 75 percent in panel testing. Following the internship, these two laboratories will undergo EQA corresponding to the local EQA order to evaluate the level of knowledge gained through the internships.

As for national-level support, from June 19-20, STbCU and main national partners, UCDC and the State Service, organized an inter-regional seminar for heads of third-level laboratories from all regions of Ukraine and the penitentiary sector. Participants reviewed the current status of the third-level laboratories and discussed new opportunities for better quality of diagnostics.

Following the seminar, from June 23-27, the project trained 13 laboratory specialists from five USAID-supported oblasts. In addition to the main topics covered in the training, the STbCU specialist presented a draft of the new national document on EQA of TB laboratory examinations.

Per Task 1.1.5, to strengthen TB-related monitoring and evaluation (M&E) systems and TB surveillance systems, this quarter, STbCU helped TB data collection processes by including specialists of oblast TB dispensary statistics departments in mentoring teams.

During mentoring visit, specialists assess the completeness of database maintenance, identify gaps, compare data with paper forms, and provide recommendations on process improvements. Regional coordinators regularly discuss with the teams results of mentoring visits to the build capacity of regional monitoring teams, prepare algorithms for mentoring visits, and jointly develop recommendations for the next steps.

After mentoring visits, regional coordinators inform oblast health administrations in the project regions about all activities conducted by the project in the region and provide written reports about with results of mentoring and monitoring visits. Regional coordinators also discuss TB surveillance issues at round table meetings with oblast health departments.

On April 16-17, 2014, STbCU held a two-day seminar for TB specialists from Kherson oblast on “Cohort Analysis of TB Cases in Accordance with National Regulations and International Recommendations.” The seminar aimed to improve the skills of TB doctors in analyzing TB data

to increase efficiency of TB treatment, including treatment of MDR-TB forms. A total of 28 participants participated in the training, including raion and city TB doctors, nurses, and health-care workers from the statistics department of the regional TB dispensary. The participants discussed the epidemiological situation of TB in Ukraine and the oblast, TB case diagnostics and treatment algorithms, categories for patient registration, calculating and interpreting performance indicators, and the TB case reporting system. Practical tasks included solving situational problems with TB case differentiation, categories and tactics of TB case management, and differentiation of TB treatment outcomes. The participants were trained to properly fill out electronic and paper medical reporting forms and analyze the records.

The project contributed to the development of specific TB/HIV indicators for monitoring TB/HIV co-infection to the draft National Program Combating AIDS, the National M&E Plan of HIV and National M&E Plan of TB. The project participated in two working group organized by UCDC in April and June and developed and provided passports for the selected indicators.

Per Task 1.1.6, STbCU continued to disseminate informational handouts developed in previous quarters — including the “Tuberculosis: Schemes and Charts for PHC Medical Personnel” manual and posters describing proper infection control practices, personal protection measures, and administrative infection control — during mentoring visits, trainings, and seminars. Electronic versions of all project publications are also available on the project’s web site. In addition, the project prepared an unofficial translation of the third edition of International Standards for TB Control into Ukrainian and posted it on the project website. The project also translated two leading documents on PAL and WHO-developed sample forms to make EQA reporting easier for Ukrainian laboratory specialists.

In the third quarter, the project continued supporting and promoting online education. An announcement on IC webinars was posted on the project website and disseminated among the partners and practitioners. Links to materials of the TB infection control webinar on affordable and effective TB infection control measures (natural ventilation and UV radiation), a webinar on how to organize a functioning individual respiratory protection and TB IC are also available on the project website. The project also developed recommendations on TB IC M&E and on using UV lamps for SES specialists.

The project also maintains and regularly updates the infection control page on Facebook. Main users include TB specialists, HIV specialists working in AIDS centers, staff of the sanitary and epidemiological service, and mass media representatives.

Per task 1.1.7, STbCU began collaboration with the newly established NGO “Infection Control.” Founded by staff members of the SES (including members of the infection control expert group), this organization is the first of its kind in Ukraine. In May and June the project met with NGO staff, toured their training facilities, and assessed their administrative capacity to host project-sponsored trainings on infection control in TB diagnostic laboratories.

### **Activity 1.2: Expand access to TB service delivery to improve prevention, diagnosis, and treatment of TB.**

Per Task 1.2.1, the project submitted an annual program statement (APS) for the advocacy, communication, and social mobilization small grants program (ACSM) for COR review on June 26, 2014. Following approval, the APS was published on July 3, 2014 (<http://stbcu.com.ua/2014/acsm-grants/>). This grants program will promote community-based activities designed to reduce TB stigmatization and to expand patient-oriented practices.

Per Task 1.2.2, the project monitored implementation of the Ukrainian Red Cross Society (URCS) grant to improve treatment adherence among TB patients. URCS has enrolled approximately 90 TB patients into patronage services. Together with the URCS main coordinator, the project monitored grant operations in Dnipropetrovsk, Zaporizhzhia, Odesa, and Kherson oblasts, and determined that URCS is conducting proper patient selection, providing high quality DOT-based services, and conducting effective program monitoring.

Additionally, STbCU and URCS developed informational materials for patients: a TB patient diary and TB discharge summary form. The discharge forms, which promote treatment adherence and include informational material, were also presented to UCDC and regional TB specialists for their feedback.

To date, 1,500 TB patient diaries and 10,000 modified TB patient discharge summaries have been distributed to regional TB services by the URCS, as shown in Exhibit 3.

**Exhibit 3. Informational Materials Distributed through URCS**

№	URCS regional organization	Informational materials	
		Patient diaries	Patient exit forms
1	Dnipropetrovsk URCS	345	2,000
2	Zaporizhzhia URCS	162	800
3	Odesa URCS	245	1,600
4	Kherson URCS	137	800
5	Donetsk URCS	228	2,000
6	Lugansk URCS	123	1,100
7	Kharkiv URCS	168	900
8	Kyiv URCS	92	800
<b>Total</b>		<b>1,500</b>	<b>10,000</b>

Per Task 1.2.3, to strengthen TB services provision at the PHC level, STbCU conducted four trainings on TB case management in PHC facilities (see Exhibit 2). Three trainings were conducted on the basis of Dnipropetrovsk CoE and one in Kyiv. The goal of the training was to increase levels of TB case detection and TB treatment efficacy in primary health-care facilities in USAID-funded regions.

Training participants learned principles of PAL and modern approaches to TB diagnostics. They discussed the role of primary health-care institutions in combating the disease and improving their own diagnostic skills. Participants also learned more about the principles of TB treatment, DOT, known side effects of anti-tuberculosis drugs, and management of adverse reactions. Training sessions were also focused on patient adherence to treatment, TB infection control chemical prophylaxis, and unique features of TB/HIV co-infection. The project also supported a seminar in Odesa oblast organized for 42 chief physicians of PHC facilities in Odesa region from June 26-27. The seminar focused on effectiveness of TB treatment consistent with the WHO-recommended DOTS strategy.

Project specialists and regional coordinators performed 65 mentoring visits to central raion inpatient and outpatient facilities, and PHC points in rural areas. This quarter, 845 health care workers (HCWs) received on-the-job technical assistance related to TB diagnostics, treatment, and case management, TB IC practices, and the coordination of TB/HIV services. Mentoring teams visited seven USAID-supported regions. During this quarter, however, STbCU specialists put on hold most mentoring visits to Donetsk and Luhansk oblasts due to the security situation in these oblasts (see Exhibit 3).

STbCU conducted 13 repeat visits in Kharkiv, Zaporizhzhia, and Odesa oblasts. All facilities visited for the second time showed significant progress in their work, including improved maintenance of registration and reporting forms, improved maintenance of e-TB manager, and purchase of respirators with HEPA filters for high-risk zones. Among problematic issues common to almost all facilities that still remain and need further improvement are: patient route and monitoring indicators need to be specified in local protocols in accordance with the local conditions, and HCWs from primary level need to improve their practices on selecting patients for sputum collection and IC. Local TB specialists from oblast and raion levels were members of mentoring teams and will follow-up with the facilities to help them with execution of the recommendations.



TB case management seminar for PHC doctors in Odesa, June 2014

Additionally, the project's local coordinator in Dnipropetrovsk oblast conducted the following activities: two seminars on infection control and operating procedure standard development for TB and epidemiological service staff of Kryvyi Rih and nearby raions (Apostolovka, Shyroke, Kryvyi Rih, Zelenodolsk, Sofiiivka raions); a seminar in TB case management in PHC facilities for PHC providers of Kryvyi Rih and nearby raions (Apostolovka, Shyroke, Kryvyi Rih, Zelenodolsk, Sofiiivka raions); and a seminar on TB case management in PHC facilities for the healthcare providers of Novomoskovsk and Novomoskovsk raion for local PHC, TB, SES specialists.

Exhibit 4. Mentoring Activities from April 1 – June 30, 2014

Region	Number of visits	Number of visited facilities		Number of specialists received on-the-job consultation	Topics covered in facilities				
		PHC facilities	TB facilities		TB detection	Laboratories performance	DOT	TB/HIV	TB IC
Donetsk oblast									
Dnipropetrovsk oblast	13	34	16	185	8	13	12	9	11
Kharkiv oblast	7	10	5	53	7	7	7	7	7
Kherson oblast	14	9	5	31	11		6	2	14
Luhansk oblast	1	-	1	14	-	-	1	1	1
Odesa oblast	10	2	5	174	4	1	4	4	9
Zaporizhzhia oblast	15	9	16	341	9	14	10	15	5
Kyiv city	5	11	2	47	5	5	5	5	5
<b>Total</b>	<b>65</b>	<b>75</b>	<b>50</b>	<b>845</b>	<b>44</b>	<b>40</b>	<b>45</b>	<b>43</b>	<b>52</b>



Red Cross nurse explains how to use the “patient’s diary.”

Per Task 1.2.4, the production of information, education, and communication (IEC) materials to improve knowledge of TB among most at-risk populations and the general public, and as described above, the project published “Patient’s Diary” and “Patient’s Exit Form” which were passed to the Red Cross within the USAID grant. The electronic version of the Diary is also available at the project’s web-site: [www.stbcu.com.ua](http://www.stbcu.com.ua).

This quarter, the project started working on an educational video aiming to increase primary health-care providers’ knowledge on DOT-based TB services and improve PHCs’ day-to-day practices on implementation of STOP-TB Strategy. The video will educate PHC health providers on the key issues of TB detection, treatment and prevention. The video will emphasize feasibility and effectiveness of the PHC involvement in TB control and highlight main WHO recommendations on TB control interventions at the primary health care level. The 20-minute video also will be used as a training tool at project-organized educational events for primary health-care providers, as well as recommended for use by pre- and post-graduate medical institutions responsible for educating family doctors and physicians.

Additionally, the video will be distributed through the TIRC, at meetings of PHC representatives, and posted on social media sites such as YouTube.

Additionally, on June 17, 2014, the project facilitated USAID Administrator Rajiv Shah's visit to the Odesa oblast TB facility. Chief Oblast TB Doctor Svitlana Yesyenko and Head of TB facility Vitaliy Felyuk led a tour around the dispensary and laboratory. They discussed the epidemiological situation in the region, performance of the oblast TB facility, project support, procurement reform in the health sector, and broad health sector reform with local health administrators and TB facility staff.

The visit attracted significant media coverage with a total of 37 project-related articles. (Please see the media clippings attached in Annex A).



USAID Administrator Rajiv Shah visits the Odesa Oblast TB dispensary on June 17, 2014.

### **Activity 1.3: Conduct operational research to improve the National TB Program's (NTP) performance.**

The project continued to develop the scope of work for conducting operational research to support National TB Program performance. The project discussed administrative and practical considerations with academic institutions and drafted a request for applications for release in the fourth quarter so that research will coincide with the start of the academic year. Illustrative topics include:

- Reasons for delaying treatment of drug-susceptible tuberculosis and MDR TB.
- Causes of ineffective TB treatment and lack of follow-up.
- Role of Xpert MTB/RIF technique into acceleration of TB and MDR TB treatment.
- Effective algorithms for implementing Xpert MTB/RIF technique.
- Role of DOT .and treatment supervisors in the treatment outcomes.
- Role of patient education in treatment outcomes.
- Adherence to infection control measures by TB clinics' personnel.
- Early anti-retroviral therapy (ART) treatment and outcomes for TB/HIV co-infection cases.

### Exhibit 5. Key Objective 1 Accomplishments

LOP Expected Results	Accomplishments during the Reporting Period
Adoption of international standards for TB control and facilitation of implementation at the national level and in all TB technical areas.	<p>The project contributed to revision of the unified clinical protocol of primary, secondary (specialized), and tertiary (highly specialized) medical care. The majority of the previous project's suggestions related to the protocol are accepted now.</p> <p>STbCU project provided technical assistance on drafting national application to the Global Fund.</p> <p>The MoH accepted essential PAL approaches advocated by the project and included it into guidelines on cough management. The guidelines are currently posted for public discussion.</p>
Public-private partnership	STbCU encouraged the Obolon corporation, the largest beverage manufacturer in Ukraine, to contribute to improving DOT-based services. With the project's technical assistance, the chief TB coordinator from the Obolon city district's primary health-care facility and the head of medical unit at the Obolon company agreed on establishing a permanent system for tuberculosis prevention efforts among Obolon employees. For its part, during the next year Obolon will donate the annual requirement of potable water to three Kyiv health facilities which provide DOT-based therapy to TB patients. The first delivery (4,001 liters) of potable water took place in May.
Implementation of NTP's supervisory and mentoring system to consistently improve the quality of care provided by HCWs.	65 mentoring visits were conducted to 111 TB and PHC facilities; 845 HCWs received on-the-job consultations during these visits.
Increased involvement of the PHC system in the provision of TB prevention and treatment.	<ul style="list-style-type: none"> <li>• 113 PHC doctors have been trained on TB control.</li> <li>• HCWs from 75 PHC facilities received on-the-job consultation on TB control issues</li> </ul> <p>152 patients currently receive DOT services via URCS in 4 regions.</p>
Quality assurance system in laboratories implemented and lab network for TB diagnosis at the national level and in USAID-supported areas improved.	<p>EQA of first-level laboratories was ensured through:</p> <ul style="list-style-type: none"> <li>• Mentoring visits to 24 laboratories</li> <li>• Blinded rechecking method at 54 laboratories</li> <li>• Panel testing at 84 laboratories</li> </ul>
Improved knowledge among most at-risk populations and the general community on TB.	<ul style="list-style-type: none"> <li>• 1500 copies of patient's diary were published and distributed through the Red Cross. The publication is being used by the Red Cross nurses to improve knowledge of TB-related issues among both TB patients and their close surrounding.</li> <li>• On June 25, 2014, STbCU conducted a seminar on TB Infection Control for representatives of the Zaporizhzhia branch of the All-Ukrainian Network of People Living with HIV, which works directly with the most at-risk populations. Project experts taught the participants on the basics of TB infection control. They also discussed ongoing implementation of TB infection control measures' in oblast TB facilities and HIV/AIDS centers and ways to join efforts to advocate for improvements.</li> </ul>

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

#### **Activity 2.1: Improve infection control.**

Per Task 2.1.1 in June, the NGO "Infection Control in Ukraine" became a member of the International Federation of Infection Control, an umbrella organization of societies and associations of healthcare professionals in infection control and related fields worldwide. The goal of federation is to minimize the risk of infection within the health-care settings worldwide through development of a network of infection control organizations for communication, consensus

building, education, and sharing expertise. The NGO “Infection Control in Ukraine” was established by the Expert Working Group on Infection Control working under SES with technical support from the STbCU and is the first organization in Ukraine to become a member of the organization.

As a result of the expert group in IC advocacy, on May 27, the SES approved an informational letter on planning and implementation of SES mentoring visits to health-care facilities that provide care to patients with tuberculosis. The information letter provides a definition of monitoring, presents the legal and regulatory framework for conducting monitoring visits, and provides a list of services that can be provided within SES monitoring visits.



STbCU and SES IC Expert Group inspect UV lamp in Zaporizhzhia AIDS Center in April 2014

During the reporting period, the IC expert group and the project IC specialist supported the SES with revision and improvement of state sanitary regulations for laboratories performing culture tests. The regulations are expected to be approved in July or August 2014.

Due to the administrative changes in the management of the State Service, the project postponed review and improvement of national TB IC legislation and regulations. The heads of these services who were leading the working groups in infection control no longer occupy their positions. Moreover, a round table in TB IC at the national level was postponed until next quarter due to the change in the management of the central executive bodies.

The STbCU IC specialist and the SES’s IC expert group continued providing assistance to local partners with development of standard operating procedures. This quarter, a special focus was made on operation of bacteriological laboratories of TB facilities.

Per Task 2.1.3, the project’s IC specialist and the IC expert group assisted local counterparts in seven health-care facilities in Zaporizhzhia oblast and in four facilities in Odesa oblast with development and implementation of their TB IC plans. The project IC specialist and the SES’ IC expert group also conducted 13 mentoring visits and provided technical assistance to 440 specialists for TB and PHC facilities and AIDS centers. During the visits they assessed compliance of administrative, environmental, and personal IC measures with international best practices. Finally, STbCU’s IC specialist and the IC expert group developed and disseminated a self-assessment form for health-care facilities on TB IC. (See textbox.) Facilities started using these forms starting in April 2014.

**The IC Expert Group Self-Assessment Measures**

- How well the facility is implementing the national standard on TB infection control in health-care settings (Order of the Ministry of Health of Ukraine dated 18.08.2010 № 684).
- The presence of designated medical personnel responsible for implementation of TB IC measures.
- The availability of a TB IC plan in health-care facilities and the successful implementation of that plan.
- The organization and management of sputum collection points (including location, schedule, and availability of trained staff).
- The proper zoning of health-care facilities according to the relative risk of TB infection in each zone.
- The availability of TB laboratory tests.

On June 12, 2014, the project organized a working group meeting on TB/HIV co-infection for infectious disease specialists and TB doctors who work in Odesa oblast. The participants analyzed

the epidemiological situation and implemented measures on co-infection, discussed gaps, and planned activities to improve cooperation between AIDS centers and TB facilities.

During the reporting period, the IC expert group also conducted monitoring visits to Zaporizhzhia and Odesa oblasts. IC issues were presented at the meeting of Zaporizhzhia oblast coordination board and Odesa oblast council.

To encourage positive attitudes toward TB IC and necessary behavior changes among health-care workers, the project continues to disseminate handouts on appropriate TB IC measures (see Task 1.1.6) during visits to TB facilities. These materials have also been uploaded to the project’s website and the TB IC Facebook page.

**Activity 2.2: Increase the capacity of oblast Sanitary and Epidemiological Services (SEs) to implement, monitor, and evaluate IC interventions.**

Per Task 2.2.1, international training on TB Infection control, including IC engineering control and IC in TB diagnostic laboratories, that initially was planned to Vladimir, Russia, was canceled due to the tense relationship between the two countries. STbCU is exploring the possibility of conducting the IC training in Tbilisi, Georgia, at the National Center for Disease Control.

**Exhibit 6. Key Objective 2 Accomplishments**

<b>LOP Expected Results</b>	<b>Accomplishments during the Reporting Period</b>
All three types of TB IC measures (administrative, environmental, and personal respiratory protection), as well as biosafety measures, are used in facilities diagnosing and treating people with TB.	TB IC measures have been strengthened in medical facilities in the Zaporizhzhia, Odesa, and Dnipropetrovsk oblasts.
An integrated, modern TB IC management system in all TB hospitals and TB laboratories, according to international standards. Such TB IC measures include improving practices, systems, and structures to reduce occupational and nosocomial infections in all 10 regions.	Group consultations were held for 440 HCWs from TB facilities, AIDS centers, SES, and penitentiary medical services.
Improve the capacity of SES to provide quality supervision and monitoring of TB IC standards in a collaborative manner at the facility level.	On May 27, the SES approved an informational letter on planning and implementation of SES mentoring visits to health-care facilities that provide care to patients with tuberculosis. The letter provides a definition of monitoring, presents legal and regulatory framework for conducting monitoring visits, and provides a list of services that can be provided by within SES’ monitoring visits.

**Objective 3: Build capacity to implement PMDT programs MDR-TB/XDR-TB at the national level and in USAID-supported areas.**

**Activity 3.1: Provide training, supervision, and mentoring on MDR-TB case management.**

Per Task 3.1.1, strengthening the TB Center of Excellence (CoE) in Dnipropetrovsk oblast, the STbCU staff regularly visited the Center of Excellence to assess and monitor TB and MDR-TB case management practices and to provide technical assistance on different issues. To this end, STbCU staff participated in MDR-TB counseling board meeting to improve MDR-TB case management. They also participated in discussions on adoption of resolutions on MDR-TB diagnosis confirmation and proper treatment regimen administration, including second-line drugs in accordance with the international standards.

Additionally, and as part of its organizational development, the CoE started planning remote MDR-TB counseling boards and is currently developing criteria for case presentations. The CoE is planning to invite specialists of Kryvyi Rih to participate in the first meeting of the remote MDR-TB counseling board.

To optimize the performance of central medical counseling boards and to improve the quality of TB diagnostics and treatment, the project supported monitoring visits to central medical counseling board branch offices in Dnipropetrovsk oblast. The visits resulted in issuing the following recommendations to improve performance:

- Entering new cases immediately to the TB 03 log during the meetings of the central medical counseling boards.
- Provide medical files only to the physicians responsible for treating a particular patient.
- Develop central medical counseling board referral forms.
- TB drug dose calculation to be based on the patient's weight.
- Difficult diagnostic cases should be presented to the central medical counseling board of the Phtiziatria Dnipropetrovsk oblast TB dispensary.

With support of the project, the CoE developed materials that will improve and optimize follow-up of TB patients and improve diagnosis verification and timely case registration. These include:

- Local protocols on different TB forms: protocols of treating cases of I, II, III, and IV TB categories, surgical treatment, extra-pulmonary TB.
- Patient route of I, II, and IV categories.
- Biological samples and culture routes to diagnose TB and monitor treatment results in Dnipropetrovsk oblast.

**Improvement of Quality of Care in Dnipropetrovsk TB Dispensary as a Result of Self-Assessment:**

- *Infection control measures improved:* distribution of the facilities by risk zones, better patient triage, meals for patients are brought to their wards, patients are transferred to appropriate departments within 8 hours after DST results or smear conversion;
- *Treatment improved:* the rate of maintaining TB care standards improved to 96 %, the time between TB diagnostics and the onset of treatment shortened to 3 days, 100% of cases are presented to Central medical counselling board and the oblast MDR TB counselling board, 2nd line drugs are prescribed by the Central medical counselling board and the oblast MDR TB counselling board;
- *Laboratory diagnostics improved:* shorted time to issuing DST results, the results are sent by e-mail to raions of the oblast on the same day, better control of DST results in MDR TB patients.

To improve the quality of TB care, including MDR-TB care, the Phtiziatria Dnipropetrovsk oblast TB dispensary continued the STbCU-initiated practice of self-assessment on the key issues of TB care, such as laboratory diagnostics, treatment, and IC. The results of self-assessment laid the foundation for monitoring the fulfillment of 2014 services action plan. Once a month, on-the-job surveillance is done with support of the project. (See textbox for results of the self-assessment.)

Significantly, the treatment success rates in patients with TB/HIV co-infection match the treatment success rates in HIV-negative patients. Thus, the widespread belief that results of co-infection treatment are generally poorer is overcome. This success is mainly due to early ART administration: The coverage of patients with co-infection by ART has increased from 48 percent in 2012 to 68 percent in 2013. The project continues to assist in maintenance of a database of complicated or unusual TB cases and diagnostic errors. The database is being actively populated by the CoE staff and has been widely used in trainings, workshops, and roundtables.

Mentoring visits continue as part of the cascade training approach for Dnipropetrovsk oblast health-care staff. In the third quarter, seven primary visits were conducted to support 117 health-

care staff in the areas of TB detection and diagnosis in PHC facilities, laboratory diagnostics, DOTS organization, TB/HIV co-infection, and infection control.

To improve professional skills of doctors and nurses, the STbCU regional coordinator prepared and delivered the following presentations in the reporting period:

- TB case management in PHC facilities.
- Infection control in PHC facilities.
- Operating procedures standards related to the risk of TB transmission.

Per Task 3.1.2, the project continued to analyze work of the central medical councils on susceptible and multi-drug resistant TB with a focus on the newly established local central medical councils authorized to diagnose cases of susceptible TB. The project initiated creation of these councils in Dnipropetrovsk region in 2013, with the aim of reducing the workload of the Dnipropetrovsk oblast medical council. Last quarter, the project performed mentoring visits to the central medical councils in Kryvyi Rih, Dniprodzerzhynsk, and Nikopol municipal TB dispensaries.

The project also supported the visit of UCDC representatives to Kryvyi Rih TB dispensary on April 24, 2014. During mentoring visits, the project specialists revealed a number of drawbacks and made recommendations on improving activities of medical councils. General comments concerned such matters as incorrect administration of TB drugs, symptomatic treatment, and lack of proper control during outpatient stage of treatment.

Per Task 3.1.3, the inter-regional seminar to exchange experience and best practices in MDR-TB diagnosis and treatment (including quality assurance of TB culture and DST) planned for the third quarter has not been conducted due to the security situation in Donetsk Oblast. The approval of the updated unified clinical protocol on TB and National Order on MDR-council operation is pending.

Per Task 3.1.4, collaborating on second-line drug management, the project participated in a meeting of the MoH on drugs, medical commodities, and other equipment to be procured on an ongoing basis as part of the NTP, which was held in November. The list of vendors has been fully endorsed by the MoH.

Per Task 3.1.5, to support the mentoring and supervision of MDR-TB case management, including EQA of culture and DST laboratory network, the project continued to monitor the MoH's endorsement of national EQA regulations. From June 10-13, STbCU, UCDC, and local laboratory partners conducted a monitoring visit to assess the Dnipropetrovsk laboratory network. On June 11, a monitoring group visited a third-level laboratory of a TB hospital in the penitentiary system of Dnipropetrovsk oblast. The monitoring group is currently analyzing the information collected during the monitoring visit and preparing a report with recommendations on the improvement of quality of work of laboratory service. Finally, from April 22-24, STbCU jointly with national and local laboratory partners conducted a monitoring visit to assess laboratory network in Zaporizhzhia oblast. The team visited all second- and third- level laboratories. Afterward, the assessment the team prepared a comprehensive report that resulted in an update of a regional order in accordance with national normative documents and reduction of one second-level laboratory as part of a strategic plan to reorganize TB laboratory services of in the country.

### Exhibit 7. Key Objective 3 Accomplishments

LOP Expected Results	Accomplishments during the Reporting Period
Improved policy and legal environment for the implementation of PMDT, according to international standards.	Dnipropetrovsk CoE developed the following regulations: <ul style="list-style-type: none"> <li>• Local protocols on different TB forms: protocols of treating cases of I, II, III, and IV TB categories; surgical treatment; extra-pulmonary genital and urinary tract TB; eye TB; bone and joint TB; exudative pleuritis; and lymph node TB).</li> <li>• Patient route of I, II, and IV categories. Biological samples and culture routes to diagnose TB and monitor treatment results in Dnipropetrovsk oblast.</li> </ul>
Improve case management for TB patients.	TB councils in the cities Kryvyi Rih, Dniprodzerzhinsk, and Nikopol of Dnipropetrovsk oblast have stronger case-management operations for TB patients.

**Objective 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, undertaking a gap analysis in TB/HIV co-infection services, was completed in Year 1 of the project.

Per Task 4.1.2, identifying gaps in TB/HIV co-infection services and building capacity to address them, the project continued to address deficiencies in TB/HIV co-infection services identified by the gap analysis conducted with the assistance of GTBI, a project subcontractor. This quarter, the project presented results of this gap analysis during working meetings with the TB specialist of Odesa oblast on June 12 and with infectious disease specialists of Zaporizhzhia oblast on June 26.

The project contributed to the development of specific TB/HIV indicators for monitoring TB/HIV co-infection in the draft national program for combating AIDS, the national monitoring and evaluation plan of HIV, and the national monitoring and evaluation plan for tuberculosis. STbCU participated in two working groups organized by the UCDC in April and June and developed reference sheets for the selected indicators.

To further build health-care workers' capacity to use E-TB Manager for registering TB/HIV cases, the STbCU's TB/HIV specialist conducted mentoring visits to Zaporizhzhia oblast on May 12-13 and Kyiv city on May 22 and June 3. The project found that local specialists are experienced enough in E-TB Manager operations. They widely use data export for analysis of the local NTP efficiency — in other words, they are able to analyze data on provider-initiated testing and counseling (PITC) and antiretroviral treatment, and treatment outcomes, including disaggregation by gender. The visit focused on improving data entry and analysis of TB/HIV-related data. The project discovered some data collection gaps and provided recommendations aimed at improving data reliability.

During the reporting period, the project's TB/HIV specialist performed mentoring visits to three oblasts (Odesa, Zaporizhzhia oblasts, and the city of Kyiv), visiting seven medical facilities, and providing technical assistance to 45 specialists on effective referrals and integrated TB/HIV care in specific cases. During the two visits, specialists from the Zaporizhzhia AIDS Center collected blood samples from TB/HIV patients to improve access to screening for CD4 test and virus load.

This quarter, for the first time, mentoring teams in Dnipropetrovsk and Zaporizhzhia oblasts were joined by a specialist from AIDS Center. STbCU started advocating joint mentoring visits of local TB and HIV/AIDS coordinators to improve clinical assistance to TB/HIV co-infected individuals

as well as to enhance the model of referral system and integrated services. To sustain such an approach, local specialists are currently developing respective orders.

STbCU's TB/HIV specialist participated in a working meeting with SES specialists in Dnipropetrovsk and Odesa oblasts and presented information on key principles of managing TB/HIV cases. SES specialists will include TB/HIV services into their future monitoring visits.

Execution of the planned inter-regional workshop to discuss quality of TB/HIV services and referral system implementation, exchange best practices, and plan future activities has been postponed till September. The situation in the country may improve by then and partners from Donetsk and Luhansk regions will be able to participate in this important event.

Per task 4.1.3, STbCU continued revising and developing training materials on diagnosis, treatment, and prevention of TB/HIV co-infection, emphasizing the problem areas identified in the gap analysis. The project facilitated two on-the-job trainings for TB and HIV specialists on management of TB/HIV cases for 38 physicians from Zaporizhzhia and Dnipropetrovsk oblasts.

#### **Activity 4.2: Ensure HIV testing for TB patients and effective referral of those found to be HIV positive.**

Per Task 4.2.1, as a result of the prior STbCU advocacy work, the head of the Zaporizhzhia oblast health department endorsed a regional order on improving collaboration between health-care facilities providing TB/HIV services. This order approved a list of members of the TB/HIV counseling board, a collaboration algorithm, and a template for minutes for TB/HIV case mortality review. Now all USAID-supported oblasts except Kyiv have orders on collaboration for health-care facilities providing TB/HIV services.

##### **ART Coverage**

In Odesa oblast ART coverage of TB/HIV co-infected patients in 2013 increased by 41 percent compared to 2012. Increased coverage and improved earlier ART administration led to an 8 percent decrease in mortality among TB/HIV patients in 2013 compared with 2012.

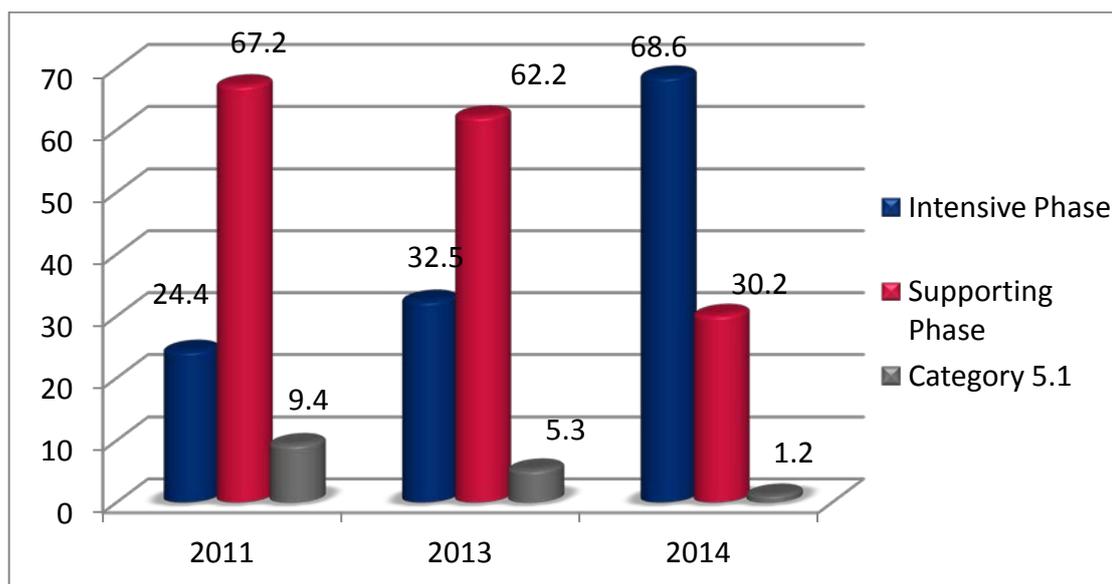
In Dnipropetrovsk oblast, ART coverage of TB/HIV co-infected patients in 2013 increased by 5 percent compared with 2012. Mortality of patients with TB/HIV in 2013 decreased by 6 percent compared with 2012.

STbCU evaluated proposals on improving access to TB/HIV co-infection services in penitentiary facilities, a pilot project in one USAID-supported region that will commence in the fourth quarter.

On June 12, the project organized a working meeting for 48 TB specialists on managing cases of TB/HIV co-infection, including elements of infection control, in Odesa. The project presented an analysis of effective ART coverage of TB/HIV patients. As a result of the discussions, participants agreed to improve PITC coverage of TB patients, early ART administration to TB/HIV patients, and quality of medical records maintenance in Odesa oblast. To increase knowledge-sharing, the meeting participants suggested conducting cluster working meetings involving TB and HIV specialists and healthcare administrators of several raions in the future.

To improve the timeliness of ART administration for TB/HIV patients in Odesa oblast, the project's TB/HIV specialist has focused on the issue during a number of activities conducted in 2012-2014, including working meetings, seminars, advocacy meetings, and mentoring visits. As a result of effectively planned advocacy work, administration of ART to TB/HIV patients in early stages of TB treatment in Odesa oblast has increased to 68.6 percent for the first six months of 2014, in comparison with 32.5 percent in 2013. (See Exhibit 8).

**Exhibit 8. Administration of ART to TB/HIV patients in Odesa oblast**



**Activity 4.3: Provide TB screening of HIV patients and referral to TB services for those with suspected cases of TB.**

Per Task 4.3.1, build on existing models to scale up TB screening and referral for HIV patients, STbCU tendered and evaluated proposals for improving access to TB/HIV co-infection services in penitentiary facilities, a pilot project in one USAID-supported region that will commence in the fourth quarter.

Per Task 4.3.2, to improve practices of local specialists on screening HIV patients and referral to TB services, the project held three meetings in Zaporizhzhia with a total of 47 specialists of AIDS centers and raion infection control offices to implement the system of interviewing HIV-positive people for TB clinical symptoms and referral for TB diagnosis. During the reporting period, the project also registered a significant improvement in the case detection rate. In total, case detection of TB by smear microscopy increased from 4.8 percent in the previous quarter to 6.4 percent in Quarter 3. This is a logical result of improved screening quality, as patients who were found to have symptoms other than cough were directed to screening chest X-rays or computer tomography, which is the most sensitive method for PLWH screening in these cases. At the same time, the coverage by X-ray screening increased from 61 percent in June 2013, when the project received the first results of the referral model, to 72.5 percent in this quarter, whereas the prevalence of smear-positive results increased from 4.8 percent to 6.4 percent, illustrating a reduction of the frequency of neglected cases.

### Exhibit 9. Key Objective 4 Accomplishments

LOP Expected Results	Accomplishments during the Reporting Period
Improve the capacity of local organizations provided with technical assistance for HIV and TB/HIV-related activities capacity.	38 TB and HIV specialists from Zaporizhzhia and Dnipropetrovsk oblasts received on-the-job technical assistance on TB/HIV patient management.
Improve the policy environment among local organizations to support HIV and TB/HIV-related activities.	Zaporizhzhia oblast health department endorsed a regional order on collaboration between healthcare facilities providing TB and HIV services. Now all USAID-supported oblast but Kyiv have orders on collaboration between healthcare facilities providing TB/HIV services.
Increase TB screening and referral model for HIV-positive patients implemented at USAID-assisted sites.	Preliminary results of the project-implemented referral model have been obtained: coverage by X-ray screening increased from 61 percent to 72.5 percent, whereas the prevalence of smear-positive results increased from 4.8 percent to 6.4 percent, illustrating a reduction of the frequency of neglected cases.

## B. BUDGET

### Quarterly Expenditure Report, Q3 FY 2014 (April-June, 2014)

The numbers in the table below reflect STbCU spending per category for this quarter, and show projected cumulative spending through the end of June 30, 2014.

### Exhibit 11: Project Spending for this Quarter

## C. SCHEDULES

Please Gantt chart in Annex B for this quarter's schedule implementation.

## D. CHALLENGES

The third quarter was the first full quarter that the project ceased all activities in Crimea, thereby preventing STbCU from reaching former beneficiaries of two project-supported regions. The continuing unrest in eastern Ukraine and overall uncertainty throughout parts of the rest of the country impacted some of STbCU's activities in other regions, resulting in rescheduled trainings

and mentoring visits, especially in or for project beneficiaries in Luhansk, Donetsk, Kharkiv, and Odesa oblasts. Additionally, the interim nature of the current government has resulted in numerous vacant or anticipated-to-be vacant positions within the project's main counterpart organizations of the MoH, State Service, and regional state administrations, resulting in delays to protocol adoption and key meetings.

To the extent possible, however, STbCU has applied a flexible approach that prioritizes the safety and security of project staff and beneficiaries.

Please see Annex B for more complete description of canceled or rescheduled activities.

## **E. PLANS FOR THE NEXT QUARTER**

Below are some planned activities for the next quarter.

### **At the national level:**

Continued technical assistance to the MOH to:

- Support working group on the revision of legislation to streamline national TB policies, guidelines, and regulations.
- Promote the development and adoption of TB IC guidelines in laboratories by the national TB IC expert group.
- Provide support to the MOH's and UCDC's M&E working groups.
- Provide support to the UCDC's Global Fund application.
- Participate in stakeholder collaboration initiatives.

### **In USAID-supported regions:**

- Continue educational activities on Stop TB, including trainings on TB detection and TB case management, TB IC, and TB/HIV referral. Workshops, seminars, and local working group meetings on DOTS, EQA, MDR-TB, TB-HIV, and PAL.
- Support routine supervision and mentoring visits to TB and PHC facilities, as well as laboratories of selected raions by a team of national and regional experts.
- Continue consultations with facilities and oblast government in Kryvyi Rih and Odesa regarding disposition of two GeneXpert machines to recipients.
- Promote STbCU's website among stakeholders.
- Launch small grants program for ACSM activities and operational research.
- Continue patient adherence activities through Red Cross grant.
- In cooperation with the USAID SIAPS project, provide support to TB facilities in improving data in the E-TB Manager.