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TB CARE I

TB CARE I - Kazakhstan

Year 3

Annual Report

October 1, 2012 –September 30, 2013

October 30, 2013

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List of Abbreviations

CAR	Central Asia Region
DOT	Directly Observed Treatment
DR-TB	Drug Resistant Tuberculosis
DST	Drug Susceptibility Test
EKO	East Kazakhstan Oblast
PIU GFATM	Project Implementation Unit of Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HRD	Human Resources Development
IC	Infection Control
MDR-TB	Multi-drug resistant Tuberculosis
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MoIA	Ministry of Internal Affairs
MTB	Mycobacterium Tuberculosis
NCTP	National Center for Tuberculosis Problems
NTP	National Tuberculosis Program
OR	Operational Research
OTBD	Oblast Tuberculosis Dispensary
RIF	Rifampicin
SES	Sanitary and Epidemiological Service
SLD	Second Line Drug
SOP	Standard operational procedure
TB	Tuberculosis
USAID	United States Agency for International Development
XDR-TB	Extensively Drug Resistant Tuberculosis
XpertMTB/RIF	Gene-molecular rapid diagnosis technology for TB and TB with rifampicin resistance detection

Executive Summary

The USAID-supported, five-year (2010 – 2015) TB CARE I project is implemented in Central Asian countries by KNCV Tuberculosis Foundation (KNCV). During the third project year, TB CARE I was implemented at the national level, through collaboration with the National TB center, and at oblast/municipal levels in Almaty city and Akmola and East Kazakhstan oblasts. TB CARE I is implemented in collaboration with NTP/MOH, the Prison Service, PIU GFATM, USAID The Quality Health Care Project and Dialogue on HIV and TB projects, and other local and international partners working in the field of TB control in Kazakhstan.

In Year 3, TB CARE I focused on six technical areas: Universal and early access, Laboratories, Infection control, PMDT, Health System Strengthening, and Monitoring and Evaluation, Operational Research. Key achievements from Year 3 are summarized below:

Universal access

- Political commitment secured in support of introduction of full outpatient care in Akmola region (order #402 from July 12, 2013 issued by the Ministry of Health). In comparison with 10% coverage last year, 23.3% of TB patients including children were put on outpatient care in Akmola oblast in Year 3.
- The outpatient care model of Akmola has already been recognized and utilized at the national level. The revised MoH decree draft #218 also mandates the administration of outpatient care nationwide for the first time, using the admission criteria developed by TB CARE I for its outpatient care pilot in Akmola oblast for further scale up countrywide.
- TB CARE I provided assistance for the development of normative IC regulations for the transportation of TB patients that will be the policy basis of the transport design and technical characteristics TB CARE I has provided assistance for the development of IC standards that inform the design and procurement of the new train cars for the transportation of prisoners.

Laboratories (GeneXpert implementation)

- The diagnostic algorithm for the use of XpertMTB/RIF and the SLD treatment protocol were incorporated into the revised national order on (DR) TB.
- Strong collaboration and coordination between TB CARE I project, NTP and Global Fund project allowed avoiding interruption in supply of GeneXpert cartridges in all Xpert sites. NTP appointed a coordinator on GeneXpert at the National Reference Laboratory who is responsible for data collection, maintenance and supply. All TB CARE I procured cartridges were used before the expiration date.

Programmatic Management of Drug Resistant TB

- As a result of TB CARE I support, 85% (24/28) in Akmola and 60% (41/60) in EKO of MDR TB patients have completed the full course of MDR TB treatment regimen and have a negative sputum culture. In comparison with the last year, MDR TB patients who have completed the full course of MDR TB treatment regimen increased up to 25% in Akmola and up to 20% in EKO.
- The newly updated directives of MoH (Order # 218) on drug-resistant TB control are in line with the latest WHO recommendations. TB CARE I staff were involved in the process of revising and adjusting these policies.
- The 10 PMDT protocols developed by TB CARE I were approved by NTP in March 2013. TB doctors from general and prison services use the protocols in practice.
- TB CARE I provided technical assistance in the revision and updating of the national guideline on MDR TB and developing the XDR TB protocol. By the end of the year, these policies will be submitted to MoH for approval.
- The WHO compendium "Best practices in prevention, control and care for drug resistant tuberculosis" was published in September 2013, included the publications (1) Kazakhstan. Implementation of GeneXpert; (2) Kazakhstan. Psychosocial patient support; and (3) Kazakhstan. Policy, legislation and guidelines for TB, developed with support of TB CARE I.

M&E, Operational Research

- The online TB electronic information system for prison system was developed in August 2013.

Introduction

In Kazakhstan, TB CARE I project is implemented by KNCV Representative Office for Central Asia in two out of 14 oblasts of Kazakhstan – Eastern Kazakhstan and Akmola oblasts, with select interventions at the national level to support the development of national protocols and guidelines. In APA3, \$1,189,000 was obligated to support TB CARE I program in Kazakhstan.

In year 3 the TB CARE I program worked in following six technical areas:

TB CARE I activities were implemented in close collaboration with NTP, Prison Service, GFATM project and other USAID projects (Quality Health Care Project and Dialogue on HIV and TB). Regular partners meetings have been conducted by TB CARE I with USAID Quality Healthcare and Dialogue Projects on HIV and TB to coordinate and plan activities and share information. TB CARE I also conducted regular meetings with NTP and PIU GF project to synchronize activities.

Core Indicators

TB CARE I has seven core indicators that the program as a whole is working to improve across all countries. Table 1 summarizes the core indicator results across the life of the project for TB CARE I Kazakhstan. Results for 2013 will be reported on next year.

Table 1: TB CARE I core indicator results for <Kazakhstan>

Indicators	2010 (Baseline)	2011 (Year 1)	2012 (Year 2)
C1. Number of cases notified (all forms)	15643	14396	13763
C2. Number of cases notified (new confirmed)	4926	4305	4053
C3. Case Detection Rate (all forms)	31,5%	29,9%	29,4%
C4. Number (and percent) of TB cases among HCWs	198 (1%)	182 (1%)	175 (1%)
C5. Treatment Success Rate of confirmed cases	62%	60.8%	61.3%
C6. Number of MDR cases diagnosed	7336	7386	7608
C7. Number of MDR cases put on treatment	5740	5311	6525

TB CARE I initiated and facilitated the revision of diagnostic and clinical protocols for effective use of GeneXpert technology and initiation of treatment, based on the result of XpertMTB/RIF test. More information about key results can be found in the laboratory section below.

Summary of Project Indicators and Results

Table 2: TB CARE I- <Kazakhstan> Year 3 indicators and results

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline or Y2 (timeframe)	Target	Result	Comments	
				Y3	Y3		
Universal Access							
1.2	Increased quality of TB services delivered among all care providers (Supply)	1.2.11 Protocol on outpatient care developed and introduced in Akmola oblast		No	Yes	Yes	
		1.2.12. Number of (MDR) TB patients put on outpatient care in Akmola oblast	Proportion of (MDR) TB patients put on outpatient care Indicator Value: percentage Level: Akmola oblast Numerator: Number of (MDR) TB patients put on outpatient care Denominator: Total number of (MDR) TB patients put on treatment	10%	20%	651/1952 (33,3%)	Data of cohort analysis for 2012 (Jan - Dec): 32% (or 500) patients including MDR-TB put on outpatient care (from registered 1534 patients). Data of cohort analysis for 2013 (Jan - June): 20% (or 151) patients including MDR-TB put on outpatient care (from registered 418 patients).
Laboratories							
2.3	Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.2 Rapid tests conducted	Number of conducted rapid tests in pilot sites	NRL - 100; Almaty - 150; EKO - 150; Akmola - 100	NRL - 1400; Almaty - 1350; EKO - 1350; Akmola - 1400	NRL -2515; Almaty - 1935; EKO -1687; Akmola - 1436	Total number of tests from all TB CARE I sites exceeded the target 37.7% (2,073).

		2.3.3 Patients diagnosed with GeneXpert		Rif resistant: NRL - 16 (15%); Almaty - 49 (35%); EKO - 24 (24%); Akmola - 18 (37%)	Rif resistant: NRL - 630 (45%); Almaty - 675 (50%); EKO -620 (46%) ; Akmola - 560(40%)	Rif resistant: NRL – 43.4% (425/979); Almaty – 47% (263/559); EKO – 48% (338/705) Akmola – 48% (331/692)	The detection rate for Rif resistant cases in NRL and Almaty city was below the target due to the fact that NRL and Almaty city tested more cases with presumptive TB. In the period of August 2012-May 2013 697 patients from 1048 patients with Xpert result MTB+ RIF resistant were put on SLD treatment (66,5% of all detected during the same period). The highest coverage of SLDs treatment of MTB+ RIF resistant cases was observed in Akmola oblast 88% (231/263) and East Kazakhstan oblast 89% (263/296) during the same period (August 2012-May 2013).
Infection Control							
3.4	Improved TB-IC human resources	3.4. 1 Specialists trained to be TB-IC trainers	16 specialists trained to be TB-IC trainers Indicator Value: number Level: Akmola, East Kazakhstan oblast Source: TB CARE I report	0	16	16	This activity is proposed for cancellation due to the fact that a similar TOT was conducted at the very end of APA2. No additional training is deemed necessary in APA3. This is a Year 2 result.
		3.4.2 Number of specialists trained in TB IC Indicator Value:	Number of specialists trained in TB IC Indicator Value: Number	Akmola: 0 East Kazakhstan: 0	Akmola: 15 East Kazakhstan : 20	Akmola: 15 East Kazakhstan: 23 10 specialists	15 participants from ten TB facilities (12 females, 3 males) and 10 specialists from the prison sector (9 females, 1 male) were

		Number Level: Akmola and East Kazakhstan oblasts Source: TB CARE I report	Level: Akmola and East Kazakhstan oblasts Source: TB CARE I report			from prison	trained in EKO and 23 participants from six TB facilities, including one SES specialist, were trained in Akmola (14 males, 9 males)
Programmatic Management of Drug-Resistant TB (PMDT)							
4.1	Improved treatment success of MDR TB	4.1.5. XDR TB protocol on diagnostic, treatment and care developed	XDR TB protocol on diagnostic, treatment and care developed Indicator Value: Yes/No Level: National	No	Yes	Yes	
		4.1.6. MDR TB Guideline revised	MDR TB Guideline revised Indicator Value: Yes/No Level: National	No	Yes	Yes	
		4.1.3. MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture	Proportion (MDR) TB prisoners continued treatment in civic TB service after release Indicator Value: percentage Level: Akmola, East Kazakhstan oblasts Numerator: Number of (MDR) TB prisoners continued treatment after release in project sites Denominator: Total number of (MDR) TB prisoners released before treatment	50 percentage in Akmola 40 percent in EKO	60 percentage in Akmola 50 percent in EKO	Akmola 85% (24/28); EKO 60% (41/60)	

			completion				
Health System Strengthening							
6.2	TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery	6.2.2 People trained using TB CARE funds	Number of people trained using TB CARE funds	7	8	6	Two nurses from Akmola and East Kazakhstan oblasts have not been trained at the annual TB training course for nurses in Tartu, because organizers cancelled the training as there were not a sufficient number of participants.
Monitoring, Evaluation & Surveillance							
7.1	Strengthened TB surveillance	7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	Number of TB colonies using electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	0 TB colonies exchange TB surveillance data with civil sector	6 TB colonies exchange TB surveillance data with civil sector	6 TB colonies exchange TB surveillance data with civil sector	
7.2	Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.2 NTP provides regular feedback from central to intermediate level	Number of TB colonies provides regular feedback from central to intermediate level	0 TB colonies exchange TB surveillance data with civil sector, without involvement of national centers	6 TB colonies exchange TB surveillance data with civil sector, without involvement of national centers	6 TB colonies exchange TB surveillance data with civil sector, without involvement of national centers	
7.3	Improved capacity of NTPs to perform operations research	7.3.1 OR studies completed	Number of OR studies completed	0	2	2	
		7.3.2 OR study results disseminated	Number of OR study results disseminated	0	1	1	

Universal Access

Under this technical area TB CARE I supported the introduction of the outpatient care model with the focus on psychosocial patient support in Akmola region. Another area for intervention was on integrated TB management in prisons in Akmola and East Kazakhstan oblasts, with a focus on MDR TB. At the same time, continuum of care for ex-prisoners with TB in general TB services in pilot regions of Akmola and East Kazakhstan oblasts has been monitored and supported.

Key Results

- Protocol on outpatient care model and psychosocial patient support for Akmola oblast developed and approved by local government. The piloting of the model is supported by the MOH order #402 of July 2013.
- On-going implementation of the outpatient care model in Akmola region through reduction of in-patient beds, promotion of outpatient care delivery options, saving in-patient funds to support outpatient care program, DOT provision and patient support.
- Thanks to political commitment and ongoing implementation of outpatient care, the proportion of (MDR) TB patients put on outpatient care increased for 23,3% this year in comparison with the 10% of 2011: data of cohort analysis for 2012 (Jan - Dec): 32% (or 500) patients including MDR-TB put on outpatient care (from registered 1534 patients), data of cohort analysis for 2013 (Jan - June): 20% (or 151) patients including MDR-TB put on outpatient care (from registered 418 patients).
- Akmola regional training center established and can certify its courses as a branch of the National training Center of NTP (the MoH order #402 from July 12, 2013).
- Developed TB-IC standards for transportation of prisoners as part of the government proposal for the design of new train cars.

Challenges

- At the request of NTP, the workshop in Akmola oblast to discuss the interim results on outpatient care is canceled and will be combined with another activity in APA 4.

Next steps

- Introduction of full outpatient care model at the national level (via national workshop with participation of relevant specialists from the MoH, managers of all regional TB facilities and NTP) to share experience of Akmola region for further scales up across the country.
- Continuation of TB CARE I technical assistance to Akmola region in implementation of full outpatient care around the region through supervision and monitoring visits and conducting additional trainings for specialists of TB and PHC services.
- At the second stage of implementation of outpatient care, TB CARE I will promote the provision of outpatient care to the neighboring oblast of East Kazakhstan, building on the strong progress made there through TB CAP project on establishing an effective patient support system.

Photos 1-4. Training on outpatient care & patient support in Akmola region (Kokshetau city, March 28-29, 2013)



Pic 1. TB doctor, NGO representative, and PHC manager discuss a case study on patient support



Pic 2. Childhood TB doctor is leading a small group discussion on TB IC measures within home based DOT



Pic 3. The training center of the Akmola regional TB Dispensary. The deputy chief doctor and M&E specialist discuss the recording and reporting scheme on outpatient care and treatment support



Pic 4. Participants from the district level (PHC manager, manager & PHC manager) discuss advocacy issues in working with the government

Success story



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CASE STUDY

Improved Conditions Reduce TB among Prisoners

USAID works with national agencies to improve health conditions in prisons



Participants during the workshop on TB services in prisons

Gulnara Myrzaly, Prison Service, Astana

“Improved conditions for the transport of prisoners, that is, using proper infection control measures, will reduce the burden of TB among the entire prison population nationwide.”

Norman Bishop, former Head of Research at the Swedish Prison and Probation Administration

The Kazakhstan Prison Service initiated a reorganization of its tuberculosis (TB) program in September 2012. The goal is to reduce the incidence of TB among prisoners by 2015. In 2012, 941 new TB cases per 100,000 population were notified, as compared to 81 in the general population that same year.

As part of the reorganization process, the Prison Committee coordinated health care services and identified the transportation of prisoners as a priority for improvement. There are significant challenges associated with the transfer of prisoners from one location to another, especially prisoners with TB. Overcrowded train cars pose a high risk for infection. For example, last year, three security guards contracted TB on the job. The Government of Kazakhstan asked the Prison Service to design special train cars to transfer prisoners and to develop associated infection control standards.

To address the request from the Prison Committee, the USAID TB CARE I project has provided assistance for the development of new policy documents, including infection control standards to transport the prisoners. The document includes design specifications and technical characteristics for procurement of the special train cars. In 2013, USAID facilitated several working group meetings that have engaged key representatives from Ministry of Health, Ministry of Economy, the convoy department of the Ministry of Internal Affairs, the Republican Sanitary and Epidemiology Department and the Kazakhstan Railway Company.

In February, USAID participated in a meeting with all stakeholders to draft the design specifications for the train cars. Later, USAID organized the follow-up working group meeting with representatives from the above-mentioned agencies to discuss next steps on TB services in prisons. The expert group of epidemiologists prepared a draft on infection control regulations for transportation of prisoners and presented it to government in July 2013.

As a result of this work, the infection control policy regulations were adopted. USAID continues to collaborate with national agencies to make sure that these interventions will greatly improve infection control measures in the country and in particular health conditions among prisoners.

Laboratories

TB CARE I plays a lead technical role in implementation of GeneXpert MTB/RIF technology in Kazakhstan. Since 2013 three projects (PIU GF, EXPAND TB, TB CARE I) are involved in GeneXpert implementation in Kazakhstan. In total 13 GeneXpert machines (four machines procured via TB CARE I and nine machines via PIU GF) are used in the country. Additional 6 GeneXpert machines will be procured through EXPAND TB project by December 2013.

As of now, all the Xpert sites in the country use the diagnostic algorithm and clinical protocol developed by the TB CARE I consultants. In order to better coordinate supply of cartridges and Xpert reporting, NTP director appointed the national coordinator on GeneXpert. The national coordinator uses the reporting forms introduced by TB CARE I project.

Key Results

- TB CARE I developed reporting form on use of XpertMTB/RIF was accepted by the NTP and used for other Xpert sites supported by GF project. Now all 13 sites report in that format and submit data to the NRL.
- Transportation systems in project sites were adjusted to account for transportation of samples from prison through the general TB service. Since April 2013 the number of samples from prison system has increased by four times.
- Due to regular monitoring and supervision in the TB CARE project sites (NRL, Almaty city TB Dispensary, Akmola Oblast TB dispensary and East Kazakhstan TB dispensary) the Xpert machines were successfully operating in APA3. The laboratory technicians followed the SOPs. Total number of tests from all TB CARE I sites exceeded the target 37.7% (2,073) in comparison with the last year.
- Due to TB CARE I support in pilot sites (Akmola and East Kazakhstan oblasts), 494/559 patients that were diagnosed as MTB+ RIF resistant using GeneXpert were put on SLD treatment (88,3% of all detected during the same period).

Challenges

- Transportation of samples in winter time in Akmola and East Kazakhstan was interrupted because of weather conditions. Therefore, the number of performed Xpert tests in EKO and Akmola didn't reach the project target.
- Selection of patients eligible for XpertMTB/RIF testing were sometimes not properly made, therefore the MTB positivity rate and RIF resistance rate in NRL and Almaty were below the target. Most of PHC doctors, HIV services were not trained in clinical aspects of Xpert MTB/RIF. Because of high workload (scale up of GeneXpert to 9 new sites via GF), the national specialists trained by TB CARE I consultants to be Xpert trainers couldn't provide extensive trainings in all pilot sites.
- Since pre-trial detention facilities did not have official permission to start SLD treatment, in some regions TB doctors could not start treatment for patients with confirmed MTB+ RIF resistant results. In East Kazakhstan however, a TB doctor from pre-trial detention facility arranged SLD treatment via OTBD.
- Most medical workers in Xpert sites were not good computer users. Additionally, most of the computers in the sites were outdated and need to be replaced.

Next steps

- Additional training on the practical use of GeneXpert for clinicians from prison TB service, PHC and HIV service.
- Strengthening local capacity for GeneXpert maintenance and troubleshooting, planning and budgeting through the workshops.
- Revision of National GeneXpert strategy based on the lessons learnt from TB CARE I and GF GeneXpert sites
- Supportive supervision and monitoring in TB CARE I sites.

Infection Control

TB CARE I helped develop TB-IC activity plans for the TB facilities in Akmola and EKO and trained TB service, Prison Service and SES representatives in modern TB-IC standards.

Key Results

- Due to trainings and constant monitoring visits to project sites, ten TB facilities in Akmola oblast and EKO assigned TB-IC responsible persons and developed TB-IC activity plans for 2013.
- TB CARE I procured and supplied TB facilities in the Akmola oblast and EKO with fit-testing apparatus, anemometers and smoke tubes for TB-IC measurements.

Challenges

- There is a delay in adoption of the National TB IC Guideline due to longer than expected review of the draft guideline by NTP.

Next steps

- TB CARE I will provide technical assistance on revision of SES national regulatory TB-IC documents.
- TB CARE I will assist the TB facilities of EKO and Akmola oblast with development of TB-IC activity plans for the year of 2014.
- TB CARE I will provide supervision and monitoring of the TB-IC activity plans implementation in the TB facilities of EKO and Akmola oblast in 2014.

Photos 5-8.



Pic 5. TB IC training in Kokshetau, June 4-6, 2013



Pic 6. On-the-job trainings in Akmola oblast, July 1-5, 2013



Pic 7. On-the-job training in East Kazakhstan oblast, August 25-30, 2013



Pic 8. On-the-job training in East Kazakhstan oblast, August 25-30, 2013

Programmatic Management of Drug Resistant TB (PMDT)

At the national level, TB CARE I provided technical assistance to NTP in preparation of updated policies focusing on all aspects of TB and programmatic management of drug resistance TB.

Key Results

Regular support in utilization of new MDR regulations has been provided at the national level and in pilot sites in Akmola and EKO.

TB CARE I organized a national level training course for 30 TB pediatricians on management of TB (DR TB) in children in Almaty in September. PMDT protocol on management of TB in children developed within TB CARE I project has been introduced during the training course.

As a result of TB CARE I support, 85% (24/28) in Akmola and 60% (41/60) in EKO of MDR TB patients have completed the full course of MDR TB treatment regimen and have a negative sputum culture. In comparison with the last year, MDR TB patients who have completed the full course of MDR TB treatment regimen increased up to 25% in Akmola and up to 20% in EKO.

Challenges

The existing regulatory system through MOH orders is cumbersome as new clinical recommendations take months, if not years, to become official policies. Local practitioners are well informed about the latest evidence, but often times they are not part of the official regulatory framework unless adopted into a MOH order.

Next steps

Training modules will be developed on TB, XDR and MDR TB. NTP staff will be trained at an advanced TOT on comprehensive programmatic approach and clinical management of drug resistant TB to ensure ongoing trainings nationwide.

Photos 9-10. The national level training course was conducted for 30 TB pediatricians on management of TB (DR TB) in children in Almaty on September 9-13, 2013



Health System Strengthening (HSS)

In HSS, TB CARE I provided professional development opportunities for TB professionals (MDR TB training in Tartu, Estonia and Infection Control in Vladimir, Russian Federation).

Key Results

- TB CARE I supported participation of two epidemiologists from oblast TB dispensaries Akmola and East Kazakhstan oblasts in international training course on TB IC in Vladimir, Russia on March 1-5, 2013.
- TB CARE I sponsored participation of four participants from general and prison TB services of Akmola and East Kazakhstan oblasts in the international TB course in Tartu, Estonia, on August 14-22, 2013.

Challenges

- Since International course on Tuberculosis for nurses in Tartu, Estonia (April 22-26, 2013) have been cancelled by organizers due to insufficient number of participants, two nurses from Akmola and East Kazakhstan oblasts had no opportunity to participate.

Next steps

- All specialists participated at the training courses will exchange of knowledge and experiences on tuberculosis control with peers and partner organizations.
- TB CARE I will continue to send specialists from general and prison TB services from Kazakhstan to international trainings and conference in APA4 to strengthen cooperation among different players in TB control to tackle the epidemics at the regional and national levels.

Monitoring & Evaluation, Surveillance and OR

TB CARE I supported a number of initiatives under M&E, including the development of the national M&E plan and online TB electronic software for prison system, as well as protocol for operational research to strengthen capacities of NTP to conduct operational research.

Key Results

- TB CARE I supported the development of the online TB electronic information system for the prison system. In the Medical Department of the Central Prison Committee, 16 regional prison system departments in Astana and Almaty and 32 prison TB institutions are able to enter and access data through the system.
- National M&E plan has been developed and adopted by NTP.
- TB CARE I developed a tool for the evaluation of the psychosocial profile of TB patients and a list of indicators for monitoring the patient support system that will be incorporated into the National TB Electronic Data Register.
- The project conducted an operational research on evaluation of effectiveness of psychosocial patient support in East Kazakhstan. The final report will be presented to NTP in early APA4.
- To support the implementation of Xpert MTB/RIF in Kazakhstan TB CARE I conducted operational research 'Evaluation of Xpert piloting in Kazakhstan'. The final report will be presented to NTP by the end of November 2013.
- Two articles on conducted research projects were published: A manuscript with the title, "Psychosocial support improves treatment adherence among MDR-TB patients: experience from East Kazakhstan" was published in January 2013 in the Open Infectious Diseases Journal #7, (Suppl. 1:M1), p. 1 - 5, G. Kaliakbarova with co-authors (local partners from East Kazakhstan). A manuscript with the title "Converging risk factors but no association between HIV infection and multidrug-resistant tuberculosis in Kazakhstan" was published in the International Journal of Tuberculosis and Lung Disease, Volume 17, Number 4 - April, 2013. Authors S. van den Hof, A. Tursynbayeva with co-authors from NTP.

Next steps

- At the end of January 2014 the "Medinform" (local software Developer Company) will transfer all data base of TB colonies and pretrial detention centers to the general TB service electronic software.

Photo 11

Participants from GF and the National TB Center from Kazakhstan and NTP of Uzbekistan discuss M&E plans

