



TB CARE I

TB CARE I - Kazakhstan

**Year 4
Quarterly Report
April – June 2014**

July 31, 2014

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1. Quarterly Overview

Country	Kazakhstan
Lead Partner	KNCV
Coalition Partners	N/A
Other Partners	NTP, PIU GF, QHCP, Dialogue
Workplan Timeframe	October 1, 2013 – December 31, 2014
Reporting Period	April – June 2014

Most Significant Achievements:

- GeneXpert maintenance plan has been finalized with technical support of Sanne van Kampen, KNCV Consultant on laboratory services, and submitted to NRL for incorporation in the new TB order.
- Thanks to political commitment and ongoing implementation of TB CARE I outpatient care model, the proportion of (MDR) TB patients put on outpatient care increased to over 50% this year in comparison with only 10% in 2011: for Jan-Mar 2014 in Akmola region – 51.6% (128 of 248 registered patients) and in East Kazakhstan region – 56.7% (140/245) were put on outpatient care.
- With ongoing technical assistance of TB CARE I to the prison TB program in Akmola region 95% of MDR-TB patients in prisons have been put on SLD treatment (42 of 44 diagnosed MDR-TB patients) – 86.2% (94 of 109) in EKO and 96% (32 of 33) in NKO.
- With support of TB CARE I the PMDT cross-study visit has been conducted in CAR region programs for delegations from three countries (from Tajikistan, Kazakhstan and Kyrgyzstan) to learn best practices in programmatic management of (MDR) TB. The delegation from Kazakhstan learned from the best practices in other programs of CAR on GeneXpert, clinical approaches and outpatient care (including patient support), organization of sample transportation, and use of technology for provision of medical counseling service from national to province level - all in the context of limited resources. At the final meeting the KZ country team developed a plan of next steps to translate the learned practices into the field program.
- With TB CARE I support, two one-day PMDT workshops were conducted in East Kazakhstan, with involvement of key management staff from the region. As a result of the event the main recommendations were developed outlining actions to improve tools for realization of the outpatient care objective of the National Strategy Plan (approved in May 2014). The recommendations included the necessary criteria and activities on how:
 - to ensure uninterrupted treatment of TB patients, M/XDR-TB
 - to improve IC measure's implementation
 - to provide quality psycho-social support for TB patients
 - to ensure standard approaches to providing social support for TB patients
 - to keep patients under social assistance approaches

Technical and Administrative Challenges:

- Limited capacity for training on clinical aspects of GeneXpert use at the national level led to ineffective use of this technology in terms of capacity and appropriateness.
- Changes at the management level of TB control program in the pilot (East Kazakhstan) required additional efforts and time to get data for operational research.
- The current legal framework does not allow for fast implementation of full outpatient care. There is no mechanism to retain funds for TB care after reduction of TB beds.
- Legalization of revised TB policy documents is a time-consuming process.

2. Year 4 Technical Outcomes and Activity Progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results to Date ¹	Comments
1.2.11	<i>National policy document on outpatient care introduced at national level</i>	NO	National policy document on outpatient care introduced at the national level	Ministry of Health and National TB Program took Akmola pilot as a model for scale up in the country and included in the Kazakhstan National Strategic Plan for 2014 – 2020 (approved in May 2014)	
1.2.12	<p><i>Percent of (MDR) TB patients put on full outpatient care in Akmola and East Kazakhstan regions</i></p> <p>Numerator: Number of (MDR) TB patients put on outpatient care</p> <p>Denominator: Total number of (MDR) TB patients put on treatment</p>	<p>Akmola oblast – 82 patients put on full outpatient care for Jan-June 2013 (or 14% from all TB/MDR-TB);</p> <p>East Kazakhstan oblast – 0</p>	<p>Akmola oblast – 30%;</p> <p>East Kazakhstan oblast – 10%</p>	<p>Akmola region – Data of cohort analysis for 2014 (January - March): 51,6% (or 128) patients including MDR-TB put on outpatient care (from registered 248 patients)</p> <p>East Kazakhstan region (data for Semey and Oskemen cities) – Data of cohort analysis for 2014 (January - March): 56,7% (140 out of 245 registered patients) patients including MDR-TB put on outpatient care</p>	

¹ If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

1.2.13.	<i>Percent of MDR TB patients in prisons put on SLD treatment</i> Numerator: Number of MDR TB patients in prisons put on SLD treatment Denominator: Total number of diagnosed MDR TB patients		60% in 2012	85% MDR TB patients having adequate treatment in Akmola, East Kazakhstan and North Kazakhstan oblasts	Akmola region – 95% (42 MDR TB patient put on SLD treatment out of 44 diagnosed MDR TB patients) EKO – 86,2% (94 of 109) NKO – 96% (32 of 33)	Official data is not ready yet. These data will be presented in the following report.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of End of Quarter	Planned Month		Status ²
				Start	End	
1.2.1.	KNCV	Introduction of the national policy document (new provisions of MOH order 218) on outpatient care at the national level	<p>Since the approval of MoH order 218 has been postponed, and taking into account the newly developed national TB/MDR/XDR-TB complex plan for 2014 – 2020, the activity was redesigned into the national workshop on introduction of full outpatient care based on results of full outpatient care piloting in Akmola region.</p> <p>For the period of November 20-22, 2013, TB CARE I Regional Technical Officer Gulnara Kaliakbarova, with support of TB CARE I regional staff (Country Director for Kazakhstan/Regional Senior TB Advisor, Regional M&E Officer, Regional Technical Director and Regional IC Officer) and KNCV HQ Senior Epidemiologist and KNCV HQ HRD Consultant conducted a three-day workshop in Astana to gather key specialists from the MoH, NTP (central level and chief doctors from all TB dispensaries and Akmola region team (60 participants, 32 females, 28 males) to share Akmola region’s results of implementation of full outpatient care and identify next steps for enhancing outpatient care of TB/MDR-TB patients, expanding full outpatient care through the entire country. The MoH and NTP fully</p>	Nov 13	Feb 14	Completed

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

			<p>supported the pilot results. The newly developed National Strategic TB Plan for 2014-2020 will promote a scale-up of Akmola pilot experiences to the entire country, which is already supported by the draft MoH's order 218, to be signed in early 2014.</p> <p>Output:</p> <ul style="list-style-type: none"> • Conducted a workshop in Astana to discuss comprehensive outpatient care and psychosocial support models that increase patients' commitment to treatment. • Developed a set of recommendations to expand the outpatient model of care throughout the entire country. 			
1.2.2.	KNCV	Monitoring and supervision visits to Akmola oblast to support administration of outpatient care across the Akmola oblast	<p>For the period of October 27–November 2, 2013, Regional Technical Officer and Chief Doctor of Akmola region conducted monitoring and supervision visits across the Akmola oblast to support administration of outpatient care. As a next step, Akmola region started implementing full outpatient care at PHC facilities at district level. Mission findings and recommendations were developed and discussed with Akmola team.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> • Supportive supervision visit conducted and set of recommendations on the implementation of outpatient care and provision of TB patient support (based on mission findings and results) developed. • Conducted on-the-job training on the provision of psychosocial patient support for those involved with providing patient support (psychologists, social workers and DOT nurses.) • Discussed with TB service managers were the data collected on outpatient care and patient support (actual collected data and additional relevant data) in preparation 	Oct 13	Sep 14	Completed

			<p>for a workshop on lessons learned and to draft a protocol on operational research on outpatient care. Agreed to agenda and prepared outlines for presentations and discussion on the forthcoming national workshop on introduction of full outpatient care based on pilot experience of Akmola oblast.</p> <p>For the period of May 19-23, 2014, Regional Technical Officer conducted monitoring and supervision visits to Akmola oblast.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> • Akmola region started implementing full outpatient care at PHC facilities at district level • Akmola Regional WG is working on the next step for the reduction of in-patient TB beds (till the moment 37% TB in-patient beds already reduced) • Ministry of Health and National TB Program took Akmola pilot as a model for scale up in the country and included in the Kazakhstan National Strategic Plan for 2014 – 2020 (approved in May 2014) • Operational research on evaluation of effectiveness of full outpatient care in the region has been started 			
1.2.3.	KNCV	Training on outpatient care and patient support in Akmola oblast	<p>Training on full outpatient care and patient support in Akmola oblast conducted in March 4–5, 2014. Training topics included administrative, clinical and organizational aspects in TB management in outpatient care settings, patient adherence to treatment and patient support. Specialists of Akmola TB program (trained as trainers) co-facilitated the event</p> <p><u>Output:</u> Twenty specialists of Akmola region (females -16 and males - 4) from TB/PHC and SES services from urban and</p>	Feb 14	Apr 14	Completed

			rural levels trained according to the WHO policy and new policy documents.			
1.2.4.	KNCV	Training on outpatient care and patient support in East Kazakhstan oblast	<p>Set of trainings on full outpatient care and patient support in East Kazakhstan oblast conducted in March 13 - 20, 2014. Training topics included administrative, clinical and organizational aspects in TB management in outpatient care settings, patient adherence to treatment and patient support. Specialists of Akmola and EKO TB programs (trained as trainers) were involved in the event as co-facilitators.</p> <p><u>Output:</u> Fifty eight specialists from EKO (females - 53 and males - 5) from TB/PHC and SES services from urban and rural levels trained according to the WHO policy and new policy documents.</p>	Nov 13	Feb 14	Completed
1.2.5.	KNCV	Monitoring and supervision visits on outpatient care in East Kazakhstan oblast	<p>For the period of October 20-26, 2013, Regional Technical Officer and key specialists of East Kazakhstan region conducted monitoring and supervision visits across the oblast to asses practice on outpatient care, identify needs and capacity, support administration of outpatient care. Mission findings and recommendations have been developed and discussed with EKO team.</p> <p>Output:</p> <ul style="list-style-type: none"> • Supportive supervision visit and a set of recommendations on the implementation of outpatient care and provision of TB patient support (based on mission findings and results) developed. 	Jan 14	Sep 14	Completed
1.2.6.	KNCV	Coordination meeting with Prison Service on the implementation of TB control reorganization plan in prisons for 2012-2015	Due to prison authorities stopped re-organization of prison system this activity have been reprogrammed. This activity was conducted within the frames of act.1.2.7, since development of instruction on clinical management of TB patients during transportation	Mar 14	Jun 14	Cancelled

1.2.7.	KNCV	Development of regulation (instruction) on clinical management of TB patients during transportation	The draft of the instruction document was developed in March, 2014, and finalized at the following TWG meeting in June 12-13, 2014 at TWG meeting in Astana (total 12 participants: 6 male and 6 female). Outputs: The draft policy regulation (instruction) on clinical management of TB patients is developed and submitted to NTP/MoH/MoIA	Mar 14	Jun 14	Completed
1.2.8.	KNCV	Training for convoy staff on personal IC prevention measures during transportation	Thirty participants (30 men from convoy service of MoIA) were trained in two, one-day trainings on March 4-5, 2014. Knowledge of the participants was increasing from 48% at pre-test to 78% at post-test. Outputs: The convoy staff escorted the prisoners during transportation introduced to main approaches for IC prevention measures	Nov 13	Mar 14	Completed

2.2 Laboratories

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results to Date	Comments
2.3.2	Rapid tests conducted		NRL - 1,400 Almaty - 1,350 EKO - 1,350 Akmola - 1,400	NRL - 1,920 Almaty - 1,920 EKO (Oskemen) - 1,440 Akmola - 1,920	NRL - 940 Almaty - 672 EKO (Oskemen) - 709 Akmola - 595	Cumulative data for the period Jan - Jun 2014
2.3.3	Patients diagnosed with GeneXpert		TB NRL - 630 (45%) Almaty - 675 (50%) EKO - 620 (46%) Akmola - 560 (40%)	TB NRL - 922 (48%) Almaty - 1018 (53%) EKO - 691 (48%) Akmola - 864 (45%)	NRL - TB 381 (42%), RIF 178 (47%) Almaty - TB 109 (16%), RIF 39 (36%) EKO (Oskemen) - TB 284 (41%), RIF 149 (52%) Akmola - TB 313 (57%), RIF 140 (45%)	Cumulative data for the period Jan - Jun 2014; presumptive MDR-TB patients are the focus for Xpert.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status (pending, ongoing, completed, postponed, cancelled)
				Start	End	

2.3.1.	KNCV	Development of Xpert MTB/RIF maintenance plan	Upon the request of NTP, the Xpert maintenance plan was developed. Maintenance plan have been accepted by the NRL.	Oct 13	Nov 13	Completed
2.3.2.	KNCV	Training in Xpert MTB/RIF maintenance and troubleshooting, planning and budgeting	Workshop on maintenance and troubleshooting was conducted on April 9 – 10 by Sanne van Kampen, Technical Officer on Laboratories, KNCV CO. 21 Laboratory specialists from 19 Xpert sites participated in the workshop. (Male - 1 and female - 20)	Dec 13	Mar 14	Completed
2.3.3.	KNCV	Supportive supervision and monitoring of Xpert MTB/RIF implementation in the country	One mission was conducted to Oskemen, EKO as a part of the USAID assessment mission on December 18-20, 2013. Mission was conducted by TB CARE I Country Director/Regional Senior TB Advisor and Regional Program Support Officer. Supervision visit planned in the Quarter 1 to Akmola postponed upon request of pilot site. Supportive supervision visits to EKO and Akmola Oblast were conducted by Svetlana Pak and Nelly Perevertova on April 2 – 5. During the mission Nelly Perevertova provided maintenance support in Akmola. She fixed the problem with software. The last supportive supervision visit will be conducted in September	Oct 13	Sep 14	On-going
2.3.4.	KNCV	Meetings to review progress of Xpert MTB/RIF implementation in the project sites	The meetings on review progress of Xpert implementation will be conducted during supportive supervisions visit in September 2014.	Mar 14	Sep 14	On going
2.3.5.	KNCV	Revision of the national Xpert MTB/RIF strategy	Preparation for the National meeting on implementation of Gene Xpert for 19 Gene Xpert sites started in May. The next meeting is planned in July.	Jul 14	Sep 14	Ongoing
2.3.6.	KNCV	Refresher trainings on clinical aspects of Xpert MTB/RIF for clinicians of TB and PHC services in TB CARE I sites	Completed in Quarter 2: On March 6, 2014 one-day training was conducted for districts' TB doctors and PHC doctors in Akmola Region (total participants 23 (7 males and 16 females). On March 12, 2014 one-day training was conducted for nurses, a total of 18 participants (one man and 17 women) were involved in the training in Oskemen (EKO).	Nov 13	Sept 14	On going

			<p>This training was combined with PMDT training. Both trainings were facilitated by Svetlana Pak, TB CARE I Regional Senior TB Advisor together with specialists from the regional TB services.</p> <p>The next training will be conducted in Akmola in September during supportive supervision visit.</p>			
2.3.7.	KNCV	Trainings on clinical aspects of Xpert MTB/RIF testing for doctors and nurses from peripheral prisons	<p>Completed on Quarter 2: On March 7, 2014 a one-day training was conducted for prison medical workers (doctors and nurses) in Akmola region by Svetlana Pak, Regional Senior TB Advisor TB CARE I. (Total participants – 12; 3 males and 9 females)</p> <p>The next training will be conducted in EKO in September during supportive supervision visit.</p>	Oct 13	Sept 14	On-going
2.3.8.	KNCV	Delivery of Xpert cartridges to Xpert sites	In May 3.840 cartridges and calibration kits for four TB CARE I sites were procured and shared with the sites via NRL.	Nov 13	Aug 14	Completed
2.3.9.	KNCV	Support to NTP to ensure sustainable operation of GX and supply of cartridges through state funds	The first meeting with the Xpert coordination body is planned for January 2014.	Nov 13	Sep 14	Completed

Pictures

Workshop on maintenance and troubleshooting, planning and budgeting for Xpert MTB/RIF, Almaty, April 9 – 10, 2014

Picture 1. Archiving Xpert data (practical exercise)



Picture 2. Cleaning Gene Xpert (practical exercise)



Picture 3. Replacement G-Xpert module (practical exercise)



2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results to Date		Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved		National TB IC guidelines developed	National TB IC guidelines approved by NTP and introduced in all TB facilities of Akmola and EKO oblasts	National TB IC guidelines introduced in all TB facilities of Akmola and EKO oblasts but not still approved by the MoH		The NTP National TB IC guidelines are still awaiting approval by the MoH.
3.1.2	TB-IC measures included in the overall national IPC policy		Revision of SES regulatory documents (such as SanPin, government order #309) initiated	SES regulatory documents (such as SanPin, government order# 309) revised and approved	SES regulatory documents (such as SanPin, government order# 309) have been revised, and is still awaiting MoH approval		TWG on SES regulatory documents discussion is going to be conducted during September 2014
3.2.1	"FAST" strategy has been adapted and adopted		FAST strategy included in the national TB IC guidelines	FAST strategy adopted and implemented at a TB facility level in project sites	Two TB facilities in EKO and four TB facilities in Akmola (50%) are implementing FAST strategy		The wording of the FAST strategy was included in National TB IC guidelines
3.2.2	Facilities implementing TB IC measures with TB CARE support		18 HCWs in EKO and 23 HCWs in Akmola oblast from TB service and SES were trained in TB IC risk assessment and facility IC plan development	12 TB facilities of Akmola and East Kazakhstan oblasts implementing IC measures with TB CARE I support	Six TB facilities in Akmola and eight TB facilities in EKO are implementing TB IC measures with TB CARE support		Fourteen TB facilities in Akmola and EKO regions have developed the TB-IC activity plans and are implementing them
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress at End of Quarter	Planned Month		Status (pending, ongoing, completed, postponed, cancelled)	
				Start	End		
3.1.1.	KNCV	Revision of SES national regulatory TB IC documents	Revision of SES national regulatory TB-IC documents is planned in September at TWG meeting with involvement of NTP, MoH, SES, Prison service and pilot sites IC staff	Oct 13	Sep 14	Pending	
3.2.1.	KNCV	TB IC plans development in TB facilities of EKO and Akmola oblast	By July 2014, the Regional IC Officer and representatives of EKO and Akmola TB dispensaries visited eight TB facilities in the EKO and six TB facilities in the Akmola oblasts and facilitated the development of	Oct 13	Feb 14	Completed	

			<p>TB-IC activity plans during on-the job trainings.</p> <p>Output:</p> <ul style="list-style-type: none"> • Supportive visits conducted on TB-IC activity plan development for TB facilities in East Kazakhstan and Akmola oblasts. • Supportive visits to selected PHC facilities. • Recommendations developed on TB-IC activity plans based on findings from supervision monitoring visits. 			
3.2.2.	KNCV	Supervision and monitoring of TB IC plans implementation in TB facilities of EKO and Akmola oblast	Supervision and monitoring visits on implementation of TB-IC were done in May and June 2014	Jun 14	Sep 14	Completed

Supportive Visits on TB-IC Plan Development to TB facilities in East Kazakhstan and Akmola oblasts, Kazakhstan

May 18 – June 14, 2014

Picture 1. On-the-job training on UVGI measurements in the Akmola oblast TB sanatorium



Picture 2. Re-organization of the nurse station in the “clean” area of the Akmola OTBD MDR-TB department with distance monitoring system



Picture 3 On the job training of TB specialists on UVGI measurements, Urdjar TB facility, EKO



Picture 4. On the job training on the TB-IC activity plan development and implementation, Urdjar TB facility, EKO



2.4 PMDT

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results to Date		Comments
4.1.1	<p><i>Number of MDR TB patients put on SLD treatment</i></p> <p>Numerator: Number of MDR TB patients put on SLD treatment</p> <p>Denominator: Total number of enrolled MDR TB patients</p>		Akmola oblast – 85% (374/437) EKO – 87% (677/775)	Akmola oblast – 90% (396/440) EKO - 90% (702/780)	<p>The Jun-Mar data:</p> <p><u>Akmola:</u> 100% (74 of 74 registered MDR TB patients) put on SLD treatment</p> <p><u>EKO:</u> 96% (144 of 150)</p> <p><u>NKO:</u> 97,1% (68 of 70)</p>		The Apr-Jun data will be available until end of Aug
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status (pending, ongoing, completed, postponed, cancelled)	
				Start	End		
4.1.1.	KNCV	Development and submission to the national TB program the training modules on comprehensive, programmatic management of DR TB (utilizing cross cutting content)	The final draft module on comprehensive management of drug resistant TB was developed with assistance of KNCV HQ HRD Consultant. During the TOT training on November 24-29, 2013, this module was finally adjusted for its further use in practice in pilot sites	Nov 13	Jan 14	Completed	
4.1.2.	KNCV	PMDT assessment visit in NKO	<p>The program review was held in Northeast Kazakhstan oblast by a team of specialists consisting of TB CARE I, NTP, Prison and SES professionals November 5-8, 2013, to observe current TB (MDR-TB) situation in prison and general services.</p> <p>The main challenges were raised at the final meeting with key decision-makers of the oblast. It was agreed that progress on the recommendations will be checked by the Deputy Head of the oblast healthcare department; results will be discussed during the fourth quarter coordination meeting.</p> <p>Output:</p> <ul style="list-style-type: none"> Assessment visits conducted to provide practical support and recommendations to local staff of general and prison health care services in the oblast. 	Nov 13	Nov 13	Completed	
4.1.3.	KNCV	Advanced TOT training on comprehensive programmatic	The five-day training was held in November 2013 for healthcare professionals from prison	Jan 14	Feb 14	Completed	

		management of DR TB	and general health services (TB, HIV, SES), engaged in clinical management of DR-TB in their respective areas in Eastern Kazakhstan, Northeast Kazakhstan and Akmola oblast. Knowledge of the participants was increasing from 49% at pre-test to 82% at post-test. Output: <ul style="list-style-type: none"> The total 25 practitioners (7 males and 18 females) were prepared to provide follow-up trainings in provinces in clinical management of TB, TB-HIV and DR-TB in accordance with new national PMDT policies 			
4.1.4.	KNCV	Introduction of the national DR TB policy regulations (new DR TB guideline, revised MoH order 218) to TB care providers and SES in pilot sites	Two, one day-long workshops were subsequently conducted, the first in Oskemen on June 19, and the second in Semey on June 21. Involvement of oblast representatives from PHC, TB, the Agency for Consumer Protection and Prison Services provided a collaborative approach to addressing realization of the national PMDT policy regulations in the oblast. The two events were attended by a total of 78 participants: in Oskemen 25 females and 11 males, total 36; in Semey -32 – females, 10 males, total 42 participant. Outputs: The workshop team developed recommendations outlining actions to improve tools for expanding outpatient care in EKO	Feb 14	Jun 14	Completed
4.1.5.	KNCV	Cross-country monitoring missions between the TB CARE I countries	PMDT cross-monitoring visit was done on May 13-30, 2014 in Central Asian countries by the group consisting of management staff and specialists, including representatives from national TB programs, the prison system, the epidemiology service (SES), oblast/rayon TB programs, and HIV and primary health care services from Tajikistan, Kazakhstan and Kyrgyzstan (total 27 CAR persons: 12 males & 15 females, from Kazakhstan – 12 participants: 4 males & 8 females).	Apr 14	May 14	Completed

			<p>Outputs:</p> <ul style="list-style-type: none"> • PMDT best practices experiences have been exchanged between CAR programs. • Action plans prepared to use the appropriate practices into the programs. 			
4.1.6.	KNCV	Meeting at NTP to discuss the findings of the cross monitoring mission on the country level	The NTP meeting was conducted at the final stage of the cross-monitoring visit on May 23, 2014, to present to NTP the best practices observed and share the main suggestions and recommendations for strengthening the program approaches in TB and MDR / XDR areas	May 14	May 14	Completed
4.1.7.	KNCV	Supportive supervision and on-the-job training missions to NKO oblast to support PMDT implementers.	Supervision and on-the-job training are planned in August 2014 to support PMDT implementers	Jun 14	Aug 14	Pending

Pictures

Cross visit on experience exchange, Tajikistan, Kazakhstan, Kyrgyzstan May 13-30, 2014

Picture 1.



CAR participants visiting MDR TB department in Duishanbe, May 15

Picture 2.



Meetings with jamoats in Tajikobod, May 14

2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
6.2.2	People trained using TB CARE funds				182 (male 59, female 123)		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of End of Quarter	Planned Month		Status	
				Start	End		
6.2.1.	KNCV	Participation of partners in international conferences and trainings	<p>TB CARE I sponsored participation of NTP Director Tleaukhan Abildayev at the 44th Union World Conference on Lung Health in Paris for the period of October 30- November 3, 2013 to discuss the need to improve or preserve the quality of the air we breathe for both healthy and vulnerable persons alike.</p> <p>TB CARE I RTO Gulnara Kaliakbarova is appointed as a speaker on topic "Psychosocial patient support as essential element for management of DR-TB cases" (Symposium "Community-driven psychosocial support: don't forget medication counseling") at the 45th Union World Conference on Lung Health in Barcelona in early November 2014.</p> <p>Four participants from Kazakhstan will participate at the MDR TB advanced training course in Riga on Aug 28- September 4, 2014</p>	Oct 13	Aug 14	Ongoing	

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results to Date	Comments
7.3.2	OR study results disseminated	1	2	2	
7.1.2	Updated case definitions and M&E framework in the electronic surveillance system. Revise definitions and forms of electronic surveillance system in	No	Yes	No	NCPT did not accept new definitions and recording and reporting forms

	accordance with latest recommendations of the WHO by September 2014					recommended by WHO, so this event is postponed
7.1.2	<i>The percentage of penitentiary institutions with validated electronic data in a quarter</i> Numerator: Number of penitentiary institutions that register data and register error-free date, as checked by automatic data validation Denominator: Number of penitentiary institutions that use electronic register		0% (0) in June 2014	85% (29/35)	85% (29/35)	
7.2.3	<i>The percentage of oblast TB facilities using the national electronic M&E system for implementation of the National Strategic Plan.</i> Numerator: Number of TB facilities use national M&E indicators Denominator: Number of TB facilities		0% (0) in June 2014	100% (17/17)	100% (17 /17)	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of End of Quarter	Planned Month		Status
				Start	End	
7.1.1	KNCV	Development of reporting forms for the National TB Electronic Register	NCPT did not accept new definitions and recoding and reporting forms recommended by WHO, so this event is cancelled	Jul 14	Sep 14	Cancelled
7.1.2	KNCV	Training on data collection for prison M&E specialists nationwide	Two 2 days training for 31 (7 men and 24 women) responsible professionals of TB and electronic surveillance of TB from Central Prison Committee, all penitentiary system institutions (detention centers and TB colonies) with facilitation by TB CARE I regional M&E officer, Specialists from the National TB Centre. Output: All prison system in Kazakhstan will use the online Unified National Centralized Database of Tuberculosis	Dec 13	Dec 13	Completed
7.1.3	KNCV	Supportive supervision to e-prison TB services to improve the quality of data collection	Provided technical assistance on the e-register in penitentiary system in the regions was most concentrated on TB colonies Astana, Akmola and South Kazakhstan regions. Karaganda and East	Feb 14	Aug 14	Ongoing

			Kazakhstan are planned in July			
7.2.1	KNCV	Development of a special format for the set of National M&E indicators	A special format for the set of National M&E indicators to be incorporated into the electronic surveillance database were developed with the specialists from NTP	Oct 13	Nov 13	Completed
7.2.2	KNCV	Integration of the set of indicators in the software in the National Electronic Register	Integration of the set of indicators in the National Electronic Register expected in the third quarter of 2014	Nov 13	Dec 13	Ongoing
7.2.3	KNCV	Training in the use National Electronic Register and running performance reports	Started preparation for trainings in pilot sites in EKO 21-24 July, in Akmola 11-14 August	Feb 14	Aug 14	Ongoing
7.2.4	KNCV	National workshop to review results of reports and develop plans to address remaining gaps in performance	Started preparation for trainings, planned on 18-20 August	Mar 14	Aug 14	Ongoing
7.3.1	KNCV	Evaluation of implementation of outpatient treatment in Akmola oblast	Routine data collection is ongoing. A workshop on the OR was conducted on April (31 specialist: 10 male/21 female) and on May 21, 2014 (with the participation of TB service key specialists 13 specialists: male 9, female 4 and independent interviewers) Operational research on evaluation of effectiveness of full outpatient care in the region has been started Interviews with patients (100) and health care workers (120) completed	Nov 13	Sep 14	Ongoing
7.3.2.	KNCV	Evaluation of GeneXpert in Kazakhstan	Access to database of TB patients of Kazakhstan is under consideration of NTP.	Nov 13	Sep 14	Canceled – This activity was reprogrammed to the Xpert cost-effectiveness study
7.3.3.		Publication of manuscripts of TB CARE I studies	Abstract "Effectiveness of introducing Xpert MTB/RIF for individuals at risk of TB and MDR-TB in Kazakhstan" has been accepted at the 45 th Union World Conference on Lung Health	Sep 14	Sep 14	Ongoing

1. TB CARE I's Support to Global Fund Implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average Rating*	Current Rating	Total Approved Amount	Total Dispersed to Date
Round 8	B1	N/A	\$54,475,094	\$49,808,595
Round 6	B1	B1	\$8,612,252	\$ 8,612,252

* Since January 2010

In-country Global Fund Status - key updates, challenges and bottlenecks

Through Global Fund TB Program Round 8, National TB program received nine GeneXpert machines and 5,820 cartridges. One GeneXpert machine was installed at the laboratory of Regional TB Dispensary in Semey, EKO. All cartridges have been distributed to 13 Xpert sites, including four sites of TB CARE I. Proposal for NFM GF has been submitted to MoH for approval on December 25, 2013. Nine Gene Xpert machines procured through the GF have been calibrated in May 2014 by Medical Marketing Group (authorized by Cepheid service provider). According to the NRL information, 10 modules (28%) out of 36 failed calibration and need to be replaced. This is quite high rate and the NRL is negotiating with the PIU GF funding issue.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

Not applicable this quarter.

2. MDR-TB Cases Diagnosed and Started on Treatment

Quarter	Number of MDR Cases Diagnosed	Number of MDR Cases Put on Treatment	Comments
Total 2010	7336	5740	
Total 2011	7386	5311	
Total 2012	7608	6525	
Jan-Mar 2013	1500	1462	
Apr-Jun 2013	1972	1911	
Jul-Sep 2013	1837	1806	
Oct-Dec 2013	1867	1734	
Total 2013	7176	6913	
Jan-March 2014	1646	1641	
April-June 2014	TBD	TBD	
Total 2014	TBD	TBD	

5. TB CARE I-supported International Visits (technical and management-related trips)

	Partner	Activity Code	Name	Purpose	Planned Month, Year	Status (pending, completed, postponed, cancelled)	Dates Completed	Additional Remarks (Optional)
1	KNCV	1.2.1.	Ieva Leimane	Introduction of the national policy document (new provisions of MOH order 218) on outpatient care at the national level	November 2013	Completed	November 19-22, 2013	
2	KNCV	1.2.3.	Ieva Leimane	Training on outpatient care and patient support in Akmola oblast	March 2014	Completed	March 2-6, 2014	
3	KNCV	1.2.4	Ieva Leimane	Training on outpatient care and patient support in East Kazakhstan oblast	November 2013	Completed	March 12-21, 2014	
4	KNCV	2.3.2.	Sanne van Kampen	Training in Xpert MTB/RIF maintenance and troubleshooting, planning and budgeting	March 2014	Completed	April 1-3, 2014	
5	KNCV	4.1.3.	Ieva Leimane	Advanced TOT training on comprehensive programmatic management of DR TB	November 2013	Completed	November 23-30, 2013	
6	KNCV	2.3.3.	Sanne van Kampen/Gulmira Kalmambetova	Supportive supervision and monitoring of Xpert MTB/RIF implementation in the country	May 2014	Completed	April 1-11, 2014	The last supportive supervision visit will be conducted in September
7	KNCV	7.2.4.	Susan van den Hof	National workshop to review the results of reports and develop plans to address remaining gaps in performance	April 2014	Ongoing		The visit will be conducted by Susan van den Hof in August 2014
Total number of visits conducted (cumulative for fiscal year)							6	
Total number of visits planned in workplan							7	
Percent of planned international consultant visits conducted							85%	