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**TB CARE I**

# **TB CARE I - Tajikistan**

**Year 2**

**Annual Report**

**May 1, 2011 – September 30, 2012**

**October 30, 2012**

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## List of Abbreviations

AFEW	AIDS Foundation East-West
CAR	Central Asian Republics
DOT	Directly Observed Treatment
DR-TB	Drug Resistant Tuberculosis
DST	Drug Susceptibility Test
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HSS	Health System Strengthening
IC	Infection Control
MDR-TB	Multi-drug resistant Tuberculosis
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NTP	National Tuberculosis Program
OR	Operational Research
PIU	Program Implementation Unit
PHC	Primary Health Care
PMDT	Programmatic Management of Drug Resistant TB
RIF	Rifampicin
RCC	Rolling Continuation Chanel
SLD	Second Line Drug
SES	Sanitary and Epidemiological Service
SOP	Standard operational procedure
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
ToT	Training of trainers
TWG	Thematic working group
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	Extensively Drug Resistant Tuberculosis

## Executive Summary

The USAID supported five-year (2010 -2015) TB CARE I project is implemented in Central Asian countries by KNCV Tuberculosis Foundation. During the first project year, started in May 2011, the TB CARE I program has been implemented in three Central Asian countries – Kazakhstan, Kyrgyzstan and Uzbekistan. Since May 2012, the TB CARE I expanded to Tajikistan. The KNCV Branch Office in Tajikistan was officially registered by the Ministry of Justice of Tajikistan on August 10, 2012.

TB CARE I implements its activities in Tajikistan in collaboration with NTP/MoH, the Prison Service, PIU UNDP GFATM (R8), Project HOPE RCC (R3), USAID Quality Health Care Project, Caritas Luxembourg, USAID Dialogue on HIV and Tuberculosis project, MSF and some local partners working in TB control in Tajikistan.

TB CARE I began the implementation of activities in Tajikistan with an introductory assessment mission in June of 2012. The focus of the mission was to assess the current situation in key areas, such as PMDT, TB in prisons, outpatient care and GeneXpert. Based on the findings of the mission, and discussions with key stakeholders at MOH, NTP and international partners, TB CARE I identified its focus area to include lead technical assistance in GeneXpert implementation, initiation of MDR TB programs in Temur Malik and Dangara districts of Khatlon oblast, and limited focus on TB prisons reflecting the view of MOH /NTP that other partners such as Caritas Luxemburg and UNDP have already established presence in the prisons.

Below is the summary of major achievements and challenges of TB CARE I in Tajikistan in the reporting period by technical areas:

### Universal and Early Access:

#### **Key achievements:**

The draft of Interagency Plan on TB control program coordination between general and a prison TB service was developed and submitted to Thematic Working Group for further consideration. The analysis of site capacities and needs for piloting outpatient model of care was made as a part of TB CARE I Introductory Assessment Mission in Tajikistan. The results of this assessment are included in the report and will be used for further design of outpatient model of care for TB CARE I pilot sites.

### Laboratory:

#### **Key achievements:**

The draft of National Xpert MTB/Rif implementation strategy was developed during the three day workshop conducted with participation of NTP and key partner organizations working in the respective TB control programs. For the time being, the developed draft of the National Xpert MTB/RIF Implementation Strategy and plan of Xpert MTB/RIF implementation in Tajikistan are being revised and finalized by TWG on Xpert. In the end of October 2012, it is planned to present the final version of the National Xpert MTB/Rif strategy to the TWG members and discuss the further submission to NTP/MoH for approval.

### Infection control:

#### **Key achievements:**

The needs for TB IC activities in TB facilities located in pilot regions at the project sites level were assessed during the initial TB IC assessment mission conducted by Vlad Furman, Regional TB IC consultant in September of 2012. Training and procurement needs in TB IC equipment for measurement were identified during the assessment as well and a set of recommendations to improve TB IC situation in the TB facilities in pilot regions were developed.

### PMDT:

#### **Key achievements:**

Nowadays, Tajikistan is at the stage of expansion of MDR TB program nationwide and MoH and NTP welcome partners' initiative to support this expansion. Therefore, two districts in Khatlon oblast were recommended to TB CARE I for piloting MDR TB program: Dangara and Temurmaliq. Both districts were visited and assessed in June of 2012. The priority interventions for the pilots and next steps to be taken were determined during the assessment. One of the first steps taken were delivery of trainings on MDR TB management for specialists from these two districts. Three 2-day trainings were conducted for three target groups: TB and PHC managers, TB clinicians and family doctors, TB and PHC nurses (44 participants, 12 females and 32 males).

TB-HIV:

**Key achievements:**

TB-HIV component was assessed during the initial June visit, to cover existing policy and practices. Key accomplishments, weaknesses and priorities in TB-HIV program have been identified and discussed with NTP and MoH staff during the mission. The following challenges were identified: weak coordination of TB and HIV services at the national level, lack of practical TB-HIV management guidelines, current NTP monitoring system does not include TB-HIV component, TB and HIV clinicians have poor knowledge in case management of TB-HIV and require training.

HSS:

**Key achievements:**

TB CARE I sponsored participation of four NTP specialists in trainings conducted by WHO Collaborating Centre for Research and Training in Management in MDR TB in Riga, Latvia. Two specialists were trained in clinical management of childhood TB and the other two participated in the International Advanced Training Course on Clinical Management of Drug-Resistant Tuberculosis for WHO Europe Region countries.

## **Introduction**

In Tajikistan, TB CARE I is implemented by KNCV based in Dushanbe, Tajikistan. Activities focused on interventions in two pilot districts of Khatlon oblast, as well as at the national level. In Year 2, TB CARE I worked in the following six technical areas:

### **Universal and Early Access:**

TB CARE I project focused on strengthening coordination between prison and general TB services for TB control in prisons, and made assessment of site capacities and needs for piloting outpatient model of care in pilot districts of Khatlon oblast.

### **Laboratory:**

TB CARE I supported the development of the draft of National Xpert MTB/RIF implementation strategy and plan of Xpert MTB/RIF implementation in Tajikistan.

### **Infection control:**

TB CARE I assessed the needs for TB IC activities in TB facilities located in pilot regions as well the procurements needs in TB-IC equipment for measurement.

### **PMDT:**

TB CARE I determined the priority interventions for two pilot districts of Khatlon Oblast and conducted trainings for three priority target groups from these pilots.

### **TB/HIV:**

TB CARE I identified gaps in coordination between two vertical services and provided NTP team with recommendation to improve clinical management of TB-HIV co-infection.

### **Health Systems Strengthening:**

TB CARE I funded participation of NTP specialists in trainings on clinical management of childhood TB and drug-resistant tuberculosis.

TB CARE I worked closely with NTP/MoH leadership and staff to align its strategy with the current national needs. The project also collaborated closely with State Prison Service, as well as other partners as GFATM (PIU UNDP and RCC Project HOPE), USAID (Quality healthcare and Dialogue on HIV and TB) projects, Caritas Luxemburg, AFEW.

## Universal Access

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments
					Y2	Y2	
1.2	Increased quality of TB services delivered among all care providers (Supply)	Coordination mechanism between civil and prison TB services exist	Coordination mechanism between civil and prison TB services Indicator Value: Yes/No Level: National Source: TB CARE I report Means of Verification: Joint MoH and MoJ order	No (2011)	Yes	No	The draft Interagency Plan on TB control program coordination between general and prison TB services was developed and submitted to Thematic Working Group for further consideration.
		Developed Medium term plan for implementation of integrated framework for TB control in prisons	Medium term plan for implementation of integrated framework for TB control in prisons developed and approved Indicator Value: Yes/No Level: National Source: TB CARE report Means of Verification: Medium term plan	No (2011)	Yes	No	Under request of NTP this activity was cancelled, due to the existing order on interagency collaboration between civil and prison. This order was developed by NTP and Prison Service jointly with UNDP GF.
		Developed the Protocol of outpatient model of care including patient support system	Development of the Protocol of outpatient model of care including patient support system Indicator Value: Yes/No Level: TB CARE geographical area Source: TB CARE report Means of Verification: Protocol on outpatient model	No (2011)	Yes	No	In APA2, the analysis of site capacities and needs for piloting outpatient model of care was performed for pilots sites (Dangara, Temurmalik). Given the late start of the program, it was only possible to conduct an initial review of outpatient care in APA2.

			of care approved by MoH/NTP				
		Analysis of legal basis on access to TB service for migrants	Analysis of legal basis on access to TB service for migrants Indicator Value: Yes/No Level: National Source: TB CARE I Means of Verification: report on analysis	No (2011)	Yes	No	All activities scheduled on APA 2 related to TB in migrants were cancelled at the request of NTP and MOH, which do not consider it a priority for TB CARE, citing involvement of other partners, including IOM.

### Key Achievements

1. The draft of Interagency Plan on TB control program coordination between general and prison TB services was developed and submitted to the Thematic Working Group for further consideration.
2. The analysis of site capacities and needs for piloting outpatient model of care was made as part of TB CARE I introductory mission to Tajikistan in June of 2012.

### Challenges

1. Due to the fact that Memorandum of Understanding between the MoH and USAID mission was not signed yet, the launch of TB CARE I was postponed.
2. Some activities scheduled for APA 2 related to Prison Service and TB in migrants (i.e. assessment mission on TB control in prisons, round table on TB on migrants) were cancelled at the request of NTP and MOH which do not consider it a priority for TB CARE, citing involvement of other partners, including IOM. Funds of cancelled activities were redirected to the conduction of 3 PMDT trainings in pilot sites.
3. Due to the fact that the Interagency Order had been already developed by PIU GF/UNDP, the development of a midterm plan for implementation of integrated framework for TB control in prisons was also cancelled.

### Next Steps

1. To conduct launch of TB CARE I after the Memorandum of Understanding between the MoH and USAID mission is signed.
2. To develop a draft of protocol on outpatient care in line with international recommendations and local capacities and resources.
3. To conduct partners meetings in new MDR-TB program sites (Dangara and Temurmalik) with involvement of state bodies to increase their awareness and commitment to TB patients support.

## Laboratories

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments	
				Y2	Y2		
2.3	Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	Set up a system for Xpert MTB/Rif implementation in the country	Set up a system for Xpert MTB/Rif implementation in the country Indicator Value: Yes/No Level: National Source: NTP Means of Verification: Strategy for Xpert MTB/Rif implementation in Tajikistan	No (2011)	Yes	No	Strategy for Xpert MTB/Rif implementation in Tajikistan is close to being finalized and will be submitted to NTP in October 2012

### Key Achievements

1. The draft of National Xpert MTB/Rif Implementation Strategy was developed in a three day workshop conducted on August, 2012 with participation of NTP and key partner organizations working in the respective TB control programs (UNDP/ Global Fund, USAID/QHCP, Caritas Luxemburg, MSF, RCC/Project HOPE). A total number of 20 participants were in attendance (7 female and 13 male).
2. The draft of clinical protocols and algorithm as well as the plan on Xpert MTB/RIF implementation in Tajikistan were discussed in the TWG on Xpert meeting, supported by TB CARE I.

**Note:** NTP was in favor on not establishing a new TWG on Xpert, because the TWG on Laboratories was already in place. Thus, it was decided to use the same team of experts with additional clinicians from the central level. That decision allowed TB CARE I to initiate the process of implementation of Xpert in Tajikistan almost immediately.

### Challenges

1. Because the Memorandum of Understanding between USAID and MOH was not signed, some of activities were postponed (piloting of Vahdat site). The MOU is under finalization of the Ministry of Foreign Affairs. It is expected to be signed in December –January 2013.

### Next steps

1. To formalize the Lab/Xpert TWG and ToR which is to include members with a clinical background as well as managerial background, and partners and representatives from current Xpert sites.
2. To finalize Xpert implementation Strategy: clinical protocol, including diagnostic algorithm, registers & reporting forms.
3. To develop training materials for Xpert & SOPs for Xpert (lab procedures, waste management, biosafety, sample transport).
4. To conduct a national ToT on Xpert MTB/RIF.
5. To conduct training for clinicians & lab staff on finalized implementation plan, i.e. clinical guidelines, registers etc. Continue with a site-specific training for the first sites.

## Infection Control

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target Y2	Result Y2	Comments
<b>3.2</b>	Scaled-up implementation of TB-IC strategies	Revised National TB-IC plan and addressed TB-IC activities in prisons	Revision of National TB-IC plan Indicator Value: Yes/No Level: National Source: NTP Means of Verification: TB CARE I report	No (2011)	Yes	No	The National TB-IC plan has been developed recently (end of 2011) by NTP and PIU UNDP. Therefore, the revision of the National TB-IC Plan was cancelled
<b>3.4</b>	Improved TB-IC human resources	A team of trained trainers in TB IC is available	Conducting ToT training on TB IC Indicator Value: Yes/No	No (2011)	Yes	No	Due to the delay in starting TB CARE in Tajikistan some activities, including the training of trainers on TB IC, were not completed and had to be carried over to APA3

### Key Achievements

1. The initial TB IC assessment mission was conducted in September of 2012 by Vlad Furman, Regional TB-IC Consultant, in order to assess the needs for TB IC activities in TB facilities located in pilot regions at the project sites level. During the mission, training and procurement needs in TB IC equipment for measurement were identified and a set of recommendations to improve TB IC situation in the TB facilities in pilot regions were developed and presented to NTP team for discussion.

### Challenges

1. The assessment mission on TB IC covered only facilities in general TB services. The prison TB facilities were not included in assessment plan due to fact that many other agencies are already involved in TB in prison activities.

2. The National TB-IC Plan was developed recently by NTP jointly with PIU UNDP. Therefore, the revision of National TB-IC Plan was cancelled.
3. Due to the delayed start of TB CARE in Tajikistan, some activities, including the training of trainers on TB IC, were not completed and had to be carried over to APA3.

### **Next Steps**

1. To train medical staff in TB IC, including ToT.
2. To develop TB IC activities plans at the national and facility levels.
3. To implement administrative measures at the TB health facilities in pilot sites.

## Programmatic Management of Drug Resistant TB (PMDT)

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments	
				Y2	Y2		
4.1	Improved treatment success of MDR	PMDT in civil TB service and prisons has been assessed	PMDT in civil TB service and prisons has been assessed Indicator Value: Yes/No Level: TB CARE I geographic areas Source: TB CARE I project Means of Verification: PMDT in civil and prisons assessment report	No (2011)	Yes	Yes	PMDT assessment was conducted as part of TB CARE I introductory mission in Tajikistan. The Prison Service was not included in the assessment mission

### Key Achievements

1. PMDT assessment was conducted in June of 2012 as part of TB CARE I introductory assessment mission in Tajikistan. According to the recommendations of NTP/MoH, two pilot districts of Khatlon oblast, Dangara and Temurmalik, were visited during the mission. The following gaps were identified in the (MDR) TB management: lack of PMDT scale up workplan, poor PMDT management capacities mainly at the regional level, managers of TB control programs at district level were not trained in PMDT, TB services at district level are not ready to start treatment of MDR TB because of lack of knowledge on clinical management of MDR TB cases, there is no clear vision on organization of treatment of MDR TB patients.
2. 44 specialists (12 female and 32 male) from pilot districts were trained on PMDT during three two-day trainings. These PMDT trainings for nurses were conducted on August 27-28, TB/PHC managers on August 29-30, and for TB clinicians and family doctors on August 31-September 1. During the trainings it was identified lack of DOTS/DOTS+ knowledge in clinicians (case definitions, recording and reporting, cohort analysis, side effect management etc), absence of practical instructions/ protocols on management of TB, MDR TB cases at lower levels.

### Challenges

1. PMDT assessment mission covered only facilities in general TB services. The prison TB facilities were not included in assessment plan at the request of MOH/NTP.
2. The PMDT training course demonstrated the need for a refresher DOTS/ DOTS+ basic knowledge and skills for clinicians (TB, MDR TB case definitions, recording and reporting, cohort analysis, side effect management etc) in the pilot districts.
3. It was evaluated that there is a lack of practical guidance on the management of TB/MDR TB cases at the lower/district level.

## Next Steps

1. To continuously train medical workers from pilot sites on TB and MDR-TB management, including clinical aspects.
2. To develop side effect management protocol based on the newly developed national MDR TB guideline.
3. To set up a referral system for laboratory diagnostics: culture and DST for Dangara and Temurmalik districts.
4. To set up a sample transportation system for pilots.
5. To monitor TB service in two pilot districts and strengthen local monitoring capacities at the regional level (Khatlon oblast).
6. To set up a patient support system for patients on ambulatory care.

## TB/HIV

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments	
				Y2	Y2		
5.2	Improved diagnosis of TB/HIV co-infection	TB/HIV care in civil and prison sectors has been assessed in the last year	TB/HIV care in civil and prison sectors has been assessed in the last year Indicator Value: Yes/No Level: TB CARE I geographic areas Source: TB CARE I project Means of Verification: TB/HIV care in civil and prisons assessment report	No (2011)	Yes	Yes	Assessment of TB/HIV care in general TB services was conducted as part of TB CARE I introductory assessment mission.

### Key Achievements

1. Assessment of TB/HIV care in civil sector was conducted as part of the TB CARE I introductory assessment mission in June of 2012.

### Challenges

1. The prison sector was not included in the TB CARE I introductory assessment mission due to MoH decision to focus more on other components of National TB Program. There are many other international agencies involved into support of TB control in prison. .

## Next Steps

1. To provide assistance to NTP to revise and update TB-HIV policies in line with the latest recommendations.
2. To strengthen the coordination at all levels between services involved in TB-HIV control (TB, HIV, prison, SES, PHC, narcology).
3. To increase the capacity in clinical management of TB/HIV. Under the PMDT technical area, the TB-HIV aspects, such as rapid TB/MDR TB diagnostic in HIV patients, case management of co-infected cases MDR TB-HIV, analysis and reporting will be part of proposed activities.

## Health System Strengthening (HSS)

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments	
				Y2	Y2		
6.2	TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	Supervisory visits conducted according to country supervisory standards	Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels	N/A (2011)	100% (2 out of 2 planned)	0%	Supervisory visits on TB control in prisons were cancelled due to fact that many other agencies are involved in prisons, and MoH recommended that TB CARE I focus more on other component of TB control.
		People trained using TB CARE funds	People trained using TB CARE funds Indicator Value: Number of people		3 people (international training courses)	68 health professionals (47 females and 21 males) were trained in	4 NTP specialists (2 male and 2 female) were trained on clinical

			Numerator: Number of people trained disaggregated by gender and type of training			APA2: PMDT-44 people (32 females and 12 males), Lab-20 (13 females and 7 males) people, TB Childhood (international training)-2 people (1 female and 1 male) and MDR TB (international training)-2 people (1 female and 1 male).	management of childhood TB and drug-resistant tuberculosis in Riga, Latvia
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**Key Achievements**

1. TB CARE I sponsored participation of four NTP specialists in trainings conducted by WHO Collaborating Centre for Research and Training in Management in MDR TB in Riga, Latvia. Two specialists were trained in clinical management of childhood TB and the other two participated in the International Advanced Training Course on Clinical Management of Drug-Resistant Tuberculosis for WHO Europe Region countries.
2. According to the activity plan on trainings, it was planned to cover 100 medical workers. 68 health professionals (47 females and 21 males) were trained in APA2: PMDT-44 people, Lab-20 people, TB Childhood (international training)-2 people and MDR TB (international training)-2 people.

**Challenges**

1. Supervisory visits on TB control in prisons were cancelled.

**Next Steps**

1. To finalize priority training needs which will be implemented in APA 3.

## Monitoring & Evaluation, Surveillance and OR

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments	
				Y2	Y2		
7.1	Strengthened TB surveillance	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels Indicator Value: Yes/No	No (2011)	Yes	No	Due to the delayed start of TB CARE in Tajikistan, the activities under this technical area were not completed and had to be carried over to APA3.

### Challenges

1. Due to the delayed start of TB CARE I in Tajikistan, the activities under this technical area were not completed and had to be carried over to APA3.
2. Assessment mission on TB surveillance system in prisons was cancelled by MoH.