



TB CARE I

TB CARE I - Tajikistan

Year 4

Quarterly Report

October – December 2013

January 30, 2014

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1. Quarterly Overview

Country	Tajikistan
Lead Partner	KNCV
Coalition Partners	N/A
Other Partners	NTP, UNDP/GF (TFM), Project HOPE (RCC3), USAID/Quality Health Care Project, MSF, Caritas/Luxemburg
Workplan Timeframe	October 1, 2013 – December 31, 2014
Reporting Period	October – December 2013

Most Significant Achievements:

Universal and Early Access:

The most significant achievement in implementation of outpatient care in TB CARE I pilots has been the increased local municipal attention to issues of TB control and support for TB affected population.

The approach of the TB CARE I Project is to ensure sustainability of any patient support system, involving local municipal authorities and the whole range of TB control on the community level in order to strengthen ambulatory treatment.

From the beginning of project implementation, TB CARE I worked to establish a dialogue with government officials and decision-makers, raising awareness about the seriousness of tuberculosis among the community. As a result of coordination meetings, official orders and statements on social support of TB/MDR TB patients were issued at the regional level for implementation in all health care facilities. On the basis of these orders, local municipal bodies responded by offering social support to TB and MDR TB patients.

In this quarter, innovative interventions for social support, including relief from property taxes and utility payments, provision of food packages and disability benefits, were introduced in two pilot districts (Temurmaliq and Dangara). During this quarter no one patient interrupted the treatment, which proved the positive impact on adherence to outpatient treatment.

TB CARE I established a psychological support taskforce at the NTP, consisting of experienced TB specialists who started to provide patient counseling services throughout the country during outreach activities.

Laboratory:

The TB CARE I assures uninterrupted, quality functioning of Xpert machines in pilot districts (Rasht). Stability of functioning is provided by supporting samples transportation system, conducting regular supervision and monitoring visits as well as on-the-job training for laboratory personnel.

The project also pays appropriate attention to the development of capacities and skills of laboratory specialists on Xpert testing. During this quarter, laboratory staff from all Xpert sites were trained by TB CARE I on troubleshooting, qualitative maintenance and development of procedures for Xpert MTB / RIF laboratories. Such training was conducted for the first time in Tajikistan.

PMDT:

PMDT achievements include the following:

- all detected MDR TB patients (21 persons) in nine pilots were enrolled in treatment in Q1; in comparison with last year Q1 no one patient from Rasht area was enrolled to the treatment due to lack of SLD.

- availability of second line drugs, distributed in health care facilities of pilot districts to provide MDR TB patients with appropriate treatment;
- quality care of MDR TB patients was ensured in pilots with PMDT trainings for all medical providers, involved in the treatment of DR TB.

In this quarter, with technical support of TB CARE I, PMDT program started its implementation in two additional districts (Farhor and Baljuvan). In established pilots, TB CARE I conducted a refresher MDR TB training course for TB physicians. New pilot sites received two trainings for specialists of PHC and TB services.

It is important to mention that "PMDT Training Module," utilizing cross-cutting content, was enhanced with TB CARE support and used by training facilitators for teaching 20 professionals during advanced TOT training on PMDT.

Infection Control:

TB CARE I continued activities to strengthen capacities of local specialists at the national and oblast levels by conducting trainings on TB-IC and supervision monitoring visits to TB CARE I pilot sites with on-the-job trainings.

The significant achievement of TB CARE I Project in IC is that in all conducted activities in Q1, including training on development of TB-IC plans for TB health facilities, assessment on TB-IC risk transmission and supervision monitoring visits, the representatives of Republican Sanitary Epidemiological Service (SES) were involved. Formerly, this practice was not widely used. SES personnel are now expressing their interest in further collaboration.

M&E, OR and Surveillance:

TB CARE I supported the process of revision of TB definitions and reporting framework in accordance with WHO requirements. All definitions/reporting and recording forms were revised and instruction developed for use in TB service facilities.

Technical and Administrative Challenges:

Technical and administrative challenges are negligible at this point. Moreover, on-time submission to USAID APA 4 Narrative and Budget Plans allowed a speedy approval of the activity plan through the beginning of Q1. All planned activities for this quarter were started without delay.

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	Result to Date ¹	Comments
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4		20 (estimated number of diagnosed children (0-4) in 9 TB CARE I pilots districts)		Measured annually
1.2.11	Percent of (MDR) TB patients put on full outpatient care in TB CARE I pilots Numerator: Number of (MDR) TB patients put on outpatient care Denominator: Total number of (MDR) TB patients put on treatment	Dangara – 45% MDR TB patients put on full outpatient care for Oct. 2012 -June 2013, Temurmalik – 12,5% MDR TB patients put on full outpatient care for Oct. 2012 - June 2013, Rasht area – 0%, due to lack of SLD treatment of MDR TB patient was not provided in this area in APA3, 2 new TBD – 0%	Dangara – 50% MDR TB patients put on full outpatient care, Temurmalik – 45% MDR TB patients put on full outpatient care Rasht area – 30% MDR TB patients put on full outpatient care 2 new TBD – 30% MDR TB patients put on full outpatient care	Percent of MDR TB patients put on full outpatient care in 9 TB CARE I pilots in Q1: Dangara – 40% (2/5); Temurmalik – 0% (0/3); Rasht area - 33% (2/6) (Rasht – 0% (0/0), Tojikobod – 100% (2/2); Nurobod – 0% (0/3); Jirgital – 0% (0/1); Tavildara – 0% (0/0); 2 new TB CARE I pilots: Farhor – 0% (0/4); Baljuvan – 0% (0/3)	
1.2.12	Percent of (MDR) TB patients receiving patient support (TB CARE I supported) Numerator: Number of (MDR) TB patients receiving patient support Denominator: Total number of (MDR) TB	0%	100% (100 MDR TB patients from TB CARE I pilot sites)	0%	Patient support will start in Q2

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.

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status ²
				Start	End	
				1.2.1	KNCV	

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.)

1.2.2	KNCV	Meeting on the establishment of patient support team (at NTP level)	<p>TB CARE I initiated a meeting on the establishment of patient support team at NTP level in Dushanbe on December 19, 2013. 20 key stakeholders (8 females and 12 males) from NTP and PHC of Dushanbe city, TB and PHC facilities from TB CARE I pilot sites (Temurmalik, Dangara, Baljuvan, Farhor and Rasht Zone), as well as international partners, attended the meeting, facilitated by NTP deputy director and TB CARE I Regional Technical Officer Gulnara Kaliakbarova. The main aim of the meeting was establishment of patient support team at NTP level focused on strengthening outpatient care and retention of patients on treatment until completion. During the meeting, NTP and partner organizations (QHCP and Project HOPE) shared experiences on involving the local community in TB treatment and care, and providing support, ideas and capacity needed to establish sustainable patient psychosocial support nationwide. Representatives of pilot sites discussed the current situation in their regions, challenges and problems. As a result of the meeting, a patient support team (PST) was established at NTP level with the aim to provide effective psychological support to the TB/MDR TB patients, advocate for social support at the national and regional levels, provide supportive supervision visits, and on-the-job trainings for TB/PHC providers on implementation of ambulatory care model.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - Patient support team was established at the national level - TOR and job descriptions for PST members were developed - Political commitment from NTP on establishing patient support team at NTP level was achieved 	Nov 13	Dec 13	Completed
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			- PST Chair and the main members were appointed			
1.2.3	KNCV	Coordination meetings with local government authorities (Hukumats)	<p>TB CARE I conducted six coordination meetings with managers of local municipal bodies (hukumats at district level and jamoats at village level), TB and PHC services of Dangara (November 05, December 17, 2013), Farhor (December 16, 2013), Jirgital (November 20, 2013), Tavildara (November 21, 2013) and Nurobod (November 22, 2013). During the meetings, TB CARE I specialists (local and regional) discussed capacities of local municipal bodies to support implementation of outpatient care model in pilots and provide social support (tax exemptions for electricity and land, additional payment for hospitalized patients, food parcels, etc.) to TB and MDR TB patients within ambulatory treatment. As a result, the agreement and political commitment from local partners was achieved, and hukumats of eight pilot sites (all TB CARE I pilots except the new district of Baljuvan) issued orders covering implementation plans that include the following: improvement of TB diagnosis of contacts and TB suspected, implementation of sample transportation system and provision of social support of patients on a quarterly basis, with allocation of local state funds and involvement of private business in patient support. A total of 82 participants (18 females, 64 males) were in attendance in six abovementioned meetings.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - Achieved close collaboration of all interested stakeholders (TB, PHC, local government, community and others) on strengthening outpatient care, improvement of DOT provision and TB/MDR-TB case management in TB CARE I pilots 	Dec 13	Sep 14	Ongoing

			<ul style="list-style-type: none"> - Orders covering the implementation plans were issued by Hukumats of eight pilot sites - Currently, 28 patients in Temurmalik and ten patients in Dangara receive different types of social support from the government and local businesses (relief from property taxes and utility payments, provision of food packages, disability benefits). 			
1.2.4	KNCV	Training on outpatient care and PSS protocol for Rasht area districts and two new districts TBD	The activity is planned for Q2	Dec 13	Feb 14	Pending
1.2.5	KNCV	Training on interpersonal communication skills for two new districts TBD	The activity is planned for Q2	Dec 13	Jan 14	Pending
1.2.6	KNCV	Trainings on raising awareness, stigma reduction on TB and adherence to treatment for two new districts	The activity is planned for Q2	Feb 14	Mar 14	Pending
1.2.7	KNCV	Study visits from Rasht and new TB CARE pilot districts to Dangara	The activity is planned for Q3	Apr 14	May 14	Pending
1.2.8	KNCV	Patient support delivery, food and hygiene parcels for MDR TB patients	TB CARE I project will start monthly distribution of food and hygiene parcels for MDR TB patients from pilots in the end of January. In Q1, TB CARE I developed the list of food and hygiene items for parcels, collected quotations from suppliers and selected the main suppliers for procurement of food and hygiene items.	Dec 13	Sep 14	Ongoing
1.2.9	KNCV	Advanced training on PSS for four TB specialists from NTP	Communication with training course organizers (Khakas Republican Department of Russian Social Organization "Russian Red Cross ") has been started. List of participants from NTP for this training course was selected with Ministry of Health of the Republic of Tajikistan.	Apr 14	Jun 14	Ongoing
1.2.10	KNCV	Supportive supervision visits	Supportive supervision visit to Temurmalik	Nov 13	Sep 14	Ongoing

		on outpatient care and psychosocial patient support model in TB CARE I pilots	was conducted with the aim to overview implementation of patient support system, with focus on social support provided and collaboration of health workers (PHC and TB) with community and religious leaders. The visit was conducted by TB CARE I local Technical Officer, jointly with NTP ACSM coordinator on October 09, 2013. During the supervision visit, monitoring team met with local government authorities (municipal bodies), TB and PHC services and discussed the possibilities of implementing a patient support system in Temurmalik district, as well as fulfillment of the local hukumat resolution on providing a quarterly social package to TB /MDR TB patients at the level of jamoats.			
1.2.11	KNCV	District trainings on childhood TB	The activity is planned for Q2	Apr 14	Sep 14	Pending
1.2.12	KNCV	Event dedicated to World TB Day to increase awareness on TB in communities	The activity is planned for Q2	Mar 14	Apr 14	Pending



Photo 1. Coordination meetings with representatives of the local government authorities (Hukumat), Nurobod district, November 22, 2013



Photo 2. Coordination meetings with representatives of the local government authorities (Hukumat), Jirgital district, November 20, 2013



Photo 3. Supportive supervision visits on outpatient care and psycho-social patient support model in TB CARE I pilots, meeting with religious leaders and community activists, Temurmalik district, October 09, 2013



Photo 4. Supportive supervision visits on outpatient care and psychosocial patient support model in TB CARE I pilots, meeting with PHC staff, Temurmalik district, October 09, 2013

2.2 Laboratories

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date		Comments
2.3.2	Rapid tests conducted			Xpert MTB/RIF in Rasht – 2,000 tests	Number of rapid tests conducted in Q1 is 311		In Q1, there were 311 Xpert MTB/RIF tests by one Xpert MTB/RIF machine installed in TB CARE I pilot site (Rasht)
2.3.3	Patients diagnosed with GeneXpert			Patients detected with Xpert MTB/RIF in Rasht area: TB - 80 RIF resist - 32	– Number of all presumptive TB cases detected with Xpert MTB/RIF in Rasht area in Q1 was 311. Among them were detected: TB cases – 19 (these cases were diagnosed from newly diagnosed and previous treated patients) RIF resist cases - 4		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status	
				Start	End		
2.3.1	KNCV	Development of the national Xpert MTB/RIF maintenance and troubleshooting (SOP) guide	To ensure a standard, structured approach to the provision of maintenance for Xpert MTB/RIF, TB CARE I project with technical support of KNCV Senior Laboratory Consultant Valentina Anisimova started development of the national Xpert MTB/RIF maintenance and troubleshooting SOP.	Oct 13	Dec 13	Ongoing	
2.3.2	KNCV	Training on SOP for Xpert MTB/RIF	In order to ensure proper implementation of Xpert MTB/RIF in the country, TB CARE I supported a training on development of standard operational procedures for Xpert MTB/RIF laboratories. The training was conducted on December 19-20, 2013. During the training, the following SOPs were reviewed and adapted:	Oct 13	Nov 13	Completed	

			<ul style="list-style-type: none"> - Procedure for GeneXpert MTB/RIF testing - Procedure for disinfection of GeneXpert instrument, including log sheet - Procedure for calibration of GeneXpert modules - Procedure for management of GeneXpert system data, including log sheet - Procedure for preparation of working solutions of disinfectants, including log sheet <p>In addition, by request of participants, training was done for management of supplies for Xpert MTB/RIF laboratories, including practical exercise on calculation of supplies. A total of six participants (females) attended the training, facilitated by KNCV Senior Laboratory Consultant Valentina Anisimova.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - SOPs for Xpert MTB/RIF were developed - Laboratory specialists from Xpert sites were trained on SOPs for Xpert MTB/RIF 			
2.3.3	KNCV	Development of M&E plan for Xpert MTB/RIF	The activity is planned for Q3	Jan 14	Feb 14	Pending
2.3.4	KNCV	Development of SOP/instruction on MIS on Xpert MTB/RIF	The activity is planned for Q3	Jan 14	Mar 14	Pending
2.3.5	KNCV	Workshop on Xpert planning and budgeting	The activity is planned for Q3	Aug 14	Sep 14	Pending
2.3.6	KNCV	Training on Xpert MTB/RIF troubleshooting and maintenance	Two-day training on Xpert MTB/RIF troubleshooting and maintenance was conducted on December 17-18, 2013, in Dushanbe. Laboratory specialists from all Xpert sites were trained on Xpert MTB/RIF maintenance and troubleshooting including	Feb 14	Mar 14	Completed

			<p>problems of instruments (modules not detected, blinking red light, cartridge stuck in instrument) and barcode scanners, origins of and solutions for unsuccessful results (errors, invalid and no result) and other troublesome situations. During the practical sessions, participants were also trained to using SOPs as a guide for performing maintenance procedures. All 20 participants had performed practical exercises and should be able to conduct maintenance procedures independently. Total number of trained participants was 20 (19 females and 1 male) and included specialists from NTP, Oblast and district laboratories.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - Laboratory specialists from all Xpert sites were trained on Xpert MTB/RIF troubleshooting and maintenance. 			
2.3.7	KNCV	Training on sputum collection for PHC nurses	The activity is planned for Q2	Dec 13	Mar 14	Pending
2.3.8	KNCV	Training on MIS on Xpert MTB/RIF	The activity is planned for Q4	Dec 13	Apr 14	Pending
2.3.9	KNCV	Cascade trainings on Xpert MTB/RIF for new districts	The activity is planned for Q2	May 14	Jun 14	Pending
2.3.10	KNCV	Monitoring/supervision visits, on-the-job trainings (link with PMDT monitoring visits)	In order to ensure proper functioning of Xpert MTB/RIF in project pilot site, TB CARE I supported supervision and monitoring visit to Rasht district on November 11-15, 2013. Monitoring visit was conducted by National Laboratory Coordinator jointly with TB CARE I local staff. During the visit, monitoring team assessed laboratory and clinical aspects of using of Xpert MTB/RIF using the monitoring check lists for Xpert MTB/RIF. This visit was combined with monitoring on PMDT.	Nov 13	Sep 14	Ongoing
2.3.11	KNCV	Development of sample transportation protocol for two new districts TBD	To develop sample transportation system in new project pilots, TB CARE I conducted two one-day meetings with local	Nov 13	Mar 14	Ongoing

			counterparts in Baljuvan (December 27, 2013) and Farhor (December 28, 2013). A total of 30 participants (30 males) attended these meetings. <u>Output:</u> - Draft protocol on the sample transportation system for Farhor and Baljuvan developed and submitted to NTP for approval.			
2.3.12	KNCV	Procurement of cooling equipment, cartridges and Xpert calibration module	The activity is planned for Q2	Jan 14	Jan 14	Pending
2.3.13	KNCV	Support of sample transportation system	This quarter, TB CARE I project continues supporting activities (monthly payment for fuel purchase) on sample transportation system for seven pilot districts (Dangara, Temurmalik, Rasht, Nurobod, Tojikobod, Jirgital and Tavildara). The new pilots (Farhor and Baljuvan) will be provided with support next quarter after development of sample transportation protocol and training of relevant TB and PHC personnel on the process of collection and transportation of samples within these districts and to the nearest Xpert site.	Oct 13	Sep 14	Ongoing
2.3.14	KNCV	Development and printing of visual aids and posters on Xpert MTB/RIF for PHC facilities	The activity is planned for Q2	Jan 14	Apr 14	Pending
2.3.15	KNCV	Evaluation of Xpert use and its impact on the country	The activity is planned for Q3	Jun 14	Sep 14	Pending
2.3.16	KNCV	Procurement and installation of waste incinerator for Rasht TB facility	The activity is planned for Q3	Mar 14	Jul 14	Pending
2.3.17	KNCV	TWG meetings on Xpert	The activity is planned for Q2-4	Nov 13	Sep 14	Pending



Photo 5. Training on SOP for Xpert MTB/RIF, Dushanbe, December 19-20, 2013



Photo 6. Training on SOP for Xpert MTB/RIF, Dushanbe, December 19-20, 2013



Photo 7. Training on Xpert MTB/RIF troubleshooting and maintenance, Dushanbe, December 17-18, 2013



Photo 8. Training on Xpert MTB/RIF troubleshooting and maintenance, Dushanbe, December 17-18, 2013

2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date		Comments
3.2.2	Facilities implementing TB-IC measures with TB CARE support		7	9			Measured annually
3.2.3	<p><i>Strengthened TB-IC Monitoring & Measurement</i></p> <p>Numerator: Number of facilities in which regularly TB-IC monitoring visits conducted with using of IC measurement equipment</p> <p>Denominator: Total number of facilities where TB CARE I planned to conduct TB-IC monitoring visits with using of IC measurement equipment</p>		<p>Y2 – 0</p> <p>Y3 – 7 (3 District TB centers (Dangara, Temurmalik, Rasht), Oblast TB hospital Zargar, Regional TB center Kurgan-tube, Regional TB center Kulyab, inter-district TB hospital Vose)</p>	<p>Y4 - 13 (100%) (9 District TB centers, Oblast TB hospital Zargar, Regional TB center Kurgan-tube, Regional TB center Kulyab, inter-district TB hospital Vose)</p>			Measured annually
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status	
				Start	End		
3.2.1	KNCV	Printing and distribution of copies of the new TB-IC guideline	700 copies of the TB-IC guideline were printed. Distribution in Q2.	Oct 13	Dec 13	Completed	
3.2.2	KNCV	Development of TB-IC training modules for different target groups involved in providing TB services	Development of TB-IC training modules for different target groups involved in providing TB services was started this quarter by TB CARE I local staff with support of TB CARE I Regional TB-IC Officer Vlad Furman and KNCV HRD Consultant Ieva Leimane.	Nov 13	Feb 14	Ongoing	
3.2.3	KNCV	Cascade TB-IC trainings for health providers (nurses, PHC physicians and laboratory personnel) from nine TB CARE I districts	The activity is planned for Q2-3	Dec 13	Apr 14	Pending	
3.2.4	KNCV	Development of TB-IC plans for TB health facilities in Rasht area and new pilot districts TBD	In order to strengthen competencies in development of TB-IC plans for TB health facilities in TB CARE I pilots, district health care professionals (including SES) from Baljuvan, Farhor, Tavildara, Nurobod, Tojikobod and Jirgital were trained in the course facilitated by TB CARE I Regional TB-IC Officer, local TB CARE I staff and National TB-IC trainers (head specialist of	Mar 14	Apr 14	Completed	

			<p>SES and National TB-IC coordinator). Training course was conducted on December 11-13, 2013, with participation from 15 specialists (14 males and 1 female). In the framework of the training, participants were updated on best practices and tools in TB-IC, trained on TB-IC planning activities at the level of their facilities (MDR-TB department, PHC facility, department for TB susceptible patients). During practical exercises, participants assessed risks and measured ACH, irradiation of UVGI fixtures in the Machevon Republican TB Hospital.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - District health care professionals (including SES) who are engaged in TB-IC implementation and scale-up activities in Baljuvan, Farhor, Tavildara, Nurobod, Tojikobod and Jirgital trained on development of TB-IC plans and design TB- IC activities in accordance with National guidelines on IC - Developed drafts of TB-IC plans for TB health facilities in Baljuvan, Farhor, Tavildara, Nurobod, Tojikobod and Jirgital 			
3.2.5	KNCV	Training on the use of IC measurement equipment	Will be conducted in Q3	Mar 14	Apr 14	Pending
3.2.6	KNCV	Procurement of IC measurement equipment for Rasht area and two new districts TBD	Will start in Q2	Feb 14	Aug 14	Pending
3.2.7	KNCV	TB-IC risk assessment of TB and PHC health facilities in two new pilots (TBD), four districts of Rasht area, GBAO and Soghd Oblast	Assessment on TB-IC risk transmission was conducted in three pilot TB facilities of the Rasht region (Nurobod, Tojikobod and Jirgital) on December 09-10, 2013. The assessment was done by the team of four specialists consisted of TB CARE I Regional TB-IC Officer, National TB-IC Coordinator, SES representative and TB CARE I Technical	Dec 13	Jul 14	Ongoing

			<p>Officer. As a result of the assessment, recommendations for each visited TB health facility were developed and discussed with pilot district TB staff. In addition, general recommendations were presented to NTP manager which include the following:</p> <ul style="list-style-type: none"> - Develop the TB-IC activity plans for the year of 2014; - Improve earlier diagnostics with active TB symptoms and TB case finding in the piloted TB and PHC facilities; - Organize transportation of diagnosed SS+TB patients with special transport to the TB facilities for treatment. <p><u>Output:</u></p> <ul style="list-style-type: none"> - Conducted assessment on TB-IC risk transmission in three TB facilities in TB CARE pilots - Developed set of recommendation for each assessed TB health facility that was discussed with health care personnel of respective facilities. - Developed the general recommendations and presented to NTP manager. 			
3.2.8	KNCV	Development of instruction (SOP) on patient triage and separation to improve patient triage and separation practices in TB CARE I pilots	Development of instruction (SOP) on patient triage and separation to improve patient triage and separation practices was started by TB CARE I local staff with support from TB CARE I Regional TB-IC Officer Vlad Furman.	Nov 13	Jan 14	Ongoing
3.2.9	KNCV	Development and introduction of SOP for TB-IC measures in ambulatory care settings	Development of SOP for TB-IC measures in ambulatory care settings was started by TB CARE I local staff, with support of TB CARE I Regional TB-IC Officer.	Jan 14	Apr 14	Ongoing
3.2.10	KNCV	Training of SES specialists in the use of TB-IC monitoring tools, modern TB-IC assessment and monitoring approaches	Planning for Quarter 2.	Apr 14	May 14	Pending

3.2.11	KNCV	Supportive supervision and monitoring visits on TB-IC in TB CARE I pilots	<p>To assess achievements in TB-IC measures implementation in TB CARE I pilot districts, regular supervision visits were conducted during the quarter. With TB CARE I support, two TB facilities in Rasht (December 03, 2013) and Tavildara districts (December 04, 2013) were visited by local monitoring team consist of representatives of NTP and SES. Achievements in TB-IC measures implementation (development of TB-IC plans, use of TB-IC measurement equipment) were evaluated during the visits.</p> <ul style="list-style-type: none"> - <u>Output:</u>Set of recommendations were provided to medical staff responsible for TB-IC in each visited facility - On-the-job trainings to the local staff were conducted. 	Oct 13	Sep 14	Ongoing
3.2.12	KNCV	International advanced training in modern IC practices	The activity is planned for Q2	Mar 14	May 14	Pending



Photo 9. Supportive supervision and monitoring visits on TB-IC in TB CARE I pilots, Tavildara district, December 04, 2013



Photo 10. Supportive supervision and monitoring visits on TB-IC in TB CARE I pilots, Tavildara district, December 04, 2013



Photo 11. Training on development of TB-IC plans for TB health facilities in Rasht area and new pilot districts (Farhor and Baljuvan), Dushanbe, December 11-13, 2013



Photo 12. Training on development of TB-IC plans for TB health facilities in Rasht area and new pilot districts (Farhor and Baljuvan), Dushanbe, December 11-13, 2013



Photo 13. TB Control Center of Tojikobod district



Photo 14. TB Control Center of Jirgital district

2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
C6	Number of MDR cases diagnosed	60	70	Number of MDR TB cases diagnosed in 9 TB CARE I pilots in Q1 is 21	
C7	Number of MDR cases put on treatment	Dangara, Temurmalik – 35 (80)% in 2013 Rasht area (Rasht, Nurabad, Tojikobod, Tavildara, Jirgital) - 15 (100)% in 2013 2 new district (TBD)-0% - 2013	Dangara, Temurmalik – 100%, Rasht area (Rasht, Nurabad, Tojikobod, Tavildara, Jirgital) – 100%, 2 new district (Farhor, Baljuvan) – 100%	Q1:22 Dangara- 5 (100%), Temurmalik- 3(100%), Rasht – 0, Nurabad – 3 (100%), Tojikobod – 2 (100%), Tavildara - 0, Jirgital – 1 (100%), Farhor -4 (100%), Baljuvan -3 (100%)	
4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment		50%		Measured annually
4.1.3	MDR TB patients who have completed the	73%	70%		Measured annually

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status
				Start	End	
				4.1.1	KNCV	
4.1.2	KNCV	Development of PMDT training modules on comprehensive programmatic management of DR TB utilizing cross cutting content	To conduct the advanced TOT training on PMDT, KNCV HQ HRD Consultant Ieva Leimane, TB CARE I Country Director for Kazakhstan/Regional Senior TB Advisor Maria Idrissova, jointly with TB CARE I local staff, developed a draft of the PMDT module based on Tajikistan MDR-TB guidelines, and including Adult Education Principles and Training Methodologies. Module materials included program needs that correspond to appropriate target groups (TB, PHC doctors and nurses); the draft of the module was used by training facilitators for teaching during advanced TOT training on PMDT. The draft of the PMDT training module will be finalized for use during further PMDT trainings in TB CARE I pilot sites countrywide.	Nov 13	Jan 14	Ongoing
4.1.3	KNCV	Advanced TOT training on comprehensive programmatic management of DR TB	The five-day advanced TOT training on comprehensive programmatic management of DR TB was held for healthcare professionals from NTP and TB CARE I pilot sites engaged in clinical management of DR-TB in their respective settings. Training aimed to prepare participants for further DR-TB trainings based on updated management of TB, TB-HIV and DR-TB in accordance with national PMDT guidelines. Twenty participants (13 males and 7 females) were involved in the training, where TB CARE I staff (Country Director for Kazakhstan/Regional Senior TB Advisor Maria Idrissova, Technical officer Furuza	Jul 14	Sep 14	Completed

			<p>Saidova) and KNCV HRD Consultant (Ieva Leimane) facilitated sessions during the training. Specialists from the NTP and TB CARE I pilot sites co-facilitated specific sessions.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - Improved trainer skills of 20 professionals - Developed competencies of the participants on planning and management of MDR-TB case management - Prepared PMDT module based on National MDR TB Guideline and training materials for specific settings and target groups. 			
4.1.4	KNCV	Refresher PMDT trainings in current pilot sites	<p>One three-day refresher PMDT training was conducted by TB CARE I local staff and NTP specialist on November 12-14, 2013. 15 TB doctors from five districts of Rasht area (15 males) attended the training.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - TB clinicians from 5 TB CARE pilots were trained on MDR TB. 	Dec 13	Jan 14	Pending
4.1.5	KNCV	PMDT trainings in new pilot districts TBD	<p>As part of PMDT implementation in new TB CARE I pilots (Farhor and Baljuvan), two three-day PMDT trainings were conducted for TB and PHC providers from Baljuvan (November 26-28, 2013) and Farhor (November 23-25, 2013). Each pilot district was represented by the TB center, TB department (TB doctors, nurses) and PHC facility (family doctors) who will act as the district PMDT team in their own district. Trainings were facilitated by NTP MDR TB coordinator and TB CARE I staff. A total of 30 participants (30 males) attended these trainings.</p> <p><u>Output:</u></p>	Feb 14	Mar 14	Ongoing

			- 30 TB clinician and PHC providers from new TB CARE I pilots were trained on PMDT.			
4.1.6	KNCV	Trainings on management of SLD for nurses from new districts	The activity is planned for Q3	Feb 14	Mar 14	Pending
4.1.7	KNCV	Supportive supervision and monitoring visits	<p>One supportive supervision and monitoring visit to pilot area (Rasht) was conducted on November 11-15, 2013, by TB CARE I local staff and National Coordinator (Dr. Abdulloeva M.). Within this activity, four districts of Rasht area were visited.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - On-the-job trainings for local staff on proper reporting and recording, preparation of medical documentations for submitting to central treatment Consillium were conducted - The treatment process of MDR TB patients enrolled into treatment in TB CARE I pilots was monitored. 	Oct 13	Sep 14	Ongoing
4.1.8	KNCV	Cross-monitoring missions to TB CARE I project countries/sites	The activity is planned for Q3	Apr 14	May 14	Pending
4.1.9	KNCV	National coordination meeting on the results of cross-monitoring missions to TB CARE I project countries/sites	The activity is planned for Q3	May 14	Jun 14	Pending
4.1.10	KNCV	TWG meetings on MDR TB	The activity is planned for Q2-4	Oct 13	Sep 14	Pending
4.1.11	KNCV	Advanced training in PMDT for TB specialists from NTP	The activity is planned for Q2	Jun 14	Sep 14	Pending



Photo 15. Advanced TOT training on comprehensive programmatic management of DR TB, Dushanbe, December 09-13, 2013



Photo 16. Advanced TOT training on comprehensive programmatic management of DR TB, Dushanbe, December 09-13, 2013

2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date		Comments
6.2.1	TB CARE-supported supervisory visits conducted		54	90 (10 visits to 9 sites)			Measured annually
6.2.2	People trained using TB CARE funds		1010	885			
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status	
				Start	End		
6.2.1	KNCV	International conferences and workshops	TB CARE I supported participation of NTP Manager Dr. Bobokhojaev O. I. in the 44 Union World Conference on Lung Health in Paris (October 30 – November 03, 2013).	Dec 13	Sep 14	Completed	
6.2.2	KNCV	Support on development of concept note for GFATM	The activity is planned for Q2.	Mar 14	Jul 14	Pending	

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
7.2.1	Data quality measured by NTP				80% of reports (timeliness, accuracy and completeness)	Measured annually
7.1.2	<i>R&R forms revised according to latest WHO recommendations</i> Description: Recording and reporting system (paper-based) for routine surveillance exists at national, oblast and district levels, revised according to the latest WHO recommendations and approved		No	Yes	Yes	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status
				Start	End	
7.1.1	KNCV	Review of R&R forms according to the latest WHO recording and reporting requirements	TB CARE I project supported the process of revision of R&R forms and TB definitions. In September 2013, NTP established a TWG to conduct the work. With technical support, TB CARE I Regional M&E Officer Aigul Tursynbayeva and local TB CARE I staff NTP facilitated eight TWG meetings to discuss new WHO requirements for TB definitions and reporting framework. <u>Output:</u> <ul style="list-style-type: none"> - TB definitions and R&R forms were revised in accordance with WHO recommendations - Instruction on data collection, revised R&R forms and TB definitions was developed. 	Nov 13	Jan 14	Completed
7.2.1	KNCV	Development of instruction on data collection based on revised R&R forms	TB CARE I supported the process of revision of TB definitions and R&R forms with the latest WHO recommendations as well as the development of instruction on data collection based on revised R&R forms. TB CARE I Regional M&E Officer Aigul Tursynbayeva jointly with NTP professionals and local TB CARE I Technical Officers	Nov 13	Feb 14	Ongoing

			developed the instruction on data collection based on revised R&R forms and definitions. The draft of the instruction was translated into Tajik and submitted to NTP for approval.			
7.2.2	KNCV	Training on revised R&R forms for oblast and district TB coordinators	In order to assess draft of revised R&R forms and instruction on data collection, as well as to generate reliable indicators on monitoring and evaluation of TB control programs, TB CARE I facilitated the training for Oblast TB Coordinators on December 3-5, 2013. Participants were asked also to provide their input to the R&R forms and the design of the instruction on data collection. A total of 15 leading M&E specialists from oblast and city TB centers (8 males and 7 females) participated in the workshop.	Mar 14	Jun 14	Ongoing
7.2.3	KNCV	Supportive supervision and monitoring visits	The activity is planned to conduct in Q2-4	Oct 13	Sep 14	Pending
7.2.4	KNCV	Cohort analysis workshops to improve data collection and data analysis	The activity is planned to conduct in Q3-4	Apr 14	Sep 14	Pending
7.3.1	KNCV	OR on reasons for treatment default	The activity is planned to conduct in Q2-4	Jan 14	Sep 14	Pending
7.3.2	KNCV	CAR regional SORT-IT OR course	The activity is planned to conduct in Q2-4	Jan 14	Sep 14	Pending



Photo 17. Review of R&R forms according to the latest WHO recording and reporting requirements, Dushanbe, December 02, 2013



Photo 18. Training on revised R&R forms for oblast and district TB coordinators, Dushanbe, December 03-05, 2013

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

Current Global Fund TB Grants

Name	Average Rating*	Current Rating	Total Approved Amount	Total Dispersed to Date
RCC3 (Rolling Continuation Channel of Round 3) Grant Number: TAJ-304-G02-T	01/10/2009-30/06/2010 – B1 01/07/2010-31/12/2010- B1 01/01/2011-30/06/2010 – B1 01/07/2011-31/12/2011 – B1 01/01/2012-30/06/2012 – B2 01/07/2012-31/12/2012 –B2	6 Average: B1 Latest: B2	Total Agreement Amount is \$12,398,456 Total Committed Amount is \$9,526,584	\$9,526,584
Transitional Funding Mechanism (TFM) Grant Number: TAJ-809-G09-T	N/A	N/A	N/A	N/A

* Since January 2010

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

Presently, there are two active Global Fund programs on TB control in Tajikistan: RCC3 (Rolling Continuation Channel of Round 3) and Transitional Funding Mechanism (TFM). These two GF projects are being successfully implemented in Tajikistan.

The primary recipient of RCC3, Grant Number: TAJ-304-G02-T, is Project Hope. The current rating of the project since December 2012, is B 2. Total agreement amount is \$12,398,456. Disbursement of the budget is 77%. Presently, this project supports DOTS in 37 districts. From the middle of 2013, the project started implementation of MDR TB program in seven districts (six districts in Soghd Oblast and one district in Khatlon Oblast). The major share of this grant is allocated for procurement of FLDs for country, as well as SLDs for 300 patients (from 2013 to 2015), and provision of laboratory reagents and commodities for microscopy laboratories. In 2013, the Project purchased SLD for 125 MDR TB patients and placed the order for FLD for 7500 TB patients (including buffer-stock). The Project is now focused on the detection of MDR TB patients in above-mentioned six pilots and capacity building of medical personnel.

From October 2013, UNDP is managing TFM Project (TAJ-809-G09-T), which has two objectives ("Ensure high-quality diagnosis" and "Address TB/HIV, MDR TB and other challenges").

The project is focused on supporting laboratory systems, management of MDR TB cases, improvement of TB management among risk groups, including children, and improvement of quality of care and nosocomial infection control.

Under this grant, the number of trainings is limited and focused on MDR TB treatment and quality control in microscopy and culture investigations.

Under this grant, second line drugs will be procured for 1,600 patients over two years (800 treatment courses in 2014 and 2015 respectively). Besides, procurement of drugs for management of SLD side effects is also planned. The period of project implementation in framework of this grant is from October 2013 to November 2015.

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

From the introduction of TB CARE I in the country, effective collaboration was established with both projects of Global Fund in Tajikistan, particularly in the areas of GeneXpert implementation, PMDT and M&E. There is a regular update and exchange of information among projects, including joint participation in TWG meetings.

4. MDR-TB Cases Diagnosed and Started on Treatment in Country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments
Total 2010	333	245	
Total 2011	598	380	
Total 2012	780	536	
Jan-Mar 2013	195	125	
Apr-Jun 2013	277	88	
Jul-Sep 2013	227	234	
Oct-Dec 2013	366	219	
Total 2013	1065	666*	

*Due to lack of SLD not all MDR diagnosed cases were enrolled to the treatment in 2013.

5. TB CARE I-Supported International Visits (Technical and Management-Related Trips)

	Partner	Activity Code	Name	Purpose	Planned Month, Year	Status	Dates Completed	Additional Remarks
1	KNCV	1.2.2	Gulnara Kaliakbarova	Meeting on the establishment of patient support team (at NTP level)	November 2013	Completed	December 15-21, 2013	Combined with 1.2.3.and 1.2.10
2	KNCV	1.2.3	Gulnara Kaliakbarova	Coordination meetings with local government authorities (Hukumats)	December 2013	Completed	December 15-21, 2013	Combined with 1.2.2.and 1.2.10
3	KNCV	1.2.4	Gulnara Kaliakbarova	Training on outpatient care and PSS protocol for Rasht area districts and two new districts TBD	December 2013	Not completed		
4	KNCV	1.2.10	Gulnara Kaliakbarova	Supportive supervision visits on outpatient care and psychosocial patient support model in TB CARE I pilots	November 2013, August 2014	Completed	December 15-21, 2013	Combined with 1.2.2.and 1.2.3
5	KNCV	2.3.1	Valentina Anisimova	Development of the national Xpert MTB/RIF maintenance and troubleshooting guide	October 2013	Completed	December 12-22, 2013	Combined with 2.3.2 and 2.3.6
6	KNCV	2.3.3	Gulmira Kalmambetova	Development of M&E plan for Xpert MTB/RIF	December 2013	Not completed		
7	KNCV	2.3.5	Svetlana Pak	Workshop on Xpert planning and budgeting	August 2014	Not completed		
8	KNCV	2.3.6	Gulmira Kalmambetova	Training on Xpert MTB/RIF troubleshooting and maintenance	February 2013	Completed	December 12-22, 2013	Conducted by Valentina Anisimova, combined with 2.3.1 and 2.3.2
9	KNCV	2.3.8	Valentina Anisimova	Training on MIS on Xpert MTB/RIF	March 2014	Not completed		
10	KNCV	2.3.15	Gulmira Kalmambetova	Evaluation of Xpert use and its impact on the country	July 2014	Not completed		
11	KNCV	2.3.19	Gulmira Kalmambetova	Workshop on evaluation of Xpert use and its impact to the country	July 2014	Not completed		
12	KNCV	3.2.3	Vlad Furman	Cascade TB-IC trainings for health providers (nurses, PHC physicians and laboratory	February 2014	Not completed		

				personnel) from nine TB CARE I districts				
13	KNCV	3.2.4	Vlad Furman	Development of TB-IC plans for TB health facilities in Rasht area and new pilot districts TBD	March 2014	Completed	December 08-14, 2013	Combined with 3.2.7
14	KNCV	3.2.7	Vlad Furman	TB-IC risk assessment of TB and PHC health facilities in two new pilots (TBD), four districts of Rasht area, GBAO and Sogd Oblast	December 2013, February-March 2014, April 2014, July 2014	Completed	December 08-14, 2013	
15	KNCV	3.2.10	Vlad Furman	Training of SES specialists in the use of TB-IC monitoring tools, modern TB-IC assessment and monitoring approaches	April 2014	Not completed		
16	KNCV	4.1.3	Maria Idrissova Ieva Leimane	Advanced TOT training on comprehensive programmatic management of DR TB	July 2014	Completed	December 08-14, 2013	
17	KNCV	4.1.9	Maria Idrissova	National coordination meeting on the results of cross-monitoring missions to TB CARE I project countries/sites	May 2014	Not completed		
18	KNCV	7.1.1	Aigul Tursunbaeva	Review of R&R forms according to the latest WHO recording and reporting requirements	November 2013	Completed	December 01-06, 2013	Combined with 7.2.2
19	KNCV	7.2.2	Aigul Tursunbaeva	Training on revised R&R forms for oblast and district TB coordinators	March 2014	Completed	December 01-06, 2013	
20	KNCV	7.2.4	Agnes Gebhard	Cohort analysis workshops to improve data collection and data analysis	July 2014	Not completed		
21	KNCV	7.3.1	Suzanne Verver Aigul Tursunbaeva	OR on reasons for treatment default	January and August 2014	Not completed		
Total number of visits conducted (cumulative for fiscal year)						10		
Total number of visits planned in workplan						21		
Percent of planned international consultant visits conducted						47.6%		