



TB CARE I

TB CARE I - Tajikistan

Year 4

Quarterly Report

January – March 2014

April 30, 2014

Table of Contents

TABLE OF CONTENTS	2
1. QUARTERLY OVERVIEW	3
YEAR 4 TECHNICAL OUTCOMES AND ACTIVITY PROGRESS	5
2.1 Universal Access	5
2.2 Laboratories	13
2.3 Infection Control	19
2.4 PMDT	25
2.6 HSS	29
2.7 M&E, OR and Surveillance	30
3. TB CARE I'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 4	34
4. MDR-TB CASES DIAGNOSED AND STARTED ON TREATMENT IN COUNTRY	36
5. TB CARE I-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	37
6. FINANCIAL OVERVIEW	40

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	January – March 2014

Most Significant Achievements:

Universal and Early Access:

TB CARE I Project continued its activities on strengthening implementation of outpatient care in TB CARE I pilots on the basis of results achieved in the previous quarter. The Project continued its close collaboration with local government officials and decision-makers to raise awareness about tuberculosis in the community. Consequently, local government authorities in nine project pilot districts, including two new pilots, issued official orders and statements of social support of TB/MDR TB patients to assure the sustainability of patient support systems.

One of the illustrative examples of support from local municipal authorities is allocation of land plots to nine TB/MDR TB patients in Dangara district. Every patient received two decares of land to establish a vegetable garden and orchards. In this quarter, 24 MDR TB patients in Dangara, Farhor and Baljuvan received different types of social support, including exemption from property taxes and utility payments, as well as food packages.

Starting this quarter, within implementation of ambulatory care, TB CARE I started monthly distribution of food and hygienic parcels to all (n=88) MDR TB and to the poorest TB patients (n=12) registered in 9 TB CARE I pilots to increase their adherence to treatment and prevention of treatment defaults.

Laboratory:

Uninterrupted and quality assured functioning of the Xpert machine in Rasht is one of the most important tasks of the TB CARE I Project. GeneXpert, which was installed with TB CARE I support in the Rasht area, continues functioning, and 682 presumed TB and 19 MDR TB suspects were tested during two quarters of APA4 (Oct 2013-March 2014). Out of all (n=701) tested suspects 55 TB cases were detected, including 8 Rif resistant cases. An analysis of data showed that the Xpert MTB positivity rate (Xpert MTB positive/all successful Xpert tests) was 7.6%, and the Xpert RIF resistant rate (Xpert MTB+RIF resistant/all Xpert MTB positive) was 17%.

Thanks to supporting sample transportation systems of the Project, regular sputum collection is organized inside of every TB CARE I pilot, as well as to the nearest GeneXpert laboratory. Thus, during this quarter, 893 samples were collected within the pilots, which were transported to the GeneXpert testing site; as a result 16 MDR TB patients were detected in nine TB CARE I pilots, and all of them were enrolled on SLD treatment. In comparison with the same quarter of previous year (when the sample transportation system was only being established), only 2 MDR TB patients were diagnosed in pilot sites.

PMDT:

PMDT achievements include the following:

- all detected MDR TB patients (16 persons) in nine pilots were enrolled in treatment with SLD in Q2
- TB CARE I project supported custom clearance procedures of two shipments of SLDs (second delivery of 1st Order and first delivery of 2nd Order) delivered within this quarter, which contributed to an uninterrupted SLD drug supply.
- quality care of MDR TB patients was ensured in pilots, including two new pilots (Baljuvan and Farhor) by PMDT trainings for all medical providers, involved in the treatment of DR TB and regular monitoring and supervision visits.

Infection Control:

TB CARE I continued activities to strengthen capacities of local specialists, including physicians, nurses, and laboratory specialists of PHC services by conducting cascade trainings on TB-IC for all above-mentioned target groups. The important contribution of these trainings was the fact that the target groups were never trained before on TB IC, and they expressed their new found interest in implementation of TB IC measures in PHC facilities.

M&E, OR and Surveillance:

TB CARE I supported the process of revising TB case 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, that was approved by the Order of the Ministry of Health No. 64 dated 8 February 2014. In accordance with this Order, the reporting and recording on TB will be implemented using revised definitions and R&R forms. For this purpose, TB CARE I supported the printing of instructions and revised R&R forms for use in TB and PHC facilities countrywide.

TB CARE I t is planning to start operational research to assess reasons for loss to follow up of TB and MDR TB treatment. In this quarter, Project staff began elaboration of an OR Protocol, research planning and scheduling; official authorization of MoH and Ethic Committee to start the OR was also received.

Technical and Administrative Challenges:

Due to limited access to the Rasht area in winter, the implementation of some activities (supportive/supervision and monitoring visits) in Rasht was postponed.

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 Q2: Dangara – 100% (1/1); Temurmalik – 20% (1/5); Rasht area - 43% (3/7) (Rasht – 100% (1/1), Tojikobod – 0% (0/0); Nurobod – 0% (0/3); Jirgital – 66% (2/3); Tavildara – 0% (0/0); 2 new TB CARE I pilots: Farhor – 80% (4/5); Baljuvan – 0% (0/0) Total – 48% (12/25)	
1.2.12	Percent of (MDR) TB patients receiving patient support (TB CARE I supported) Numerator: Number of (MDR) TB patients receiving patient support	0%	100% (100 MDR TB patients from TB CARE I pilot sites)	88/88 (100% MDR TB patients receiving patient support)	Patient support was started 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.

	Denominator: Total number of (MDR) TB patients in the treatment					
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status²
				Start	End	
1.2.1	KNCV	Meeting on the establishment of a subgroup on outpatient care and PSS under MDR TB TWG	<p>TB CARE I is in the process of strengthening outpatient care and implementation of a psychosocial patient support model at the national and pilot levels. TB CARE I organized the meeting on the establishment of a subgroup on outpatient care and PSS under MDR TB TWG. The meeting was held on October 31, with participation of key NTP specialists, as well as representatives of local government, PHC and TB services from TB CARE I pilot sites. The agenda of the meeting covered organizational topics, membership, terms of reference, tasks division and other topics related to the role and responsibilities of the subgroup members. As a result of the meeting, a subgroup on outpatient care and PSS was established that will be responsible for the implementation of protocol of outpatient care and PSS (developed and approved in APA3) in the TB CARE I pilot sites. A total of 20 participants (6 females, 14 males) were in attendance.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - Subgroup on outpatient care and PSS under MDR TB TWG was established - TOR for outpatient care and PSS subgroup under MDR TB TWG was developed - Task divisions for members of 	Oct 13	Dec 13	Completed in Q1

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.)

			outpatient care and PSS subgroup was developed			
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.</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 - PST Chair and the main members were appointed 	Nov 13	Dec 13	Completed in Q1
1.2.3	KNCV	Coordination meetings with local government authorities (Hukumats)	TB CARE I continues conducting coordination meetings with managers of local municipal bodies (Hukumats at district level and Jamoats at village level). This	Dec 13	Sep 14	Ongoing

			<p>quarter, TB CARE I specialists met with Hukumats' representatives of two new TB CARE I pilots Baljuvan (January 22, 2014) and Farhor (January 24, 2014). TB and PHC managers from both districts also attended abovementioned meetings. The main issue to be discussed during the meetings was issue on capacities of local municipal bodies to support implementation of outpatient care model in Baljuvan and Farhor. TB CARE I specialists presented information on social support provided by local government authorities to TB and MDR TB patients within ambulatory treatment in other TB CARE I pilots. As a result, the agreement and political commitment from Hukumats of Baljuvan and Farhor was achieved and their Orders covering outpatient care implementation plans were issued. A total of 25 participants (21 males, 4 females) were in attendance in two 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 two new TB CARE I pilots (Baljuvan and Farhor) - Orders covering the implementation plans were issued by Hukumats of both new pilots - From the beginning of this year, 24 patients in Dangara, Farhor, Baljuvan started receiving different types of social support from the government and local businesses (9 patients from Baljuvan and Farhor were relieved from property taxes and utility payments, 6 patients from Farhor were provided with 			
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			food packages, 4 Jamoats of Dangara district allocated land-plots to 9 MDR TB patients (every patients received 2 decares of land to establish the vegetable gardens and orchards).			
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 Q3	Dec 13	Feb 14	Pending
1.2.5	KNCV	Training on interpersonal communication skills for two new districts TBD	Two, two-day trainings on interpersonal communication skills for two new TB CARE I districts Baljuvan (January 07-08, 2014) and Farhor (January 09-10, 2014) were conducted in Kurgan-tube city. Community and religious leaders, PHC nurses from Baljuvan and Farhor participated in these trainings. A total of 40 participants (F=12) attended the trainings.	Dec 13	Jan 14	Completed in Q2
1.2.6	KNCV	Trainings on raising awareness, stigma reduction on TB and adherence to treatment for two new districts	Two, two-day trainings on raising awareness, stigma reduction on TB and adherence to treatment for two new TB CARE I districts Baljuvan (January 13-14, 2014) and Farhor (January 15-16, 2014) were conducted in Kurgan-tube city. Health workers, community leaders and activists from Baljuvan and Farhor participated in these trainings. A total of 40 participants (3 females and 37 males) attended the trainings.	Jan 14	Mar 14	Completed in Q2
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	From the middle of January, TB CARE I started monthly distribution of food and hygiene parcels for MDR TB patients from TB CARE I pilots. During this quarter 2 acts of food-and-hygienic parcels distribution were implemented for 88 MDR TB and 12 TB patients: <ul style="list-style-type: none"> - Dangara – 24 MDR TB patients - Temurmalik – 17 MDR TB patients 	Jan 13	Sep 14	Ongoing

			<ul style="list-style-type: none"> - Baljuvan – 4 MDR TB patients - Farhor – 9 MDR TB patients - Nurobod – 7 MDR TB and 3 TB patients - Tojikobod – 6 MDR TB and 3 TB patients - Jirgital – 9 MDR TB and 3 TB patients - Rasht – 12 MDR TB and 3 TB patients 			
1.2.9	KNCV	Advanced training on PSS for four TB specialists from NTP	Communication with training course organizers (Khakassia Republican Department of Russian Social Organization "Russian Red Cross ") has been started. List of participants from NTP for this training course was approved by Ministry of Health of the Republic of Tajikistan, travel arrangements were started.	Apr 14	Jun 14	Ongoing
1.2.10	KNCV	Supportive supervision visits on outpatient care and psychosocial patient support model in TB CARE I pilots	Supportive supervision visits to Temurmalik, Dangara and Farhor (March 18-19, 2014) were conducted with the aim to assess implementation of patient support system with focus on social support provided and collaboration of health workers (PHC and TB) with community and religious leaders. During the supervision visit, the monitoring team met with representatives of the local authorities, PHC nurses and TB health workers. The existing problems in implementation of ambulatory care model in the districts were discussed with focus on possible solutions with support from Hukumats and Jamoats. Monitoring team also distributed food-and-hygienic parcels to MDR TB patients during the visits.	Nov 13	Sep 14	Ongoing
1.2.11	KNCV	District trainings on childhood TB	The activity is planned for Q3	Apr 14	Sep 14	Pending
1.2.12	KNCV	Event dedicated to World TB Day to increase awareness on TB in communities	Round table dedicated to World TB Day was conducted March 31, 2014 in Kulyab city, with participation of representatives of Local municipal bodies (Hukumats, Jamoats), SES, PHC and TB services. A	Mar 14	Apr 14	Ongoing

			<p>total of 55 participants (12 females and 43 males) attended the event. TB CARE I specialists also supported World TB Day Event in Children TB Hospital in Dushanbe in March 24, 2014.</p>			
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Photo 1. Distribution of food and hygiene parcels to MDR TB patients in Dangara district



Photo 2. Distribution of food and hygienic parcels to MDR TB patients in Temurmalik district



Photo 3. Distribution of food and hygiene parcels to MDR TB patients in Rasht



Photo 4. Training on interpersonal communication skills, Baljuvan district (January 07-08, 2014)



Photo 5. Event dedicated to World TB Day in Children TB Hospital (Dushanbe, March 24, 2014)



Photo 6. Event dedicated to World TB Day in Children TB Hospital (Dushanbe, March 24, 2014)



Photo 7. Round table dedicated to World TB Day, Kulyab city, March 31, 2014



Photo 8. Training on interpersonal communication skills, Baljuvan district (January 07-08, 2014)

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 Q2 is 447, and 701 since October 2013.	In Q2, there were 447 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 tested with Xpert MTB/RIF in Rasht area in Q2 was 447 (701 for Q1 and Q2 combined). Among them were: TB cases – 21 (these cases were diagnosed from newly diagnosed and previous treated patients) (5% positivity)	

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status
				Start	End	
						rate) RIF resist cases – 6 (29% of all detected MTB+ cases) Since October 2013 (Q1 and Q2) out of all (n=701) tested suspects 55 TB cases were detected, including 8 Rif resistant cases.
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 developed the draft of the national Xpert MTB/RIF maintenance and troubleshooting SOP which was submitted to NTP for approval.	Oct 13	Dec 13	Completed in Q1
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 the 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: <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, 	Oct 13	Nov 13	Completed in Q1

			<p>including log sheet</p> <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 (6 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 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	Feb 14	Mar 14	Completed in Q1

			specialists from NTP, Oblast and district laboratories. <u>Output:</u> - 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 on Xpert	Four, one-day trainings on sputum collection for PHC nurses were conducted in Kulyab city January 13-16, 2014. In these trainings, 40 PHC nurses (27 males, 13 females) from four TB CARE I pilots of Khatlon area (Baljuvan, Farhor, Dangara and Temurmalik) were trained.	Dec 13	Mar 14	Ongoing
2.3.8	KNCV	Training on MIS on Xpert MTB/RIF	The activity is planned for Q3	Dec 13	Apr 14	Pending
2.3.9	KNCV	Cascade trainings on Xpert MTB/RIF for new districts	Two, two-day cascade XpertMTB/RIF trainings were conducted for TB and PHC clinicians, managers, and laboratory specialists from two new TB CARE I pilots (Farhor and Baljuvan). The trainings were facilitated by national trainers (trained in the ToT on Xpert in December 2012) and TB CARE I local staff. The trainings were conducted in Kulyab city (January 27-28 and January 29-30, 2014). A total of 30 participants (28 males and 2 females) were in attendance in these trainings.	May 14	Jun 14	Completed in Q2
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 at the project pilot site, TB CARE I supported a supervision and monitoring visit to Rasht district March 6-7, 2014. Monitoring visit was conducted by National Laboratory Coordinator jointly with TB CARE I local staff and UNDP International Laboratory Advisor. During the visit, the monitoring team conducted calibration of the Xpert MTB/RIF machine as well as monitored laboratory aspects of using of the monitoring check lists for Xpert	Nov 13	Sep 14	Ongoing

			MTB/RIF.			
2.3.11	KNCV	Development of sample transportation protocol for two new districts TBD	<p>To develop sample transportation system in new project pilots, TB CARE I conducted two, one-day meetings with local counterparts in Baljuvan (December 27, 2013) and Farhor (December 28, 2013). A total of 30 participants (30 males) attended these meetings.</p> <p>After approval of the sample transportation protocol, TB CARE I project supported two, one-day trainings for medical staff from PHC and TB services of Baljuvan (January 22, 2014) and Farhor (January 23, 2014).</p> <p>In total, 44 participants (30 males and 14 females) were trained on the developed sample transportation protocol.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - Draft protocol on the sample transportation system for Farhor and Baljuvan developed and submitted to NTP for approval. - Trained medical staff from PHC and TB services of Farhor and Baljuvan on sample transportation protocol 	Nov 13	Mar 14	Completed in Q2
2.3.12	KNCV	Procurement of cooling equipment, cartridges and Xpert calibration module	<p>Cooling equipment was procured for TB and PHC health facilities in new TB CARE I pilots (Dangara and Farhor) - 12 refrigerators were distributed to 12 sputum collection points organized in PHC facilities (six sputum collection points were organized in each District) and two refrigerators and two air conditioners were provided to TB District Centers of Farhor and Baljuvan.</p> <p>2000 cartridges were procured within the project for Xpert MTB/RIF machine installation in Rasht laboratory. It is expected that shipment with cartridges will be delivered to Tajikistan in Q3.</p>	Jan 14	Jan 14	Completed in Q2

2.3.13	KNCV	Support of sample transportation system	<p>This quarter, TB CARE I project continues supporting activities (monthly payment for fuel purchase for cars) on sample transportation system for seven pilot districts (Dangara, Temurmalik, Rasht, Nurobod, Tojikobod, Jirgital and Tavildara).</p> <p>From February 2014, the project started supporting activities for the new pilots (Farhor and Baljuvan). This became possible after development of a sample transportation protocol and training of TB and PHC personnel on the process of collection and transportation of sputum samples within these districts and to the nearest Xpert site. During this quarter 893 sputum samples were collected within the pilots and transported to the GeneXpert testing location.</p>	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 first draft of visual aids and posters on Xpert MTB/RIF for PHC facilities is prepared, finalization and printing will be done next quarter	Jan 14	Apr 14	Ongoing
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	<p>The TWG meeting to discuss the draft of the national Xpert MTB/RIF maintenance and troubleshooting SOP for Xpert was conducted on January 9, 2014, with participation of NTP representatives and specialists from partner organizations (1 male and 9 females).</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - The draft of the national Xpert MTB/RIF maintenance and troubleshooting SOP was discussed, finalized and submitted to NTP 	Nov 13	Sep 14	Ongoing



Photo 9. Cascade trainings on Xpert MTB/RIF for new districts, Farhor district, January 29-30, 2014

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	<i>Strengthened TB-IC Monitoring & Measurement</i> Numerator: Number of facilities in which regularly TB-IC monitoring visits conducted with using of IC measurement equipment Denominator: Total number of facilities where TB CARE I planned to conduct TB-IC monitoring visits with using of IC measurement equipment	Y2 – 0 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)	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)		Measured annually	
Activity	Lead	TB CARE Year 4		Cumulative Progress as of Quarter's	Planned Month	Status

Code (***)	Partner	Planned Activities	End	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 and provided to NTP for further distribution to TB health facilities	Oct 13	Dec 13	Completed in Q2
3.2.2	KNCV	Development of TB-IC training modules for different target groups involved in providing TB services	TB-IC training modules for different target groups involved in providing TB services (TB doctors, PHC providers and laboratory specialists) was developed by TB CARE I local staff with support of TB CARE I Regional TB-IC Officer Vlad Furman and KNCV HRD Consultant Ieva Leimane. TB-IC training modules was translated into Tajik and submitted to NTP for approval.	Nov 13	Feb 14	Completed in Q2
3.2.3	KNCV	Cascade TB-IC trainings for health providers (nurses, PHC physicians and laboratory personnel) from nine TB CARE I districts	<p>Eight, two-day cascade TB-IC trainings were conducted by TB CARE local and regional staff and SES representatives for three target groups involved in providing TB services in TB CARE I pilots (nurses, PHC physicians and laboratory personnel).</p> <ul style="list-style-type: none"> - PHC physicians (38 males and 2 females) were trained in two two-day trainings conducted February 13-14, 2014 (Dangara, Farhor, Temurmaliq and Baljuvan) and February 17-18, 2014 (5 districts of Rasht area); - PHC and TB nurses (53 males and 27 females) from all TB CARE I pilots were trained in four, two-day trainings conducted February 24-25, 2014 (Dangara, Temurmaliq), February 26-27, 2014 (Baljuvan, Farhor), March 03-04, 2014 (Jirgital, Nurobod and Tavildara), and March 05-06, 2014 (Rasht, Tojikobod) - Laboratory personnel (18 males, 12 females) were trained on TB IC in two, two-day trainings conducted February 28-March 01, 2014 (4 TB CARE I pilots of Khatlon Oblast) and 	Dec 13	Apr 14	Completed in Q2

			<p>March 11-12, 2014 (5 Districts of Rasht area).</p> <p>A total of 150 participants (109 males and 41 females) attended the cascade trainings</p>			
3.2.4	KNCV	Development of TB-IC plans for TB health facilities in Rasht area and new pilot districts TBD	<p>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 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 Macheton 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 	Mar 14	Apr 14	Completed in Q1

3.2.5	KNCV	Training on the use of IC measurement equipment	<p>With the aim to improve the capacity of TB service and SES staff in new TB CARE I pilots (Baljuvan and Farhor) and four districts of Rasht area (Nurobod, Jirgital, Tojikobod and Tavildara) to measure environmental TB-IC activities, TB CARE I conducted a training on the use of IC measurement equipment in Dushanbe on January 29-30, 2014. The training was facilitated by national trainers (trained during ToT on TB IC in January 2013) and local TB CARE I staff.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - Twenty TB specialists from two new TB CARE I pilots and four districts of Rasht area trained on the use of TB IC equipment (18 males and 2 females) - Improved skills of participants on planning TB-IC activities at the level of TB facilities (the MDR-TB department, the admission and diagnostics department, and the department for TB susceptible patients). 	Mar 14	Apr 14	Completed in Q2
3.2.6	KNCV	Procurement of IC measurement equipment for Rasht area and two new districts TBD	Procurement of IC measurement equipment was started from January 2014; contract with supplier was developed and signed. Delivery is expected in Q3.	Feb 14	Aug 14	Ongoing
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 TB facilities of two new TB CARE I pilots Farhor and Baljuvan on February 11-12, 2014. The assessment was done by TB CARE I Regional TB-IC Officer, National TB-IC Coordinator, SES representative and TB CARE I Technical 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 the	Dec 13	Jul 14	Ongoing

			<p>NTP manager which included the following:</p> <ul style="list-style-type: none"> - Develop and/or improve the TB IC activity plans for 2014 - Improve early diagnostics with TB symptoms and active TB case finding in piloted TB and PHC facilities. - Organize transportation of diagnosed SS+ TB patients using special transport to TB facilities. - Develop national instruction on separation (triage) of patients in the TB and PHC facilities. <p><u>Output:</u></p> <ul style="list-style-type: none"> - Conducted assessment on TB-IC risk transmission in TB facilities of Baljuvan and Farhor - Developed set of recommendation for each assessed TB health facility that was discussed with health care personnel of respective facilities. - Developed 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. Finalization will be done in Q3.	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. Finalization will be done in Q3.	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 3.	Apr 14	May 14	Pending
3.2.11	KNCV	Supportive supervision and monitoring visits on TB-IC in	To assess improvements in TB-IC measures implementation in TB CARE I pilot districts,	Oct 13	Sep 14	Ongoing

		TB CARE I pilots	regular supervision visits were conducted during the quarter. With TB CARE I support, two TB facilities (TB Center and TB hospital) in Temurmalik (February 10, 2014) were visited by TB CARE Technical Officer and representatives of NTP. During the visit monitoring team assessed implementation of TB-IC measures (development of TB-IC plans, use of TB-IC measurement equipment) and recommendations were provided to medical staff responsible for TB-IC in each visited facility.			
3.2.12	KNCV	International advanced training in modern IC practices	Three representatives of MOH, Republican SES and Medical University (1 male, 2 females) nominated by the MOH to participate in the advanced training course "Nosocomial TB transmission risk reduction" in Russia (Vladimir) on March 31 - April 4, 2014. All preparation related to the participation in abovementioned training course was done in time.	Mar 14	May 14	Completed in Q2



Photo 10. Cascade TB-IC trainings for PHC providers (PHC physicians) from 4 districts of Khatlon Oblast, February 13-14, 2014



Photo 11. Cascade TB-IC trainings for PHC providers (PHC physicians) from 5 districts of Rasht area, February 17-18, 2014



Photo 12. Cascade TB-IC trainings for laboratory personnel from 5 districts of Rasht area, March 11-12, 2014



Photo 13. Cascade TB-IC trainings for PHC nurses from Dangara and Temurmalik, February 24-25, 2014

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 Q2 is 16 Number of MDR TB cases diagnosed in 9 TB CARE I pilots in Q1 and Q2 (Oct 2013-Mar 2014) is 37	
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	Dangara, Temurmalik – 100%, Rasht area (Rasht, Nurabad, Tojikobod, Tavildara, Jirgital) – 100%, 2 new district (Farhor, Baljuvan) –	Q2: Dangara- 1 (100%), Temurmalik– 5(100%), Rasht – 1 (100%), Nurabad – 3 (100%), Tojikobod – 0, Tavildara - 0,	

			2 new district (TBD)-0% - 2013	100%	Jirgital – 3 (100%), Farhor -5 (100%), Baljuvan -0 (100%) Total Q1 and Q2: Dangara- 6 (100%), Temurmalik– 8(100%), Rasht – 1 (100%), Nurabad – 6 (100%), Tojikobod – 2, Tavildara - 0, Jirgital – 4 (100%), Farhor -9 (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%		Data not yet available
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		73%	70%		Data not yet available
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	Printing and distribution of copies of MDR TB guideline among pilot district TB professionals	TB CARE I project supported revision of the MDR TB Guideline, which was done jointly with TWG members. Revised MDR TB Guideline was approved by MoH order No. 64 dated 8 February 2014. 350 copies were printed this quarter and provided to NTP for further distribution.	Oct 13	Dec 13	Completed
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	Nov 13	Jan 14	Completed

			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.			
4.1.3	KNCV	Advanced TOT training on comprehensive programmatic management of DR TB	<p>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.</p> <p>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 Firuza 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. 	Jul 14	Sep 14	Completed
4.1.4	KNCV	Refresher PMDT trainings in current pilot sites	One three-day refresher PMDT training was conducted by TB CARE I local staff and NTP specialist on February 17-19, 2014. 15 TB	Dec 13	Jan 14	Completed

			<p>doctors from TB CARE I pilot districts in Khatlon Oblast (13 males, 2 females) attended the training.</p> <p><u>Output:</u></p> <ul style="list-style-type: none"> - TB clinicians from four TB CARE pilots were trained on MDR TB 			
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> <ul style="list-style-type: none"> - 30 TB clinician and PHC providers from new TB CARE I pilots were trained on PMDT. 	Feb 14	Mar 14	Ongoing
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	Supportive supervision and monitoring visits to Temurmalik and Dangara were conducted on February 13-14, 2014 by TB CARE I local staff and National MDR TB Coordinator. During the visits, monitoring team provided on-the-job trainings for local staff on proper clinical management of MDR TB patients, as well as on filling in of revised reporting and recording TB forms.	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 Q3-4	Oct 13	Sep 14	Pending
4.1.11	KNCV	Advanced training in PMDT for TB specialists from NTP	TB CARE I supported participation of two NTP specialists (Dr. Jumaev R., Director of Regional TB Center 1 of Khatlon Oblast (Kulyab area and Dr. Kamolov S., Director of Regional TB Center 2 of Khatlon Oblast (Kurgan-tube area) in the training course "Role of Palliative Care in M/XDR TB management " March 03-07, 2014 in Riga, Latvia.	Jun 14	Sep 14	Completed



Photo 14. Supportive supervision and monitoring visits (home visits to TB patients), Dangara, February 13, 2014



Photo 15. Supportive supervision and monitoring visits, Temurmalik, February 14, 2014

2.6 HSS

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
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6.2.1	TB CARE-supported supervisory visits conducted		54	90 (10 visits to 9 sites)	15 visits were conducted in Q1 and 2		
6.2.2	People trained using TB CARE funds		1010	885	517 (144 females, 373 males) were trained in Q1 and 2		
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 was canceled due to the fact that WHO Country Office hired International Consultant for development of National Strategic Plan on TB and Concept note for GFATM.		Mar 14	Jul 14	Canceled

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)		
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	TB CARE I project supported the process of revision of R&R forms and TB definitions. In September 2013, NTP established a TWG to		Nov 13	Jan 14	Completed in Q1

		requirements	<p>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.</p> <p><u>Output:</u></p> <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. 			
7.2.1	KNCV	Development of instruction on data collection based on revised R&R forms	<p>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 developed the instruction on data collection based on revised R&R forms and definitions. The instruction was approved by Ministry of Health Order No.64 dated 8February 2014.</p>	Nov 13	Feb 14	Completed in Q2
7.2.2	KNCV	Training on revised R&R forms for oblast and district TB coordinators	<p>In order to train district TB coordinators on revised R&R forms and instruction on data collection, TB CARE I facilitated two, three-day trainings for district TB Coordinators from RRS (Rayons of Republican Subordination), including five pilot districts in Rasht area, March 04-06, 2014, and oblast and district TB Coordinators from Kulyab area, including four TB CARE I pilots, on February 12-14, 2014. Totally, 30 TB Coordinators from oblast and district TB centers (28 males and 2 females) participated in the workshop.</p>	Mar 14	Jun 14	Completed in Q2
7.2.3	KNCV	Supportive supervision and monitoring visits	The activity is planned to conduct in Q3-4	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	<p>This quarter within the activity 7.3.1, TB CARE I facilitated the workshop on protocol development for operational research on February 24-28, 2014. The protocol development workshop was attended by 11 specialists (7 males and 4 females) from NTP and city/district TB facilities. Aigul Tursynbayeva (KNCV Regional M&E Officer) and Suzanne Verver (Senior Epidemiologist, KNCV HQ) facilitated the workshop. As a result of the workshop, two draft protocols were developed by participants:</p> <ul style="list-style-type: none"> - To assess risk factors for TB patient failure to follow-up, in comparison with patients successfully treated, with a case control design, using existing records. - To assess what happens to TB patients who fail to follow-up for treatment, by interviewing those recently lost to follow-up. <p>An implementation plan was also developed as part of the abovementioned protocols.</p>	Jan 14	Sep 14	Ongoing
7.3.2	KNCV	CAR regional SORT-IT OR course	The activity is planned to conduct in Q3	Jan 14	Sep 14	Pending



Photo 16. Workshop on protocol development for operational research, Dushanbe, February 24-28, 2014



Photo 17. Training on revised R&R forms for oblast and district TB coordinators, Kurgan-Tube, February 12-14, 2014

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

Tajikistan has started preparation of the Concept Note for Global Fund New Funding Mechanism (NFM). Since December 2014, in the framework of this activity, the Country Dialogue on discussion of NFM commenced. Moreover, the international consultant was hired by the WHO Country Office for development of the National Strategic Plan on TB. The issue on Primary Recipient for NFM is under discussion and will be nominated at a later date by CCM.

Currently, 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.

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. Presently, this project supports DOTS in 37 districts. From mid-2013, the project started implementation of PMDT 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 the TFM Project (TAJ-809-G09-T), which has two objectives ("Ensure High-Quality Diagnosis" and "Address TB/HIV, MDR TB and Other Challenges"). The period of project implementation in framework of this grant is from October 2013 to November 2015.

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, it was planned to procure second line drugs for 1,600 patients over two years (800 treatment courses in 2014 and 2015 respectively).

Currently, in framework of this grant, in the beginning of 2014, injectable second line drug (Cm) for 814 treatment courses and the rest SLD (Lfx, Mfx, PAS, Cs, Pto) for 407 MDR TB patients were procured and delivered to the country.

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.
Jan-Mar 2014	126	162**	**36 MDR TB patients from waiting list were enrolled in treatment from January to March 2014
Apr-Jun 2014			
Jul-Sep 2014			
Total 2014			

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	Pending		
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	Pending		
7	KNCV	2.3.5	Svetlana Pak	Workshop on Xpert planning and budgeting	August 2014	Pending		
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	Pending		
10	KNCV	2.3.15	Gulmira Kalmambetova	Evaluation of Xpert use and its impact on the country	July 2014			
11	KNCV	2.3.19	Gulmira Kalmambetova	Workshop on evaluation of Xpert use and its impact to the country	July 2014	Pending		
12	KNCV	3.2.3	Vlad Furman	Cascade TB-IC trainings for health providers (nurses, PHC physicians and laboratory	February 2014	Completed	February 10-12, 2014	

				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	Pending		
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	Pending		
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	
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	Pending		
21	KNCV	7.3.1	Suzanne Verver Aigul Tursunbaeva	OR on reasons for treatment default	January and August 2014	Completed	February 24-March 01, 2014	
22	KNCV	S&O	Timur Bazikov	Managerial visit	February 2014	Completed	February 05-11, 2014	Timur conducted the regular managerial visit
23	KNCV	S&O	Murdo Bijl	Managerial visit	February 2014	Completed	January 28-February 02, 2014	

24	KNCV	S&O	Agnes Gebhard	Managerial visit	February 2014	Completed	January 31-February 02, 2014	
25	KNCV	S&O	Svetlana Pak	Managerial visit	February 2014	Completed	January 29-February 02, 2014	
Total number of visits conducted (cumulative for fiscal year)						16		
Total number of visits planned in workplan						25		
Percent of planned international consultant visits conducted						64%		