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TB CARE I

TB CARE I - CAR Uzbekistan

**Year 2
Quarterly Report
July-September 2012**

October 30, 2012

Quarterly Overview

Reporting Country	CAR-Uzbekistan
Lead Partner	KNCV
Collaborating Partners	WHO
Date Report Sent	30-10-2012
From	Sharaf Yuldashev
To	Arman Toktabayanov
Reporting Period	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	95%
2. Laboratories	100%
3. Infection Control	100%
4. PMDT	100%
6. Health Systems Strengthening	67%
7. M&E, OR and Surveillance	100%

Overall work plan completion	94%
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Most Significant Achievements

Universal and early access:

TB CARE I conducted a consensus building meeting between prison and general TB health care services on September 18-20, 2012. The main goal of the meeting was to promote collaboration between the Prison Service Medical Department and National TB Program, particularly as it relates to transitional care and the management of drug resistant TB control in prisons. According to the participants this meeting was the first valid opportunity to meet peers from the other service over the past few years. Partners on TB control discussed all administrative issues and reached a common vision on how transitional care for prisoners with TB can be improved.

TB CARE I conducted an assessment mission to analyze local needs and capacities on piloting of outpatient care in July of 2012. During the mission to Tashkent, Navoi and Bukhara, TB CARE I staff made visits to TB and PHC facilities at regional, municipal and rural level, to meet with key TB specialists, representatives of local government and leaders of local civil community (Makhallya committees). The results of the assessment laid groundwork for drafting of the pilot outpatient model in Uzbekistan. Also mission defined tentative sites for piloting of the model and introduced to NTP a patient – oriented support mechanism as essential part of outpatient care .

Labs:

TB CARE I provided technical assistance for the development of the GeneXpert strategy in Uzbekistan on July 10-12, 2012. Technical Working Group (TWG) on Xpert implementation was established and four WHO and TB CARE I consultants met with national partners to draft a strategy for the introduction of GeneXpert in the country. Under the leadership of NTP, WHO and TB CARE I developed a draft of national strategy on GeneXpert implementation.

PMDT:

On July 31– August 1, 2012, TB CARE I organized a workshop to develop National MDR TB action plan to prevent and control MDR-TB in Uzbekistan. During the two day workshop, the strategic plan was developed by the working group of leading national TB specialists of Uzbekistan with the support of international partners and TB CARE I experts, in accordance with the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011-2015.

Infection control:

Two TB CARE I consultants and national working group on TB infection control developed the national TB infection control guideline. As an introductory activity, TB CARE I conducted a three-day workshop on TB IC for prison and general TB service epidemiologists to improve their knowledge in TB-IC and provide technical assistance for developing of national IC guideline, on July 23-25. National and international experts presented the first draft of guideline in the end of August 2012. Final draft will be submitted to MoH in the beginning of October 2012.

Overall work plan implementation status

TB CARE I started its work in Uzbekistan from May 2012. In Uzbekistan, TB CARE I is administered by the WHO country office.

In the reported period, TB CARE I implemented most of activities planned for APA2. Overall project implementation rate increased from 37% in the end of APA2 Q3 to 94% in APA2 Q4.

Technical and administrative challenges

1. Ministry of Justice of Uzbekistan rejected KNCV's application for the branch registration in September 2012, for the second time. USAID, KNCV and WHO agreed that WHO will be in the lead of TB CARE I implementation in APA3.
2. Due to the late signing of MoU between WHO and MOI, supervision visits to prisons were not performed this quarter.
3. Due to the cotton harvest season, it was challenging to ensure participation of some regional TB specialists in TB CARE I events in September, so this situation will be taken into account in APA3 activities timeline planning.

In-country Global Fund status and update

Global Fund PIU is implementing R8 grant. The overall goal of the program is to reduce the burden of TB in Uzbekistan by consolidating the DOTS framework and its expansion by scaling up the management of MDR-TB. Global Fund is the only source providing SLD for country, available for four geographic areas: Tashkent city, Tashkent oblast, Karakalpakstan and the prison sector. MDR treatment sites also can be extended with Samarkand region in October 2012.

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access					Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target					
		Data	Year	Data	Year				
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.5 [OUTPUT] Description: Coordination mechanism between prison and civil TB services Indicator Value: Yes/No Level: National Source: TB CARE I report	no	2011	yes	2012	Yes	In September, TB CARE I conducted a meeting on consensus building between prison and general TB services on September 18-20, 2012, with participation of 32 representatives of prison and general TB services (10 females and 22 males).	Collaboration between prison and civil TB services will be also supported in APA3 according to developed mid term plan for TB control in prisons.	
	1.2.6 [OUTPUT] Description: Medium term plan for implementation of integrated framework for TB control in prisons Indicator Value:Yes/No Level: National Source: TB CARE I Means of Verification: Medium tern plan	no	2011	yes	2012	Yes	Medium term plan was developed in September 2012 during a national meeting on consensus building between prison and general TB health care systems on September 18-20, 2012, where 32 representatives of prison and general TB services attended (10 females and 22 males). This plan is for 2012-2015 and includes participation of health care institutions at various levels.	Mid term plan implementation will be facilitated in APA3. TB CARE will support prisons on GeneXpert implementation and infection control.	
	1.2.7 [OUTPUT] Description: Transitional care mechanism Indicator Value: Yes/No Level: TB CARE geographical area Source: NTP Means of Verification: National order	no	2011	yes	2013	Yes	Current transitional care practices were discussed during the meeting with prison and civil TB services on 19 September 2012 (32 participants from prison and civil TB services, 10 females and 22 males). Further steps to improve these practices were included int the midterm plan on collaboration between prison and general TB services.	General and prison TB services need to be coordinate their activities more closely to ensure timely transition of TB patients from prisons. Development of transitional care issues for TB prisoners will be supported in APA3.	

	<p>1.2.8 [OUTPUT] Description: Pilot regional model for outpatient care Indicator Value: Yes/No Level: TB CARE geographical area Source: NTP Means of Verification: local order</p>	no	2011	yes	2012	Yes	<p>TB CARE I conducted an assessment mission to analyze local needs and capacities on piloting of outpatient care in July of 2012. During the mission to Tashkent, Navoi and Bukhara, TB CARE I staff made visits to TB and PHC facilities at regional, municipal and rural level, to meet with key TB specialists, representatives of local government and leaders of local civil community (Makhallya committees). The results of the assessment laid groundwork for drafting of the pilot outpatient model in Uzbekistan.</p>	<p>TB CARE I recommended NTP to initiate the establishment of inter-sectorial (TB program, Department of Social Affairs, PHC, SES, Prison Service, Education Department, Medical Sanitary – Epidemiological Expertise Commission, civil society, law-enforcement bodies) multidisciplinary working group that will play a leading role on drafting protocol on outpatient model of care including patient support as an essential part of outpatient care. Development and piloting of outpatient model will be done in APA3.</p>
	<p>1.2.3 Prisons with DOTS Indicator Value: Percent Numerator: Number of prisons providing DOTS Denominator: Total number of prisons in the country</p>	data are not available	2011	3	2012	3	<p>Due to the late signing of MoU between WHO and MOI (signed in September 2012), supervisory visits to prison were not performed this quarter.</p>	<p>TB CARE supported partners to develop the national mid-term plan for TB control in prison. Project will use this plan as a basis to ensure continuation of prison related activities.</p>
	<p>1.2.9 [OUTPUT] Description: Prisoners put on treatment by SLD Indicator Value: Level: Source: Means of Verification: Numerator: prisoners put on treatment by SLD Denominator: prisoners diagnosed</p>	data is not available	2011	data is not available	2012	data is not available	<p>Due to the late signing of MoU between WHO and MOI (signed in September 2012), access to prisons was not possible.</p>	<p>Providing access to prisons for international technical assistance is a sensitive issue for prison administration. TB CARE I will use all options available according to MoU signed between MoI and WHO to enter prisons and provide technical assistance.</p>

Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y2		

2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.4 [OUTPUT] Description: A system for Xpert MTB/Rif implementation in the country has been developed Indicator Value: Yes/No Level: National Source: NTP Means of Verification: Strategy for Xpert MTB/Rif implementation in Uzbekistan	no	2011	yes	2013	Yes	On July, 3-day workshop conducted for Xpert Technical Working Group and partners implementing Xpert MTB/Rif in the country to discuss effective coordination on Xpert implementation in the country and Xpert strategy. (17 participants, 6 female and 11 male). On September 13-14, representatives of NTP, TB services, HIV department, SES, partner organizations met again to finalize the national GeneXpert algorithm and discuss implementation plan (20 participants, 13 female and 7 male). Draft Xpert implementation plan was submitted to MoH for review in September 2012.	Due to delay with custom clearance of 4 GenXpert machines via TB EXPAND, Xperts was received by NTP in September. Full implementation of national Xpert strategy will start in October 2012.
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Technical Area 3. Infection Control		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y2		
3.1 Increased TB IC Political Commitment	3.1.1 National TB IC guidelines have been approved and disseminated in accordance with the WHO TB IC policy Indicator Value: Yes/No	No	2011	Yes	2012	Yes	In July, TB CARE I conducted a three-day workshop on TB IC for prison and general TB service epidemiologists to improve their knowledge in TB-IC (25 participants, 8 female and 17 male) with participation of TB CARE IC consultants Nestan Tukvadze and Vlad Furman. Also, TB CARE initiated the establishment of TWG with specialists from the medical department of MIA and prison epidemiologists and NTP for the development of TB-IC guideline, including chapter on TB in prisons. TA was provided by TB CARE consultants. National guideline was finalized on 30 September and will be submitted to MOH in early October of 2012.	National TB policy should be implemented on the district level in each TB facility. <i>Next steps:</i> TB CARE I will follow up with the introduction of IC plans for pilot TB facilities and activities on the development of measurement of IC interventions. National team on TB IC monitoring will be established and equipped.

Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
4.1 Improved treatment success of MDR	4.1.5 [OUTPUT] An improvement plan for PMDT in prisons has been developed and approved. Indicator Value: Yes/No Level: National level Source: NTP and TB CARE I Means of Verification: Final improvement plan	no	2010	yes	2012	Yes	In August, TB CARE I drafted the National MDR TB Action Plan to Prevent and Control MDR-TB in Uzbekistan, including prisons. The plan has been developed during the joint meeting of the working group of leading national TB specialists of Uzbekistan with the support of TB CARE experts in accordance with the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011-2015. 20 participants attended the meeting (13 female and 7 male). National plan will be submitted to MoH in October 2012.	The country is short on funds for procurement of SLD. Also, the national TB treatment policy is based on fully inpatient model of TB treatment, which is not cost effective. Possibility to decrease number of TB beds should be considered in country to ensure additional funds for MDR TB treatment. <i>Next steps:</i> TB CARE will follow up with monitoring of the national plan implementation and will provide support in development of outpatient model of treatment.

Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels.	N/A	2011	100% (2 out of 2 planned)	2012	0% (0 out of 2 planned)	Due to the late signing of MoU between WHO and MOI (signed in September 2012), activity was not implemented.	Providing access to prisons for international technical assistance is a sensitive issue for prison administration. TB CARE I will use all options available according to MoU signed between MoI and WHO to enter prisons and provide technical assistance.

and service delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	2 people: 1. Childhood TB - 1 female 2. IUATLD Strategic planning course - 1 (male)	2011	4 people 1. Int. courses - 4	2012	8 people 1. Int. conferences - 4; Int. courses - 5.	TB CARE I supported participation of two NTP key persons and one staff (1 female and 2 male) in the Union conference in London to present the country experience on the approaches to the control of tuberculosis. NTP participated in the conference with three poster presentations. TB CARE I provided an opportunity for five representatives of NTP, prison and TB CARE I (5 male) to study in 17th International Training Course on TB in Tartu, Estonia to strengthening their leadership and management skills on TB control.	Knowledge of English is a vital prerequisite for most international trainings. TB CARE I will ensure that participants possess at least basic English skills for participation in such events.
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Technical Area		7. M&E, OR and Surveillance					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y2		
7.1 Strengthened TB surveillance	7.1.4 [OUTPUT] The surveillance and M&E system in prisons has been assessed and results have been disseminated. Indicator Value: Yes/No Level: TB CARE I geographic areas Source: TB CARE I project Means of Verification: Surveillance and M&E system in prisons assessment report	no	2011	yes	2013	Yes	TB CARE I organized a mission to provide technical assistance on TB surveillance and M&E system, including prisons, in Uzbekistan on September 17-22. During the mission, TB CARE I consultants Andrei Dadu (WHO) and Aigul Tursynbaeva (TB CARE M&E Regional Officer) developed recommendations to improve the surveillance of tuberculosis in the prisons, including transitional care. Also, a list of recommendations for transferring the electronic surveillance system of the prison sector to the unified platform has provided to NTP and Prison Service.	Prison and general TB service M&E departments should be supported in further development of national surveillance of tuberculosis. Newly extended M&E department in National TB center should be trained on M&E basics.

Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Project Launch	KNCV	10.947	 75%	Sep	2012	Within the reporting period, TB CARE I implemented most of planned activities in six technical areas. The Ministry of Health and national partners demonstrated good collaboration with project staff and consultants who visited the country. All TB CARE I events have been supported by officials, including the prison system. Official launch of the project has been postponed by the USAID Mission till indefinite time.
	1.2.2	Coordination mechanism between prison and civil TB services	WHO	9.765	 100%	Sep	2012	Ministry of Interior and Ministry of Health agreed to develop a mid-term plan for TB control in prisons for 2012-2015. In September, TB CARE I conducted a national level meeting on consensus building between prison and general health care systems in TB prevention on September 18-20, 2012 with participation of 32 representatives of prison and general TB services (10 females and 22 males). Parties agreed on further coordination in TB control.
	1.2.3	Medium term plan for implementation of integrated framework for TB control in prisons	WHO	15.312	 100%	Sep	2012	Medium term plan was developed in September 2012 during a national level meeting on consensus building between prison and civil TB health care systems on September 18-20, 2012 with participation of 32 representatives of prison and general TB services (10 females and 22 males). This plan covers 2012-2015 and includes participation of health care system at various levels.

	1.2.4	Transitional care mechanism	WHO	33.725	 100%	Sep	2012	Current transitional care practices were discussed during the meeting with prison and general TB services on 19 September 2012 (32 participants from prison and general TB services, 10 females and 22 males). Steps to be made to improve these practices were included into midterm plan on collaboration between prison and general TB services.
	1.2.5	Analysis of site capacities and needs for piloting outpatient model of care	WHO	4.562	 100%	Sep		TB CARE I Project assessed local capacities and needs for piloting of outpatient model of care in Bukhara, Navoi and Tashkent. The mission was focused on current TB program activities and on collaboration of TB program with general public and communities. TB CARE I recommended NTP to initiate establishment of inter-sectorial (TB program, Department of Social Affairs, PHC, SES, Prison Service, Education Department, Medical Sanitary – Epidemiological expertise commission, civil society, law-enforcement bodies) multidisciplinary working group that will play a leading role on drafting the protocol on outpatient model of care including patientsupport as essential part of outpatient care. Development and piloting of outpatient model will be done in APA3.
					 95%			

2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	

2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1	Establishment of Technical working group on Xpert MTB/Rif implementation	KNCV	5.690	 100%	Jun	2012	<p>TB CARE I together with partners implementing Xpert MTB/Rif in the country drafted a strategy for effective coordination of Xpert implementation in the country. Xpert TWG established in July 2012. Under the leadership of NTP, TB CARE conducted two partners meetings to discuss a mechanism of coordination and establishment of Technical Working Group on Xpert implementation.</p> <p>In July, 3-day workshop conducted to set up a system for Xpert implementation (17 participants, 6 female and 11 male). On September 13-14, representatives of NTP, TB services, HIV department, SES, partner organizations met again to finalize the national GeneXpert algorithm and discuss implementation plan (20 participants, 13 female and 7 male). Due to delay with custom clearance of 4 GenXpert machines via TB EXPAND, Xperts was received by NTP in September. Full implementation Xpert technology will start in October 2012.</p>
	2.3.2	Workshop for Xpert Technical working group	KNCV	15.562	 100%	Sep	2012	<p>In July, a 3-day workshop was conducted for Xpert Technical Working Group and partners implementing Xpert MTB/Rif in country to develop the national approach for Xpert implementation.</p> <p>On September 13-14, during the second workshop, the partners finalized the national GeneXpert algorithm and discussed the implementation plan (20 participants, 13 female and 7 male). Draft Xpert implementation plan was introduced to MoH in September 2012.</p>
					 100%			

3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	

3.1 Increased TB IC Political Commitment	3.1.1	Guideline on TB-IC including chapter on TB in prisons	KNCV	40.504	 100%	Sep	2012	In July, TB CARE I conducted a three-day workshop on TB IC for prison and general TB service epidemiologists to improve their knowledge in TB-IC (25 participants, 8 female and 17 male). Also, TB CARE initiated the creation of TWG with specialists from medical department of MIA and prison epidemiologists, NTP for development of TB-IC guideline including chapter on TB in prisons. TA was provided by TB CARE consultants. National guideline was finalized on 30 September and will be submitted to MOH in early October 2012.
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 100%

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Plan on improvement of PMDT including prisons	KNCV	42.095	 100%	Sep	2012	In August, TB CARE I organized a workshop on National MDR TB Action Plan to Prevent and Control MDR-TB in Uzbekistan. Several (WHO, TB CARE I, MSF, GF) experts and partners were invited to provide technical assistance to support the national team in the development of MDR TB response plan and to coordinate activities among partners. During two day workshop, the strategic plan has been drafted by the working group of leading national TB specialists of Uzbekistan (20 participants, 13 female and 7 male) with the support of international partners and WHO experts in accordance with the Comprehensive Plan of Action for the Prevention and Control of Multidrug-and Extensively Drug-resistant Tuberculosis in the WHO European Region 2011-2015. National plan will be submitted to MoH in October 2012.

 100%

6. Health Systems Strengthening								Planned Completion
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Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	International conferences	KNCV	15.153	100%	Jul	2012	In July, TB CARE I supported participation of two NTP key staff and one TB CARE staff in the Union conference in London to present the country experience in TB control. NTP participated in the conference with three poster presentations.
	6.2.2	International workshops/trainings	KNCV	35.584	100%	August	2012	In August, TB CARE I provided an opportunity for five representatives of NTP, prison and TB CARE I to study in 17th International Training Course on TB in Tartu, Estonia to strengthening their leadership and management skills on TB control.
	6.2.3	Supervisory visits on TB control in prisons	KNCV	7.272	0%	Sep	2012	Due to the late signing of MoU between WHO and MOI (signed in September 2012), activity was not implemented.
					67%			

7. M&E, OR and Surveillance								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
7.1 Strengthened TB surveillance	7.1.1	Surveillance and M&E system in prisons	KNCV	26.262	100%	Sep	2012	<p>TB CARE I consultants Andrei Dadu (WHO) and Aigul Tursynbayeva (Regional TB CARE1 M&E Officer) conducted a 5-days mission to provide technical assistance on TB surveillance and M&E system, including prisons in Uzbekistan on September 17-22.</p> <p>During the mission, TB CARE I consultants developed recommendations to improve the surveillance of tuberculosis in the prisons, including transitional care. Also, list of recommendations for transferring of electronic surveillance system from the prison sector to the unified platform was provided to NTP and the Prison Service</p>
					100%			

Quarterly MDR-TB Report

Country	CAR-Uzbekistan
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Period	JULY-SEPTEMBER 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	1023	628
Jan-Sep 2011	n/a	n/a
Oct-Dec 2011	n/a	n/a
Total 2011	1385	855
Jan-Mar 2012	n/a	n/a
Apr-Jun 2012	n/a	n/a
Jul-Sep 2012		
Total 2011	0	0

Quarterly GeneXpert Report

Country	CAR-Uzbekistan
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Period	JULY-SEPTEMBER 2012
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Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. July 2012)
	Jan-Dec 2011	Jan-Sept 2012	Cumulative Total		
# GeneXpert Instruments	0	0	0	0	
# Cartridges	0	0	0	0	

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
	1				
	2				
	3				
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

TB CARE I does not procure Xpert machines and cartridges.

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

TB CARE I together with partners implementing Xpert MTB/Rif in the country developed a strategy for Xpert implementation in the country. Xpert TWG was established in July 2012. Under the leadership of NTP TB CARE I conducted two partners' meetings to discuss a mechanism of coordination and establishment of technical working group on Xpert implementation. TB CARE I plans to organize comprehensive trainings in Xpert sites to ensure effective start of new technology introduction in APA3.

Quarterly Photos (as well as tables, charts and other relevant materials)



Workshop on GeneXpert.



Assesment mission on implementation of outpatient model of TB treatment



Sessions of workshop on modern approaches for TB Infection control.

