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**TB CARE I**

# **TB CARE I - Uzbekistan**

**Year 3  
Annual Report Quarter 4 Annex  
July - September 2013**

**October 31, 2013**

## Quarterly Overview

<b>Reporting Country</b>	<b>CAR-Uzbekistan</b>
<b>Lead Partner</b>	<b>WHO</b>
<b>Collaborating Partners</b>	<b>KNCV</b>
<b>Date Report Sent</b>	
<b>From</b>	Sharaf Yuldashev
<b>To</b>	USAID CAR Mission, Arman Toktobayanov
<b>Reporting Period</b>	<b>July - September 2013</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	100%
2. Laboratories	85%
3. Infection Control	100%
4. PMDT	92%
6. Health Systems Strengthening	95%
7. M&E, OR and Surveillance	100%
<b>Overall work plan completion</b>	<b>95%</b>

### Most Significant Achievements

#### 1. Universal access

National policy on outpatient TB care was included into consolidated order on TB control and submitted to the MOH for approval. It was first time when detailed model of psycho-social patients support for TB patients was described in such kind of high-level document.

#### 2. Labs

WHO CO in line with TB CARE I project enabled GeneXpert labs to ensure correct storage of cartridges and stable operation of Xpert MTB/RIF lab technique by providing a cooling equipment.

#### 3. Infection control

NTP, Tashkent and Samarkand regions were trained on IC measurements and equipped with modern TB IC measurement equipment not available before even in SES service. Now both TB IC implementing (TB service) and supervising (SES) parties are ready to reach a consensus by keeping effective measurable infection control rules. National guidelines on TB IC were approved by MOH, translated into Uzbek language and published in Russian and Uzbek languages.

#### 4. HSS

68 PHC providers and other care providers from pilots were updated their skills and knowledge in the administration of outpatient care, DOT, patient counseling, treatment adherence. It was an important support to currently happening nationwide scaled up of MDR TB treatment.

#### 4. M&E

Project improved NTP's M&E department skills in M&E fundamentals, data processing and analysis during training held in September 2013.

Comprehensive report on recently finished nationwide 2013 Q3 monitoring of TB service, organized by WHO-USAID PARTNERSHIP project, was drafted according to international standards.

### Overall work plan implementation status

In Uzbekistan, TB CARE I administered and implemented by the WHO country office in collaboration with the KNCV regional office for CAR and WHO European Regional office. Overall, 95% of the TB CARE I work plan is completed. New staff member (technical specialist) for the TB CARE I project is joined to project implementation team in WHO country office.

### Technical and administrative challenges

Ordered TB IC measurement equipment will be delivered one month after end of APA3 due to complicity of bidding - ordering process between Uzbekistan office and international supplier.

## Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Technical 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	Partners meeting on the development of the psycho-social patient support model	WHO	5.336	 100%	Feb	2013	A partners' meeting on the development of the psychosocial patient support model was held on 22 February 2013, to discuss the current situation and practices on patient support nationwide and in the pilot regions (Tashkent and Samarkand).
	1.2.2	Working meetings for the development of the psycho-social patient support model	WHO	28.350	 100%	Jul	2013	APA3 Q2: Working meetings were conducted within Act.1.2.3. Drafts of the national outpatient care protocol and the monitoring tool for the patient support system were developed during the meeting. APA3 Q4: Draft national outpatient care protocol with elements of psycho-social patient support model was embedded into consolidated order on TB control and submitted to the MOH for approval in July 2013. Expected date of approval of the document -October-November 2013.
	1.2.3	Round table on the development of the national outpatient care protocol	WHO	25.282	 100%	Feb	2013	In an effort to address excessive hospitalization of TB/MDR TB patients, the WHO country office in Uzbekistan brought together NTP, local government and health departments along with TB practitioners and other players, to design a protocol for a pilot outpatient TB care model. In February, the newly established National Technical Working Group (TWG) on the implementation of ambulatory care, which was nominated by the Ministry of Health (MOH), took responsibility to facilitate the shift to ambulatory care in Tashkent and Samarkand regions, further enabling the primary health care network (PHC) to achieve better treatment outcomes, reduce costs and improve patient satisfaction. An integral part of outpatient care will be the introduction of a patient-centered support system to ensure treatment adherence.

1.2.4	Participation in study tour on patient support system	WHO	9.420	 100%	Apr	2013	<p>A study tour to Kazakhstan on the patient support system for MOH-WHO TWG members was organized in mid-April. Visit was organised for three CAR countries - KG, TJ and UZ. The purpose of the visit was to learn best practices on social support for TB patients and adjust the national outpatient TB treatment model protocol according to the lessons learned.</p> <p>Key points from the Kazakhstan PSS program were:</p> <p>(a) Strong government commitment to provide targeted social support for TB patients,</p> <p>(b) An indicator on TB prevalence has been included in the list of local government performance indicators, so they must report progress on TB control regularly to the State government, and it significantly supports the local TB program to ensure universal access for all TB patients;</p> <p>(c) Established psycho-social services in TB facilities;</p> <p>The results of the study tour were discussed during the following TWG meeting, and it was decided that treatment supporters (psycho-social service providers) are key elements in delivering qualitative TB services, including outpatient treatment, and the TWG submitted a brief concept note on the establishment of psycho-social services for TB patients to the MOH.</p>
1.2.5	Informational materials on TB for prisoners and ex-prisoners	WHO	8.958	 100%	Sep	2013	<p>The first discussion on designing informational materials for prisons started in December 2012. TB CARE I and MoI agreed to develop the first draft of the TB brochure for prisons between January-March 2013.</p> <p>In March 2013, KNCV HRD consultant Ieva Leimane revised an earlier published brochure, performed a readability test and developed a questionnaire for pre-testing the brochure.</p> <p><u>APA3 Q4</u>: Brochure on TB for prisoners and ex-prisoners "TB: manual for patients" was developed, agreed with NTP and submitted for printing in September. 1000 copies will be distributed in APA4 in the framework of related TB CARE I activities.</p>

 100%

2. Laboratories			Activity Leader	Approved Budget	e Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1	TWG meetings for XpertMTB/RIF strategy finalization, including development of the sample transportation protocol and the National M&E Plan for Xpert	WHO	19.840	 100%	Aug	2013	TWG meetings to finalize the XpertMTB/RIF strategy were organized on a monthly basis. The TWG finalized the diagnostic algorithm and the list of risk groups for Xpert MTB/Rif testing. It also nominated people at each Xpert MTB/Rif site who would be responsible for data entry, collection and reporting. Additionally, the TWG identified a group of specialists to revise legal documents to ensure smooth implementation of Xpert MTB/Rif. <u>APA3 Q4:</u> The national Xpert MTB/RIF algorithm was submitted to the MOH for approval. NTP upgraded status of the national Xpert MTB/RIF strategy and included it into a consolidated order on TB control which was finalized and submitted to MOH in July 2013. Ministry's approval of the document is expected in October-November 2013.
	2.3.2	TOT on XpertMTB/RIF for the national team, including prisons	WHO	42.585	 100%	Jan	2013	In APA3 Q1, a four-day training of trainers for 32 laboratory and clinical specialists and managers (F=21) was conducted by Kristin Kremer, WHO Laboratory Expert; Bela Kim, TB CARE I CAR Regional Laboratory Officer; and Svetlana Pak, TB CARE I CAR Senior TB Advisor in Tashkent. The draft 2013 implementation workplan for Xpert MTB/Rif in Uzbekistan, the draft training curriculum, and the schedule for Xpert MTB/Rif trainings were developed during the event.
	2.3.3	Series of trainings on XpertMTB/RIF	WHO	45.499	 100%	Feb	2013	A series of trainings for sites where six GeneXpert machines were placed (Tashkent and Samarkand regions and prisons) were conducted on 12-26 February 2013. 86 specialists (management, TB specialists and general practitioners) from Tashkent city (F=59) and region and 83 (F=39) from Samarkand city and region were trained on the introduction of rapid diagnostic methods for tuberculosis, including GeneXpert.

2.3.4	Providing labs cooling equipment, refrigerators and stable electricity to ensure the timely delivery of quality sputum and conditions for testing	WHO	42.375	 50%	Aug	2013	<p>The technical specifications for the equipment were defined in cooperation with NRL.</p> <p>This quarter the WHO CO procurement specialist selected suppliers and started procurement. <u>APA3 Q4</u>: Five GeneXpert labs were equipped with air conditioners, to ensure correct storage of cartridges and necessary working temperature for Xpert MTB/RIF lab. That will further allow to potentially reduce number of tests failure.</p> <p>UPSs were provided within Expand TB project, two muffle furnaces/incinerators will be procured in APA4 for pilots and National TB center.</p>
2.3.5	Supportive supervision and monitoring visits	WHO	8.080	 75%	Sep	2013	<p>Two supervision visits to Tashkent and Samarkand regions were held simultaneously with Act.2.3.3.</p> <p>APA3 Q4: TB CARE I supported regular quarterly supervision monitoring visits with on the job training in sites where Xpert installed. It effected to reduction of # of lost cartridges happened due to incorrect testing procedures (from 10% in beginning of APA3 to 3,4% by Oct 2013 ) and to increase of TB/MDR TB case detection rate (from 31% in beginning of APA3 to 43,1% by Oct 2013 ) in patients tested by rapid molecular methods. Findings of visits and recommendations were shared with local TB service and NTP. In total three rounds of supervision visits (of 4 planned) were conducted by the end of APA3.</p>
				 85%			

3. Infection Control			Activity Leader	Approved Budget	e Technical Completi on	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Assessment visits to evaluate selected TB hospitals in Tashkent and Samarkand regions, including prisons, for compliance with modern IC standards. Development of IC plans for those health facilities in pilot districts.	WHO	6.387	 100%	Aug	2013	The mission on TB IC was conducted in December 2012. Vlad Furman, TB CARE I Regional IC Officer, Sharaf Yuldashev, TB CARE I Project Coordinator at WHO Uzbekistan, and NTP representative Nargiza Parpieva assessed TB IC at Samarkand OTBD, city of Samarkand TB Dispensary, Interregional TB Hospital in Nurobad, and Interregional TB Hospital in Keles. The team made specific recommendations for each facility, which were discussed in a meeting with the NTP director. In APA3 Q2, the TB IC plans in pilot facilities were developed during the national TB IC ToT, held in line with Act 3.4.1 in February 2013. Follow-up on the developed plans was held jointly with Act.3.4.4 (Training on the use of IC measurement equipment) in APA3 Q4.
	3.2.2	Procurement of IC measurement equipment to be used in the civil and prison system.	WHO	11.074	 100%	Aug	2013	Four TB IC measurement equipment sets were procured for NTP, Tashkent and Samarkand regions to equip 3 selected IC measurement teams for general sector. One additional set was granted to SES service to ensure compliance between TB service (as executor of TB IC) and sanitary service (as supervisor of TB IC). The official handover ceremony is planned for October 2013, when equipment will arrive to

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.4 Improved TB-IC human resources	3.4.1	TOT on TB IC	WHO	13.759	 100%	Feb	2013	<p>The group of national trainers was prepared during the national training course, "ToT on TB IC," from January 28- February 1, 2013. This course focused on building up the pool of competent trainers on TB-IC. 21 TB specialists and TB IC coordinators (F=7) from general and prison sectors strengthened their competencies on TB-IC measures. They received updates on best practices and tools on TB-IC, and adult learning methodologies.</p> <p>The national guidelines on "Infection control in TB facilities" were approved by the MoH in January 2013, and were used as the methodological basis for the training.</p>
	3.4.2	International advanced training in modern IC practices	WHO	18.777	 100%	Apr	2013	<p>Four national TB IC experts (3 clinicians and one MOH engineer) attended the advanced training for TB IC coordinators and IC engineers in Vladimir in April 2013 (F=2). One of the outcomes of this course was an initiative to update the national SES regulatory document according to the new national TB IC guidelines and international standards.</p>
	3.4.3	Comprehensive IC training for healthcare managers and key persons responsible for IC, including prisons.	WHO	26.305	 100%	Mar	2013	<p>The "Comprehensive TB-IC Training" course for 26 specialists (F=8) from the TB Service and the Sanitary Epidemiologic Services (SES) was held on 3-7 March 2013, for the Samarkand TB CARE I project pilot site. At this event, improved collaboration on TB IC was achieved between the TB Service and SES, as representatives from both services worked together to update their knowledge and skills.</p>
	3.4.4	Training on use of IC measurement equipment	WHO	8.617	 100%	Sep	2013	<p>Training on TB IC measurements was conducted in September 2013 for 15 Regional (Tashkent and Samarkand oblasts) health care professionals (including SES and the Ministry of Interior), who were engaged in TB-IC implementation and scale-up activities in their respective settings (F=11). Nominees for the training were selected by NTP to further serve as experts in TB IC measurement in central TB facility in Tashkent, Republican SES, Tashkent and Samarkand regions. It was also agreed that national level participants will supervise TB IC measures in other non-pilot regions, to ensure equal level of TB IC in all TB facilities.</p>
					 100%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	TWG follow up meetings on the development of the national M/XDR action plan	WHO	29.968	 100%	Aug	2013	Meetings with partners and NTP to discuss achievements and bottlenecks in programmatic management of drug-resistant tuberculosis, including best practices and lessons learned from MDR TB program implementation were organized in line with National PMDT Workshop for key stakeholders involved in MDR TB program implementation from TB services, PIU GF, DOTS Center and partners (34 participants). Gap analysis and recommendations were done for the National M/XDR TB plan for further implementation in Uzbekistan. It was agreed that a detailed operational plan of activities for the next two years (2014-2015) will be prepared within the next month, based on the agreed recommendations. One of discussed challenges was that NTP should enroll in MDR-TB treatment 5995 patients in 2013 (4 times more than in 2012), and national and international partners agreed to joint efforts to ensure universal access to TB/MDR TB diagnosis and treatment and organize a qualitative clinical management of those patients by the end of 2013.
	4.1.2	Development of regulatory document on using GeneXpert for starting MDR treatment	WHO	3.779	 100%	Jul	2013	The TWG on Xpert MTB/RIF submitted the draft order on using GeneXpert results for starting MDR treatment to the MOH in March 2013. NTP decided to include this document under a united order on TB control which was finalized in July 2013 and submitted to MOH for approval, which is expected in November 2013.
	4.1.3	Advanced training in PMDT for 4 TB specialists from NTP and pilots	WHO	35.499	 75%	Sep	2013	In July, TB CARE I provided an opportunity for two representatives of NTP to study in 18th International Training Course on TB in Tartu, Estonia to strengthening their leadership and management skills on TB control. Due to overloaded work schedule in MOH and Prison Service, other available seats in the training were not fulfilled.
					 92%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	e Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	

6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery	6.2.1	Improvement of transitional care mechanism after discharge from prison	WHO	6.197	 100%	Aug	2013	<p>APA3 Q4: Two workshops on transitional care, focused on adherence to TB treatment outside prisons (after release) were conducted for 32 staff members of Social Adaptation Centers (SAC) for support of ex-prisoners (mainly), prison medical staff, specialists of general TB service and representatives of Makhallya Committees in Tashkent city and Samarkand region (F=11).</p> <p>All participants shared their experience to deal with ex-prisoners with TB, and raised some problems in regards of prior effective information exchange between prison system and general TB services about released TB prisoners. As a conclusion, draft medium plan to strengthen collaboration between Social Adaption Centers, prison system, general TB services, municipal bodies and other organization on transitional care were developed.</p>
	6.2.2	Supportive visits on improvement of transitional care	WHO	2.732	 100%	Aug	2013	<p>APA3 Q4: Within series of workshop transitional care held in August 2013, TB CARE I team consisting from WHO and KNCV specialists, jointly with managers of National Prison services and TB service of Samarkand region had an opportunity to visited the Social Adaptation Centers (SAC) for support of ex-prisoners in Samarkand.</p> <p>During the visit project team met with ex-prisoners who have Tb and also HIV positive and discussed with SAC staff how to organize an effective patient-centered approach and demonstrated an effective patients counseling methods.</p>
	6.2.3	Regional TB CARE I APA4 planning meeting	WHO	7.769	 100%	May	2013	<p>In April 2013, WHO developed the draft country TB CARE proposal for APA4 (Oct 2013-Dec 2014), including budgets, an M&amp;E section and a technical description.</p> <p>The draft plan was presented to NTP and partners in May and June and corrected according to the current situation on TB control and aligned with national and international efforts.</p>

6.2.4	Trainings for PHC providers on the administration of outpatient care, DOT, patient counseling, treatment adherence etc	WHO	44.565	 100%	Aug	2013	<u>APA3 Q4:</u> 68 PHC providers and other care providers (doctors and nurses) were trained in pilot regions in the administration of outpatient care, DOT, patient counseling, treatment adherence during 1 ToT and 4 trainings (F=44). Participants were trained in diagnostics; treatment and care needs for (DR) TB patients during intensive and continuation phases in out-care settings and in the best practices on (DR) TB case management. One of the key approaches offered to specialists from pilots was a patient centered approach in care including psycho-social support.
6.2.6	International trainings/ meetings	WHO	19.242	 75%	Aug	2013	<u>APA3 Q1:</u> Two NTP representatives (F=1, M=1) attended the 43rd Union World Conference on Lung Health and STOP TB department meetings in Kuala Lumpur from November 12-16, 2012. <u>APA3 Q3:</u> The participation of the Director of the Republican DOTS Center (F=1) in Wolfheze 2013 and TBTEAM meetings was supported by the USAID CAR mission according to the nomination of MOH. <u>APA3 Q4:</u> % of completion of the activity is 75% since only 3 out of 5 planned persons participated in international trainings/conferences.
				 95%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	M&E Training for M&E department in NTP	WHO	12.023	100%	Sep	2013	WHO CO within TB CARE I project organized training on M&E Fundamentals and proper report writing for M&E department in NTP ( 37 participants, M=24, F=13). Participants improved their knowledge of M&E fundamentals, including organization and execution of monitoring visits, data collection, data processing and analysis, use of recording and reporting (R&R) forms for tuberculosis and checklists. Activity was complementary to regular quarterly nationwide monitoring, organized within PARTNERSHIP project, so training in the addition allowed participants to improve skills in generating comprehensive reader-friendly reports on M&E activities, according to international standards.
	7.2.2	Regional TB CARE I training on M&E in Kazakhstan	WHO	14.340	100%	Apr	2013	Representatives from the newly established M&E department of NTP, the Republican DOTS Center and WHO/TB CARE (F2) increased their capacity on using modern M&E tools during the regional M&E training in Almaty. The skills obtained will be used for updating the National M&E Plan and for developing the M&E strategy (in July 2013 ). Training materials were shared with the M&E department and NTP management.
					100%			

Total Approved Staffing & Operations Budget	353.731
Grand Total Approved Project Budget	899.557

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

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Summary Mission Report submitted to CD & PMU	Additional Remarks (Optional)
1	KNCV	1.2.1.	Regional Technical Officer Gulnara Kaliakbarova	Participation in 1-day partners meeting on the development of the psychosocial patient support model	Nov 2012	Completed	Feb 2013		
2	KNCV	1.2.2.	Gulnara Kaliakbarova and Netty Kamp	Two 1-day meetings of the technical working group to assess local capacities and needs for piloting the outpatient model of care. Based on discussions, the draft psycho-social patient support model as part of the national outpatient care protocol and the monitoring tool for the patient support system will be developed in the first meeting and finalized in the second meeting (20 participants).	Dec 2012- Jan 2013	Completed	Feb 2013		Ieva Leimane replaced Netty Kamp in this mission
3	KNCV	1.2.3.	Gulnara Kaliakbarova and Ieva Leimane	1-day round table to develop the outpatient support protocol will be conducted with participation of NTP, local administration staff from 2 pilots, and local community/NGO representatives (20 participants). TA will be provided by an international consultant.	Nov 2012	Completed	Feb 2013		
4	KNCV	2.3.1.	TB CARE I Regional staff Bela Kim, Svetlana Pak and Aigul Tursynbayeva	TWG meetings for XpertMTB/RIF strategy finalization, including development of the sample transportation protocol and the National M&E Plan for Xpert	Oct - Nov 2012	Cancelled			Consultants was not able to visit country in July 2013 when NTP decided to finalize a national order on TB control.
5	KNCV	2.3.2.	Regional Lab Officer Bela Kim or Regional Senior TB Advisor Svetlana Pak	TOT on GeneXpert for the national team based on the approved strategy	Jan 2013	Completed	Feb 2013		Consultants attended ToT
6	KNCV	2.3.3.	Regional Lab Officer Bela Kim or Regional Senior TB Advisor Svetlana Pak	Series of trainings on XpertMTB/RIF implementation in Samarkand and Tashkent regions with following supportive visits.	Feb 2013- Mar 2013	Completed	Feb 2013		Svetlana Pak visited country.
7	KNCV	2.3.5.	TB CARE I regional specialists (Bela Kim or Svetlana Pak), 2 trips	Quarterly supervisory monitoring visits with on-the-job training to ensure quality of testing. One-day debriefing meetings to share findings of visits and recommendations.	Dec 2012 Feb 2013 May 2013 Aug 2013	Completed	Feb 2013		50% of visits were done. Supervisory visits were done simultaneously with 2.3.3 in February 2013. By August 2013 Bela Kim left organisation and was not able for mission.

8	KNCV	3.2.1.	Regional IC Officer Vlad Furman	Assessment of TB facilities for compliance with modern IC standards using the TB measurement tools. Development of facility level IC plans in pilot districts for Oblast/district TB hospitals, TB centers and PHC facilities.	Dec 2012	Completed	Dec 2012		Mission on TB infection control was conducted in December 2012.
9	KNCV	3.4.1.	Regional IC Officer Vlad Furman	Facilitation of TOT on TB IC	Jan 2013	Completed	Feb 2013		Organized in Feb 2013
10	KNCV	3.4.3.	Regional IC Officer Vlad Furman	Training on IC for 25 key people from national and regional levels who are responsible for IC in TB settings, in order to increase political commitment to follow developed IC standards.	Dec 2012	Completed	Mar 2013		Done in March 2013
11	KNCV	3.4.4.	Regional IC Officer Vlad Furman	Training on use of TB IC measurement tools	Feb 2013	Completed	Sep 2013		
12	KNCV	4.1.1.	Regional PMDT Adviser Maria Idrysova and KNCV HQ consultant, Agnes Gebhard	Two 1-day meetings of the technical working group to facilitate the further development and adoption of the National MDR Action plan as a follow up to the WHO-TB CARE I national meeting in August 2012.	Feb 2013	Completed	Aug 2013		Two visites under 4.1.1 were merged into one and conducted during National meeting on updating National MDR action plan. Maria Idrissova visited
13	KNCV	4.1.1.	Regional PMDT Adviser Maria Idrysova and KNCV HQ consultant, Agnes Gebhard	Two 1-day meetings of the technical working group to facilitate the further development and adoption of the National MDR Action plan as a follow up to the WHO-TB CARE I national meeting in August 2012.	Jul 2013	Cancelled	Aug 2013		Two visites under 4.1.1 were merged into one and conducted during National meeting on updating National MDR action plan. Maria Idrissova visited
14	KNCV	6.2.1.	Regional Technical Officer Gulnara Kaliakbarova	Facilitation of training for 15 representatives from Social Adaptation Centers on TB patient support issues focusing on adherence	Feb 2013	Completed	Aug 2013		
15	WHO	1.2.2.	External consultant Dr.Ogtay Gozalov	Two 1-day meetings of the technical working group to assess the local capacities and needs for piloting the outpatient model of care. Based on discussions, the draft psycho-social patient support model as part of the national outpatient care protocol and the monitoring tool for the patient support system will be developed in the first meeting and finalized in the second meeting (20 participants).	Jan 2012- Mar 2013	Completed	Feb 2013		Dr. Martin van den Boom (WHO EURO) replaced Dr.Ogtay Gozalov in this trip
16	WHO	1.2.3.	External consultant Dr.Ogtay Gozalov	1-day round table to develop the outpatient support protocol will be conducted with participation of NTP, local administration staff from 2 pilots, and local community/NGO representatives (20 participants). TA will be provided by an international consultant.	Dec 2012	Completed	Feb 2013		Dr. Martin van den Boom (WHO EURO) replaced Dr.Ogtay Gozalov in this trip
17	WHO	2.3.1.	WHO EURO staff Dr.Kristin Kremer	TWG meetings for XpertMTB/RIF strategy finalization, including development of the sample transportation protocol and the national M&E Plan for Xpert	Dec 2012	Cancelled			Cancelled due to workload of consultant

18	WHO	2.3.1.	WHO EURO staff Dr.Kristin Kremer	TWG meetings for XpertMTB/RIF strategy finalization, including the development of the sample transportation protocol and the national M&E Plan for Xpert	Feb 2013	Cancelled			Cancelled due to workload of consultant
19	WHO	2.3.2.	WHO EURO staff Dr.Kristin Kremer	TOT on GeneXpert for the national team based on the approved strategy	Jan 2013	Completed	Jan 2013		
20	WHO	2.3.3.	WHO EURO staff Dr.Kristin Kremer or WHO external consultant	Series of trainings on XpertMTB/RIF implementation in Samarkand and Tashkent regions with following supportive visits.	Feb 2013- Mar 2013	Completed	Sep 2013		Consultant provided deskwork
21	WHO	3.4.3.	WHO EURO specialist Dr.Ogtay Gozalov	Training on IC for 25 key people from national and regional levels who are responsible for IC in TB settings, in order to increase political commitment to follow developed IC standards.	Dec 2012	Cancelled			Due to the workload of the WHO EURO specialist, the visit was cancelled
23	WHO	4.1.1.	WHO EURO staff Dr.Masoud Dara and Dr.Ogtay Gozalov	Two 1-day meetings of the technical working group to facilitate the further development and adoption of the National MDR Action plan as a follow up to the WHO-TB CARE I national meeting in August 2012.	Jul 2013	Completed	Aug 2013		Completed in August 2013 Bk Masoud Dara visited country
24	WHO	4.1.2.	WHO EURO staff Dr.Kristin Kremer	Desk work to develop a regulatory document on using GeneXpert for starting MDR treatment	Dec 2012	Completed			Consultant worked on this activity simultaneously with Act.2.3.3.
25	WHO	6.2.4.	WHO EURO specialist Dr.Ogtay Gozalov	Facilitation of trainings for PHC providers in the administration of outpatient care, DOT, patient counseling, treatment adherence, etc.	Dec 2012	Completed	Jul 2013		Dr Vaira Leimane replaced Dr Gozalov for this mission
26	WHO	7.2.1.	WHO EURO M&E specialist Dr.Andrei Dadu	M&E training for NTP M&E department on systematic data collection and using it for operational management on routine basis.	Mar 2013	Completed	Sep 2013		Dr. Danilova replaced Dr Dadu.
Total number of visits conducted (cumulative for fiscal year)							19		
Total number of visits planned in workplan							28		
Percent of planned international consultant visits conducted							68%		

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



**Participants of National PMDT Workshop for key stakeholders on updating National action plan to combat M/XDR TB**  
*August 2013, Tashkent*



**Training for M&E department on M&E fundamentals and data processing and analysis.**  
*September 2013, Tashkent*

**ToT for PHC service**  
*July 2013, Tashkent*



**Moments from the training on TB IC measurements.**  
*September 2013, Tashkent*







## Quarterly Report on Global Fund Engagement

<b>Country</b>	<b>Uzbekistan</b>	<b>Period</b>	<b>July - September 2013</b>
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<b>Current Global Fund TB Grants</b>				
<b>Name (i.e. Round 10 TB)</b>	<b>Average rating*</b>	<b>Current rating</b>	<b>Total approved amount</b>	<b>Total dispersed to date</b>
Round 8 TB	A2	A1	\$ 42,467,977	\$ 37,843,197

\*Since January 2010

### **In-country Global Fund status - key updates, challenges and bottlenecks**

The country received a mark of A1 for GF R8 grant execution. The total disbursed funds through May 2013 under UZB-809-G05-T grant was \$ 37,843,197. Despite the strong financial input into the program, technical capacity for Global Fund grant implementation in the country is rather limited, specifically it is focused on reaching quantitative/ financial indicators while qualitative aspects of their interventions receive less priority and attention.

In light of Global Fund plans to reprogram all funds only for TB drugs procurement in 2013-2014 and SLD treatment expansion for the whole country, TB CARE I shall work closely with GF to ensure the coordination and collaboration on the country strategy and implementation plan. TB CARE I will complement GF's nationwide expansion of PMDT with the procurement of rapid TB diagnostic tools (GeneXpert machines) for four oblasts and by building the capacity of clinicians to detect and treat MDR-TB patients effectively.

In 2012 the Global Fund approved a new phase of grants within the framework of Transitional Funding Mechanism. Uzbekistan will receive \$29,181,882 in 2014-2015.

The Ministry of Health pays attention to the quality of implemented activities and timely enrollment of MDR TB patients on treatment.

The Global Fund plans and implements activities in close collaboration with MOH, but coordination with the National TB Center (lead organization in TB control hierarchy) needs to be improved to ensure good coordination with national and international efforts on TB control. The Global Fund provides extensive support to the country in the procurement of diagnostic tools, first and second line drugs, monitoring and evaluation. But it is important to highlight that the government should gradually start picking up part of the cost of drugs.

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

The WHO country office, in line with the TB CARE I project, plans and implements its activities in close collaboration with the Global Fund. The WHO CO and GF PIU exchange information about ongoing activities during regular partners' meetings. The GF PIU is an obligatory participant of events organized by the WHO CO for TB CARE.

There are no funds for training, workshops or meetings included in the new TFM application and current R8 grant.

The main contributions of TB CARE to the Global Fund funded TB and MDR TB treatment program include technical expertise in the development of policy regulations through thematic technical working groups and/or support provided by external technical consultants. Key areas for cooperation include technical support in outpatient care, improvement of the national TB and MDR TB detection strategy, and PMDT. TB CARE I developed an outpatient model protocol, which was integrated into MOH's consolidated order (prikaz) on TB control. The order shall serve as a policy framework for the Global Fund supported program within R8 and new TFM grants on the expansion of outpatient care for MDR TB patients nationwide.

In coming APA4, WHO-CO under TB CARE I shall provide support in Tashkent and Samarkand oblasts in strengthening the technical capacity of TB staff on clinical management of MDR-TB, IC in TB facilities and operational capacity of TB CARE's Xpert MTB/RIF sites, to support effective implementation of the GF project including TB and MDR-TB control. KNCV CAR Regional Office will provide technical expertise in collaboration with WHO Regional Office and other TB CARE I coalition partners.