



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

TB CARE I - Uzbekistan

**Year 3
Quarterly Report
April - June 2013**

July 30, 2013

Quarterly Overview

Reporting Country	CAR-Uzbekistan
Lead Partner	WHO
Collaborating Partners	KNCV
Date Report Sent	30 July 2013
From	Sharaf Yuldashev
To	USAID CAR Mission, Arman Toktobayanov
Reporting Period	April - June 2013

Technical Areas	% Completion
1. Universal and Early Access	85%
2. Laboratories	70%
3. Infection Control	71%
4. PMDT	42%
6. Health Systems Strengthening	45%
7. M&E, OR and Surveillance	50%
Overall work plan completion	60%

Most Significant Achievements

1. Universal access

The members of the National TWG on the development of an outpatient model of treatment visited Kazakhstan to study the progressive experience of their KZ colleagues in delivering qualitative psychological and social support to TB patients. Study tour was organised for three CAR countries - KG, TJ and UZ. As the outcome of this visit, the TWG submitted a brief concept note to MOH on the establishment of psycho-social services for TB patients in the country.

2. Infection control

A team of national TB experts (three doctors and one engineer) attended the advanced training for TB IC coordinators and engineers in Vladimir in April 2013. After attending this course, participants initiated updating the national SES regulatory document according to new national TB IC guidelines and international standards.

3. HSS

The Director of the Republican DOTS Center participated in Wolfheze 2013 and TBTEAM meetings to discuss key elements in the expansion of MDR TB treatment that was started in Uzbekistan in March 2013.

4. M&E

The M&E department of NTP and the Republican DOTS Center staff accompanied by the WHO/TB CARE coordinator were trained on using M&E tools in project management and implementation during the regional M&E training in Almaty. The draft National M&E Plan and the draft concept of the M&E strategy were developed and shared with NTP's M&E department and NTP management.

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, 60% of the TB CARE I work plan is completed. Some planned activities were moved from Q3 to Q4 due to the high workload of NTP, resulting from the MDR TB treatment scale-up that started in March 2013.

Selection of a new staff member (technical specialist) for the TB CARE I project is in process and will be finished by 15 July.

Technical and administrative challenges

Due to the absence of TB IC measurement equipment suppliers in the country, procurement of equipment will be finished in the next quarter (4).

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	 75%	Jul	2013	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. The expected month of submitting the drafts to the MOH is July 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</p>
1.2.5	Informational materials on TB for prisoners and ex-prisoners	WHO	8.958	 50%	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>
				 85%			

2. Laboratories			Cumulative	Planned Completion	
------------------------	--	--	-------------------	---------------------------	--

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
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	 75%	Aug	2013	<p>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.</p> <p>This quarter the national Xpert MTB/RIF algorithm was submitted to the MOH for approval. NTP decided to include the national Xpert MTB/RIF strategy under a united order on TB control which will be finalized in July 2013.</p>
	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	The technical specifications for the equipment were defined in cooperation with NRL. This quarter the WHO CO procurement specialist selected suppliers and started procurement. Activity completion date - August 2013.

	2.3.5	Supportive supervision and monitoring visits	WHO	8.080	 25%	Sep	2013	Two supervision visits to Tashkent and Samarkand regions were held simultaneously with Act.2.3.3. Due to a stock out of GeneXpert cartridges in APA3 Q3, supervision visits have been postponed till Q4.
					 70%			

3. Infection Control						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
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	 75%	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 will be 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	 25%	Aug	2013	Procurement was launched in March 2013. The expected date for activity completion has been moved to August 2013, due to the equipment delivery specifics of Uzbekistan.
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	 25%	Sep	2013	<p>The training agenda has been developed. Tentative co-facilitators have been selected. Due to the late delivery of TB IC measurement equipment, the training will be organized in September 2013.</p>
					 71%			

4. PMDT			Cumulative	Planned Completion	
----------------	--	--	-------------------	---------------------------	--

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
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	25%	Aug	2013	Will be organized in August 2013 as planned. The draft meeting agenda has been developed jointly with NTP.
	4.1.2	Development of regulatory document on using GeneXpert for starting MDR treatment	WHO	3.779	75%	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 will be finalized in July 2013.
	4.1.3	Advanced training in PMDT for 4 TB specialists from NTP and pilots	WHO	35.499	25%	Sep	2013	The activity will be implemented in August - September 2013, due to a change in the training course dates (trainings in Tartu and Helsinki). Letters to MoH and MoI requesting the nomination of participants were sent in June 2013.
					42%			

6. Health Systems Strengthening				Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader			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,	6.2.1	Improvement of transitional care mechanism after discharge from prison	WHO	6.197	0%	Aug	2013	Will be organized in August 2013.
	6.2.2	Supportive visits on improvement of transitional care	WHO	2.732	0%	Aug	2013	Supervision visits have been postponed until August 2013.
	6.2.3	Regional TB CARE I APA4 planning meeting	WHO	7.769	100%	May	2013	In April 2013, WHO developed the draft country TB CARE proposal for APA4 (Oct 2013-Dec 2014), including budgets, an M&E section and a technical description. 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.

strategies and service delivery	6.2.4	Trainings for PHC providers on the administration of outpatient care, DOT, patient counseling, treatment adherence etc	WHO	44.565	50%	Aug	2013	APA3 Q3: The activity will be held in July 2013. The design of the training has been tentatively agreed upon with NTP and members of the TWG on outpatient model development. In June 2013, the KNCV HQ HRD consultant started the development of the respective training curricula.
	6.2.6	International trainings/ meetings	WHO	19.242	75%	Aug	2013	APA3 Q1: Two NTP representatives (F=1) attended the 43rd Union World Conference on Lung Health and STOP TB department meetings in Kuala Lumpur from November 12-16, 2012. APA3 Q3: 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.
					45%			

7. M&E, OR and Surveillance				Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader			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	WHO	12.023	0%	Sep	2013	Will be organized in September 2013.
	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.
					50%			

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

Quarterly MDR-TB Report

Country	CAR-Uzbekistan
---------	----------------

Period	April - June 2013
--------	-------------------

MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	1023	628	There is no quarterly data available on MDR TB for 2012.
Total 2011	1385	855	
Jan-Mar 2012			
Apr-Jun 2012			
Jul-Sep 2012			
Oct-Dec 2012			
Total 2012	1979	1491	
Jan-Mar 2013			
Apr-Jun 2013			

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

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	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	Planned		Visits will be organized in August 2013
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	Planned	Feb 2013	Supervisory visits were done simultaneously with 2.3.3 in February 2013. Next supervision is planned for August 2013.
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	Planned		Will be organized in September 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	Postponed		Postponed due to the late approval (Jan 2013) of the national PMDT action plan. Will be held in August 2013
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	Postponed		Will be held in August 2013
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	Postponed		Will be held in August 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		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		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	Postponed		Due to pending APA3 approval, the visit of the consultant has moved to February 2013
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	Planned		Planned for May 2013

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	Postponed		Consultant's visit postponed till September 2013	
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	Postponed		Due to the workload of the WHO EURO specialist, the visit will be done in APA3 Q4	
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	Planned		Planned for August 2013	
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	Postponed		Trainings have been moved to July 2013.	
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	Postponed		Postponed till September 2013 due to NTP's request	
Total number of visits conducted (cumulative for fiscal year)								12	
Total number of visits planned in workplan								28	
Percent of planned international consultant visits conducted								43%	

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



Study tour to Kazakhstan. Members of the TWG on outpatient model implementation discuss details of psychosocial support services in Semey city.



Study tour to Kazakhstan. Participant from Uzbekistan: We have to follow TB IC rules, please put on your respirators!



Regional TB CARE I training on M&E: Uzbek participants exchange National M&E Plan specifics with colleagues from Kazakhstan prisons.

Quarterly Report on Global Fund Engagement

Country	Uzbekistan	Period	April - June 2013
----------------	-------------------	---------------	--------------------------

Current Global Fund TB Grants				
Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
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. 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.

Despite strong financial input into the program, the technical capacity of the Global Fund in the country is rather limited. External consultants are generally used to review PIU performance. It is generally observed that Global Fund funded activities focus on reaching quantitative/financial indicators while qualitative aspects of their interventions might still be strengthened. SLD treatment has been recently introduced countrywide, so the Global Fund should collaborate with NTP more intensively to ensure good quality TB services.

In 2012, the Global Fund approved a new phase of grants in the framework of the Transitional Funding Mechanism. Uzbekistan will receive \$29,181,882 in 2014-2016. The TFM application requests the following essential needs: an uninterrupted drug supply of FLD for the 26,148 susceptible cases that are presently treated annually and SLD for the 2155 cases of MDRTB that will be diagnosed and treated in 2013 by the program; an uninterrupted supply of laboratory reagents for the diagnosis of susceptible and drug resistant cases; and transportation costs for home-based treatment. No trainings, workshops or meetings are included in the TFM application and current R8 grant.

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

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. 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.

To support the GF funded program on the expansion of DR TB treatment, the TB CARE I project is planning to introduce Xpert MTB/RIF technology in four sites (Bukhara, Navoi, Kashkadarya and Khorezm regions). Additionally, TB CARE I shall build the national and on-site capacity in troubleshooting, maintenance, forecasting and overall management of Xpert MTB/RIF, for better utilization of this modern diagnostic technology (including for the nine machines that are currently under the management of the Global Fund PIU).

Similarly, in PMDT, the WHO CO, in line with the TB CARE I project, initiated the development of the National M/XDR TB Action Plan. Availability of such kind of plans is an obligatory requirement for countries to apply to GF for TFM, so TB CARE played important role in receiving TFM funds for Uzbekistan.

Inventory List of Equipment - TB CARE I



TB CARE I

Organization:	TB CARE I
Country:	CAR-Uzbekistan
Reporting period:	April - June 2013
Year:	APA 3

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Inventory was not procured during reporting period									
Dell Latitude E6320 Notebook	H52JJGS1	30-05-2012	\$1,315.13	N/A	Tashkent, WHO office	New	30-07-2012	Secretary	the property insurance contract #2/0023 (Ark)
Dell monitor 19"P1911 with AX510 soundbar	01WKJV-74261-245-OJPM	30-05-2012	\$216.54	N/A	Tashkent, WHO office	New	30-07-2012	Secretary	the property insurance contract #2/0023 (Ark)
Dell advanced E-Port with 130W AC adaptor	0K086C-12961-234-0029-a04	30-05-2012	\$117.34	N/A	Tashkent, WHO office	New	30-07-2012	Secretary	the property insurance contract #2/0023 (Ark)
Dell Latitude E6320 Notebook	4LXHGSI	30-05-2012	\$1,315.13	N/A	Tashkent, WHO office	New	30-07-2012	Project coordinator	the property insurance contract #2/0023 (Ark)
Dell monitor 19"P1911 with AX510 soundbar	01WKJV-74261-245-OVCM	30-05-2012	\$216.54	N/A	Tashkent, WHO office	New	30-07-2012	Project coordinator	the property insurance contract #2/0023 (Ark)
Dell advanced E-Port with 130W AC adaptor	0K086C-12961-234-0033-a04	30-05-2012	\$117.34	N/A	Tashkent, WHO office	New	30-07-2012	Project coordinator	the property insurance contract #2/0023 (Ark)
Dell Latitude E6320 Notebook	CQ4JGS1	30-05-2012	\$1,315.13	N/A	Tashkent, WHO office	New	30-07-2012	NPO	the property insurance contract #2/0023 (Ark)
Dell monitor 19"P1911 with AX510 soundbar	01WKJV-74261-245-OK6M	30-05-2012	\$216.54	N/A	Tashkent, WHO office	New	30-07-2012	NPO	the property insurance contract #2/0023 (Ark)
Dell advanced E-Port with 130W AC adaptor	0K086C-12961-234-0032-a04	30-05-2012	\$117.34	N/A	Tashkent, WHO office	New	30-07-2012	NPO	the property insurance contract #2/0023 (Ark)
Network printer Kyocera Fs-2020DN A4 + 3 toners	EUUZ00000000410	15-07-2012	\$774.48	N/A	Tashkent, WHO office	New	25-09-2012	Project coordinator	the property insurance contract #2/0023 (Ark)
Fax machine Canon FAX L 150	KYV 03445	30-05-2012	\$224.26	N/A	Tashkent, WHO office	New	25-09-2012	Project coordinator	the property insurance contract #2/0023 (Ark)
Furniture set: Main table, computer table, corner,	is not yet delivered	20-06-2012	\$1,702.12	N/A	Tashkent, WHO office	New	05-10-2012	NPO	the property insurance contract #2/0023 (Ark)
Furniture set: Main table, computer table, corner,	is not yet delivered	20-06-2012	\$1,702.12	N/A	Tashkent, WHO office	New	05-10-2012	Project coordinator	the property insurance contract #2/0023 (Ark)
Desk phone Panasonic KX-TS2350CA	1JAKG040803	30-05-2012	\$47.00	N/A	Tashkent, WHO office	New	30-07-2012	Secretary	the property insurance contract #2/0023 (Ark)

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
 (2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
 (3) Date of invoice
 (4) Total price including any sales tax paid. Use currency on invoice
 (5) Note any sales tax charged
 (6) Address
 (7) Good/fair or bad
 (8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value. where a recipient compensated TB CARE I for its share. Attach supplementary info