



TB CARE I

TB CARE I - Uzbekistan

Year 4

Quarterly Report

April – June 2014

July 30, 2014

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1. Quarterly Overview

Country	Uzbekistan
Lead Partner	WHO
Coalition Partners	KNCV
Other Partners	N/A
Workplan Timeframe	October 1, 2013 – December 31, 2014
Reporting Period	April – June 2014

Most Significant Achievements

Universal access

WHO, in line with TB CARE I project, provided an international expert to support the development of a national strategic plan on psycho-social support to TB patients. The plan is developed in close collaboration with experts from Uzbekistan's Multi-Expert Council (MEC) which includes representatives of ministries of health, labor and social protection, education, justice, civil society and parastatal organizations. According to the national plan psychological care and social support will become available in every TB hospital in the country.

TB CARE I embarked on a series of trainings on interpersonal communication skills, basic elements of psychological support, TB-related stigma and burn-out syndrome for TB physicians, nurses, and community and women leaders, held in Tashkent and Samarkand regions.

Infection control

TB CARE I Regional IC Officer, joined by NTP staff, performed supervision and monitoring visit to four pilot regions on 30 May– 6 June, 2014. The team assessed implementation of TB-IC plans at the regional TB dispensaries in Samarkand, Bukhara, Navoi, Kashkadarya and Khorezm regions, as well as provided on-the-job training on development and implementation of the TB-IC activity plans.

Observations showed that local staff took into account almost all recommendations made by the same team during the previous mission in February 2014.

M&E

Next round of supervision visits to six TB CARE I pilot regions was held in April 2014 within quarterly national monitoring of TB service, initiated by WHO-USAID «Partnership project». National experts evaluated the performance of the DR TB program, quality of ambulatory stage of treatment; PHC and TB workers were provided with recommendations for its further improvement. NRL staff visited Xpert MTB/RIF machines installation points to check the readiness of local lab network to ensure effective sputum transportation routes and improve time-to-treatment period shortening once machines arrived and were installed. One of the common recommendations given was that local TB specialists should be additionally trained in DR TB treatment regimen prescription and in side effects management.

Technical and Administrative Challenges

Due to the pending approval of the national policy document on TB control (new MOH's comprehensive order on TB control), a few planned trainings and international visits were postponed to Q3. Also, TB CARE I supported ambulatory model of TB care didn't come into force, since the outpatient model (included into consolidated order on TB control) is not yet approved.

2. Year 4 Technical Outcomes and Activity Progress

2.1 Universal Access

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date ¹		Comments
1.2.11	National policy document on outpatient care introduced at national level		National policy document on outpatient care developed and submitted to MOH (APA3)	National policy document on outpatient care approved	Document is not yet approved.		Approval is in process
1.2.12	<i>Percent of TB and MDR-TB patients enrolled in outpatient care under TB CARE I model in Samarkand region.</i> Description: Proportion of TB and MDR-TB patients put on outpatient care under TB CARE I model in Samarkand region.		0% (APA3) TB (0/2032) MDR-TB (0/600)	20% TB (406/2032) MDR-TB (120/600)	0%		Outpatient model (included into consolidated order on TB control) is not yet approved
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status ²	
				Start	End		
1.2.1.	WHO, KNCV	Introduction of the national policy document (attachment to new MOH's order on TB control) on outpatient care at the pilot level (Tashkent and Samarkand regions)	Approval of new MOH's order on TB control is in process. Once approved, activity will be organized.	Nov 13	Feb 14	Pending	
1.2.2.	WHO, KNCV	Roundtable on psychosocial aspects of outpatient care in Tashkent and Samarkand regions	Roundtable on psychosocial aspects of outpatient care was organized on April 10-11, 2014 for 28 key persons from local government, TB and social support services and NGOs to discuss current practices and draft a national strategic plan on psychosocial support of patients with TB and HIV, outlining key elements of a PSS model covering 2014-2020 Event was held with support from WHO consultant Irina Gelmanova and Gulnara	Dec 13	Jan 14	Completed in Q3	

¹ If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

			<p>Kaliakbarova, TB CARE I Regional Technical Officer, CAR.</p> <p>During the mission, the design and content of the plan was developed, PSS strategic directions were identified and future monitoring and evaluation of the plan's effectiveness and impact on treatment outcomes and the broader epidemiological situation were discussed.</p> <p>Recommendations were also made to expand the scope of the plan from solely TB patients to HIV patients, therefore, covering both socially disadvantaged and highly stigmatized diseases.</p>			
1.2.3.	WHO	Trainings on outpatient care and patient support for Tashkent and Samarkand regions	Planned for July 2014 due to pending approval of MOH's order on TB control	Nov 13	Feb 14	Planned
1.2.4.	WHO	Extensive training for medical and non-medical psychologists from Samarkand and Tashkent regions and Tashkent city on psychological aspects of care for TB patients	<p>16 psychologists from state medical and nonprofit sector from pilot regions were trained in May 2014 on medical psychology in the support of introducing of outpatient care model.</p> <p>WHO consultant Olga Lomakina facilitated specific sessions on psychological aspects of care for TB patients and assisted in development of generic ToR for cabinet of psychological services, which is expected to be established in line with PSS strategic plan for 2015-2020.</p>	Dec 13	Feb 14	Completed in Q3
1.2.5.	WHO, KNCV	Training for PHC and TB staff (treatment supporters) on psychological care for Tashkent and Samarkand regions	<p>38 TB and PHC providers were trained on medical psychology in pilot regions in support of introducing of outpatient care model in Tashkent and Samarkand in June 2014. Ieva Leimane, TB CARE I consultant on HRD and psychosocial support provision, was co-facilitated the event in Samarkand.</p> <p>Training topics included basic facts on TB, treatment adherence, role of psychology in clinical services, stigma and discrimination, analysis of psychological profiles of patients, burn-out syndrome, behavior change models, decision-making, health literacy and communication strategies.</p>	Jan 13	Feb 14	Completed in Q3

1.2.6.	WHO	Monitoring and supervision visits on outpatient care (including psychosocial aspects) in Tashkent and Samarkand regions	Next round of supervision visits to Samarkand and Tashkent region were held within quarterly national monitoring of TB service, initiated by WHO-USAID «Partnership project» in April 2014. National experts evaluated quality of ambulatory stage of treatment, PHC and TB workers were provided with recommendations for its further improvement.	Nov 13 Mar 14 Jun 14	Sep 14	Ongoing
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Photos from Roundtable on psychosocial aspects of outpatient care was organized on April 10-11, 2014.



Extensive training for medical and non-medical psychologists from Samarkand and Tashkent regions, May 2014



Training for PHC and TB staff (treatment supporters) on psychological care for Tashkent city and region

2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	<p>Five Xpert sites offering advances technologies for TB / DR-TB: NRL - 2 Tashkent Region 2 Samarkand Region - 2 Karakalpakstan -3</p> <p><u>TB CARE funded machines</u> - 0</p>	<p>21 Xpert sites offering advances technologies for TB / DR-TB: NRL - 2 Tashkent Region 2 Samarkand Region - 2 Karakalpakstan -3 Surkhandarya - 2 Ferghana - 6</p> <p><u>TB CARE funded</u> - 4 regions (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions, 1 machine per region)</p>	<p>17 Xpert sites offer advances technologies for TB/ DR-TB:</p> <p>TB CARE I-funded: 0 Four TB CARE I-funded machines and 4000 cartridges were delivered to Tashkent in May 2014. Expected date of Xpert MTB/RIF machines installation - July 2014.</p>	<p>TB labs in four pilot regions were prepared for Xpert MTB/RIF installation: air conditioning and uninterruptable power supply were arranged, sputum transportation containers were procured by administration of TB facilities.</p>
2.3.2	Rapid tests conducted	Total # Xpert tests performed by 3	Total # Xpert tests performed by 10	Total # Xpert tests performed by 10	Data is not yet announced by NTP

			sites: – 9,000: NRL – 3,600 Samarkand – 2,150 Tashkent Region – 2,500 Surkhandarya -750 No TB CARE funded Xpert MTB /RIF machines in country	sites: Total – 20,000: <u>TB CARE funded Xpert tests</u> – 8,000	sites in 2013: Total – 9,099: <u>TB CARE funded Xpert tests</u> – 0	TB CARE I funded machines will be functioning from July 2014
2.3.3	Patients diagnosed with Xpert MTB /RIF	Nationwide: TB (TB and MDR-TB) – 28% (2,483 out of 8868) RIF res–40% (985 out of 2483)	<u>TB CARE funded Xpert tests</u> TB and MDR-TB - 35% (2800 out of 8000) RIF res–40% (1120 out of 2800)	Nationwide: TB (TB and MDR-TB) - 32% (2,908 out of 9,099) RIF res–42% (1,218 out of 2,908)	Data is provided for NTP review - 2014	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
2.3.1.	WHO	Procurement of Xpert MTB/RIF testing machines and cartridges for four new pilots (Tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions according to NTP recommendations).	Four Xpert MTB/RIF machines and 12,000 cartridges (4,000 cartridges in 1 st delivery) for four new TB CARE I pilots were procured and delivered to Uzbekistan in May 2014. Expected date of Xpert MTB/RIF machines installation – July 2014. Remaining cartridges will be delivered in APA4 Q3-Q4.	Nov 13	Dec 13	Ongoing
2.3.2.	WHO	Series of trainings on Xpert MTB/RIF in new pilots (Tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions)	Serial training will be held prior to arrival of procured Xpert MTB/RIF machines in July Q3.	Dec 13	Jan 14	Planned
2.3.3.	WHO	Refresher trainings on clinical aspects of Xpert MTB/RIF for clinicians of TB and PHC services in Samarkand and Tashkent regions (APA3 sites)	Planned for August 2014 , simultaneously with trainings on ambulatory treatment in those pilots.	Jan 14	Mar 14	Planned
2.3.4.	WHO, KNCV	Development of Xpert MTB/RIF maintenance plan	Rescheduled for APA4 Q4	Jan 14	Mar 14	Planned
2.3.5.	WHO, KNCV	Training in Xpert MTB/RIF maintenance and troubleshooting, planning and budgeting, tentatively in Bukhara, Navoi, Kashkadarya	Installation of Xpert MTB/RIF machines will be done in July 2014. Training for lab staff from pilots will be organized one month after installation date, to address all appeared questions	Feb 14	Mar 14	Planned

		and Khorezm regions				
2.3.6.	WHO, KNCV	Supportive supervision and monitoring of Xpert MTB/RIF implementation in TB CARE I pilots	Visits to new TB CARE I pilots (Bukhara, Navoi, Kashkadarya and Khorezm regions) were organized in April-May 2014 within quarterly national monitoring of TB service, initiated by WHO-USAID «Partnership Project» and Extensive review of TB Prevention, Control and Care in Uzbekistan, held in May 2014. Dr. Harald Hoffmann, SNRL/Gauting and NRL staff visited places where Xpert MTB/RIF machines will be installed and provided recommendations on how to launch effective use of rapid TB diagnostics and improve time-to-treatment period shortening once machines arrived. Relevant recommendations were provided. One of the recommendations was to build the capacity in the country to adequately perform the maintenance of the laboratory equipment, train the laboratory staff in maintenance procedures so that they can supervise and judge the quality of the maintenance work done by the respective engineers. This recommendation will be addressed in Q4 2014, when training on GeneXpert maintenance and troubleshooting will be organized.	Nov 13 Mar 14 Jun 14	Sep 14	Ongoing
2.3.7.	WHO, KNCV	Meetings to review progress of Xpert MTB/RIF implementation, tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions.	Planned for APA4 Q3-Q4	Mar 14	Sep 14	Planned
2.3.8.	WHO, KNCV	Revision of the national Xpert MTB/RIF strategy	Planned for APA4 Q4	Aug 14	Sep 14	Planned



Visit to Bukhara region TB dispensary: Dr. Hoffman is checking lab consumables in inter-regional culture lab

2.3 Infection Control

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved	National TB-IC guidelines approved	National TB-IC guidelines introduced in four TB CARE I pilot oblasts (Tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions)	Introduction of the National TB-IC guidelines was started with assessment visit held in Dec 2013 and in Feb 2014.	TB IC mission was organized in December 2013 and in Feb 2014 to assess TB IC measures in place in TB facilities in four new TB CARE I pilots. Schedule of TB IC interventions (trainings on TB IC, development of TB IC implementation plans and regular supervision) was developed for those regions.
3.2.1	Facilities implementing TB-IC measures with TB CARE support	TB-IC measurement tools were provided for two TB CAREI pilots (Samarkand and Tashkent regions) and for NTP's central unit.	New four TB CARE I pilot sites (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions) equipped with modern	Measured annually	Needs in TB IC measurement equipment were assessed in the framework of TB IC mission held in Dec 2014. Sets of TB IC measurement

			TB-IC measurement tools. All six pilots (including Tashkent and Samarkand regions) effectively follow the National TB-IC guidelines.		tools for four new pilot regions were procured in Q1 2014.
		25% of facilities in Samarkand and Tashkent regions received support for implementation of TB IC measures through TB CARE (5 of 20). 35 HCWs from TB service and SES in Samarkand and Tashkent regions were trained in TB-IC risk assessment and facility IC plan development	50% of facilities in Samarkand and Tashkent regions received support for implementation of TB IC measures through TB CARE (10 of 20).	Measured annually	TB IC measures' implementation strategy was discussed during TB IC missions held in Dec 2013 and Feb 2014 and training on TB IC for healthcare conducted in Feb 2014.

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
3.1.1.	WHO	Introduction of national SES regulatory TB-IC documents	Two trainings for 34 SES specialists, including prison sector, from all regions of Uzbekistan were conducted to strengthen their competencies in TB-IC controls, by reinforcing best practices and tools in TB-IC programs and introducing updated SES regulation on TB control (SanPiN).	Jan 14	Feb 14	Completed in Q2
3.2.1.	WHO, KNCV	Assessment visits to evaluate new TB CARE I pilots (tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions) for compliance with modern IC standards. Development of IC plans for those health facilities in pilot districts.	Needs assessment to improve TB-IC measures in the TB facilities of Khorezm, Navoi and Bukhara oblasts was held in Dec 2013. TB-IC challenges that need to be prioritized and addressed in 2014 in three new pilot oblasts were identified. Assessment of fourth TB CARE I pilot in Kashkadarya region was made in Feb 2014. Important recommendations on how to implement modern TB-IC measures in hospital buildings during renovation were provided for two facilities in Karshi and Kitab cities.	Nov 13	Dec 13	Completed in Q2
3.2.2.	WHO, KNCV	Comprehensive workshop on TB-IC for healthcare managers and key persons, responsible for IC, including prison in new TB CARE I pilot sites (tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions).	The "Comprehensive TB-IC Training" course for 13 specialists (F=4) from the SES was held on 27-28 Feb 2014, for four new TB CARE I project pilot sites. 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.	Nov 13	Dec 13	Completed in Q2
3.2.3.	WHO	Procurement of IC measurement equipment to be used in new TB CARE I pilots, tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions	Four TB IC measurement equipment sets were procured for four new pilot regions to equip selected IC measurement teams for general sector. One additional set will be granted to the SES service in Bukhara regions, to ensure compliance between TB service (as executor of TB IC) and sanitary service (as supervisor of TB IC).	Nov 13	Dec 13	In process

			The official handover is planned for July 2014.			
3.2.4.	WHO, KNCV	Training on use of IC measurement equipment in Bukhara, Navoi, Kashkadarya and Khorezm regions (tentatively)	<p>Training on TB IC measurements was conducted in February 2014, for 22 regional (Bukhara, Navoi, Kashkadarya and Khorezm regions) 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=4).</p> <p>Nominees for the training were selected by NTP to further serve as experts in TB IC measurement in respective regions, to ensure equal level of TB IC in all TB facilities.</p>	Jan 14	Feb 14	Completed in Q2
3.2.5.	WHO, KNCV	TB-IC plans development in TB facilities of new TB CARE pilots, tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions	<p>TB-IC plans at the facility level in pilot sites were introduced during TB IC assessment mission held in Dec 2013.</p> <p>Follow-up on the developed plans was held jointly with Act.3.2.4 (Training on the use of IC measurement equipment) in Feb 2014. TB doctors with support from IC experts' made appropriate corrections in drafted Dec 2013 facility TB IC plans, based to 3 months of experience implementing the plans.</p>	Nov 13	Feb 14	Completed in Q2
3.2.6.	WHO, KNCV	Supervision and monitoring of TB-IC plans implementation in TB facilities in TB CARE I pilot regions: APA3 sites (Tashkent and Samarkand regions); new pilots (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions).	<p>First round of supervision visits to TB CARE I pilot regions were held within quarterly national monitoring of TB service, initiated by WHO-USAID «Partnership Project». National experts evaluated TB-IC plan implementation. TB workers were provided with recommendations for its further improvement.</p> <p><u>Q3:</u> Supervision and monitoring visit to four pilot regions performed on 30 May– 6 June, 2014 by TB CARE I Regional IC Officer, joined by NTP staff. The team assessed implementation of TB-IC plans at the regional TB dispensaries in Samarkand,</p>	Nov 13 Mar 14 Jun 14	Sep 14	In process

			<p>Bukhara, Navoi, Kashkadarya and Khorezm regions, as well as provided on-the-job training on development and implementation of the TB-IC measures. TB IC team observed that local staff took into account almost all recommendations made by the same team during the previous mission in February 2014. Chief TB Doctors in Samarkand and Navoi regions were provided with recommendations on implementation of TB IC in new hospital wards which are under reconstruction.</p>			
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On-job training on administrative TB-IC measures planning in Navoi region



Revision of developed TB IC plans in Samarkand Regional TB dispensary



Revision of developed TB IC plans in Khorezm



Follow up visit to Samarkand city TB Dispensary on TB IC implementation (after visit in Dec 2012)



Discussion on how to implement modern TB-IC measures in hospital buildings during renovation, Navoi Regional TB dispensary



TB IC mission provides recommendations how to keep TB IC measures in place in new TB lab building , Khorezm

2.4 PMDT

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date		Comments
C6	Number of MDR cases diagnosed		4000	4000	2903 (2013)		Data for 2013 is subject to change.
C7	Number of MDR cases put on treatment		3800	3800	2647 (2013)		Data for 2013 is subject to change.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status	
				Start	End		
4.1.1.	WHO, KNCV	Development of training modules on comprehensive, programmatic management of DR-TB (utilizing cross cutting content)	National guidelines on DR TB, the basis for training modules, are being finalized. Expected date of approved document – July 2014. Activity will be performed once the guideline is approved.	Nov 13	Sep 14	Planned	
4.1.2.	WHO, KNCV	PMDT assessment visit to new pilot regions (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions)	Implementation of the MDR-TB program in three new TB CARE I pilots (Kashkadarya, Bukhara and Navoi regions) was assessed. Mission evaluated MDR-TB case finding and treatment strategies, administration and follow-up as well as plan for further capacity building on DR TB case management. A key recommendations provided were (1) to change MDR-TB case detection strategy ensuring DST tests for all TB patients who starts TB treatment, (2) use rapid molecular test for patients with high MDR TB risks (all smear positive cases, all retreatment cases, and smear negative having risk of MDR-TB, HIV positive patients, children) and (3) to strengthening supportive supervision from Central level to ensure that PMDT management is accurate (on spot training component should be included).	Nov 13	Nov 13	Completed in Q2	
4.1.3.	WHO, KNCV	Advanced trainings on comprehensive programmatic management of DR-TB for new TB CARE I pilot regions (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions)	Training needs were prioritized based on PMDT assessment conducted in Dec 2013 and Feb 2014. Activity will be organized in July 2014 after approval of national guideline on DR TB.	Dec 13	Sep 14	Planned	
4.1.4.	WHO	Study tour visits for new sites (tentatively Bukhara, Navoi,	Re-scheduled for APA4 Q4	Jan 14	Sep 14	Planned	

		Kashkadarya and Khorezm regions) representatives to Karakalpakstan/Tashkent or Samarkand regions organized to learn best practices in PMDT				
4.1.5.	WHO	Introduction of the national united order (revised MoH order on TB control) to TB CARE providers and SES in TB CARE pilot sites: APA3 sites (Tashkent and Samarkand regions); new pilots (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions).	Approval of MoH order on TB control is in process. Once it is approved, TB CARE I will organize planned serial trainings.	Dec 13	Sep 14	Planned
4.1.6.	WHO	Development of strategy on palliative care	<p>Framework of palliative care as a part of PSS model was discussed during roundtable on psychosocial aspects of TB service organized on April 10-11, 2014 for 28 key persons from local government, TB and social support services and NGOs.</p> <p>Palliative care elements were included into drafted national strategic plan on psychosocial support of patients with TB and HIV.</p> <p>Strategy on palliative care will be developed in Q4 APA4 with support from a WHO consultant.</p>	Jan 14	Sep 14	In process
4.1.7.	WHO, KNCV	Supportive supervision and on-the-job training missions to new TB CARE oblast (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions) to support PMDT implementers	<p>Next round of supervision visits to new TB CARE I pilot regions were held in April 2014 within quarterly national monitoring of TB service, initiated by WHO-USAID «Partnership Project» in collaboration with MOH. National experts evaluated performance of DR TB program.</p> <p>Among recommendation provided by monitors, there was advice to ensure sufficient supply of auxiliary drugs to manage side effects of anti-TB treatment and to consider recording the side-effects of the anti-TB treatment to better plan the procurement of such drugs.</p>	Nov 13 Mar 14 Jun 14	Sep 14	Ongoing

2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date		Comments
6.2.2	People trained using TB CARE funds		464	4506	716 (F 344)		139 specialists (F=99) were trained in APA4 Q3
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status	
				Start	End		
6.2.1.	WHO	Participation of partners in international conferences and trainings	Four TB specialists from pilots were nominated by MOH for participation in international course on MDR TB in Estonia, to be held in August 2014.	Feb 14	Aug 14	Planned	

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
7.2.3	<p><i>The M&E definitions adopted nationwide in accordance with the latest recommendations of the WHO by September 2014</i></p> <p>Numerator: Number of regional TB facilities that register data according to new WHO M&E definitions</p> <p>Denominator: Total number of regional TB facilities</p>		0% in June 2013	100% (15 out of 15 regional facilities)	Measured annually	M&E specialists from all regions of Uzbekistan were trained on new M&E tools adjusted according to WHO definitions-2013. The purpose of the event was to check whether developed forms are practical for use. M&E tools were improved according to feedback provided by participants. New M&E forms will be applied into routine use after approval of new national M&E guideline.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
7.2.1	WHO, KNCV	National trainings on new WHO M&E definitions for management and M&E departments of TB facilities (central and regional level)	WHO CO, within TB CARE I project, organized training on new WHO definitions in the framework of the national guideline on M&E of TB control in Tashkent for 44 specialists (F=11), responsible for M&E in TB service in regions of Uzbekistan. Participants were informed about all key updates in national M&E system, adjusted according to WHO definitions-2013 and new M&E guideline.	Feb 14	Mar 14	Completed in Q2

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

Current Global Fund TB Grants

Name (I.E. Round 10 TB)	Average Rating*	Current Rating	Total Approved Amount	Total Dispersed to Date
RCC 1 Extension - TFM (Round 8 extension until 30 Nov 2015)	A2	B1	47,424,353	37,943,197

* Since January 2010

In-country Global Fund Status – Key Updates, Challenges and Bottlenecks

Global Fund PIU plans and implements activities in close collaboration with MOH, but coordination with the National TB Center (the lead organization in TB control) needs to be improved to ensure compliance of national and international efforts on TB control.

Global Fund provides extensive support to the country in procurement of diagnostic tools, first- and second-line drugs, as well as monitoring and evaluation. GF Round 8 ended on November 30, 2013. TFM grant UZB-809-Go5-T for \$29.2 million started January 1, 2014, and will continue through November 2015. It is important to highlight, however, that the government should gradually start assuming a portion of the drug costs. A first step in this direction was MOH's approval of the National Action Plan to fight TB/MDR-TB for 2012-2015, where financial institutions of the government have been asked to develop a plan on slowly increasing financing of the M/XDR-TB program. The plan was updated in September 2013.

The NTP started rapid extension of a program in the new oblasts in late 2012, with an ambitious goal to cover the whole of the country with SLD treatment for 5,995 patients through the end of 2013. This represented a five-fold increase from the 2011. This situation is a challenge for the NTP, since the program is not fully capable of handling the number of patients, as well as organizing clinical management of patients from 2013. NTP treatment, quality clinical management of MDR-TB cases and positive outcomes from treatment in new regions needs to be ensured.

That said, GLC/Europe supports the scale-up and the annual enrolment of 4,000 new MDR-TB patients, beginning in 2014, taking into consideration current NTP's TB diagnostic and clinical capacity.

TB CARE I & Global Fund - TB CARE I Involvement in GF Support/Implementation and Effect of GF on the TB CARE I Workplan

WHO country office, under 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 partner meetings.

The key area for cooperation is PMDT, where TB CARE I is planning to complement Global Fund support in the procurement of second line drugs and the introduction of current PMDT guidelines in its pilot regions, to ensure utilization of drugs in compliance with current WHO recommendations.

The main contributions of TB CARE I to the Global Fund-funded TB and MDR-TB treatment program includes technical expertise in the development of policy regulations through technical working groups, support provided by external technical consultants and improvement of MDR-TB detection by introducing Xpert MTB/RIF technology in four pilot regions.

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

Quarter	Number of MDR Cases Diagnosed	Number of MDR Cases put on Treatment	Comments:
Total 2010	1,023	628	Data for 2013 is a subject to change. Official data for 2014 is not yet available.
Total 2011	1,385	858	
Total 2012	1,728	1,491	
Total 2013		2,903	
Jan-Mar 2014	Not yet available	Not yet available	
Apr-Jun 2014	Not yet available	Not yet available	

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

#	Partner	Activity Code	Name	Purpose	Planned Month, Year	Status	Dates Completed	Additional Remarks (Optional)
1	KNCV	1.2.1	Gulnara Kaliakbarova	Introduction of the national policy document (attachment to new MOH's order on TB control) on outpatient care at the pilot level (Tashkent and Samarkand regions)	Feb 2014	Pending		Approval of new MOH's order on TB control is in process. Once approved, activity will be organized.
2	KNCV	1.2.1	Gulnara Kaliakbarova	Introduction of the national policy document (attachment to new MOH's order on TB control) on outpatient care at the pilot level (Tashkent and Samarkand regions)	Mar 2014	Pending		Approval of new MOH's order on TB control is in process. Once approved, activity will be organized.
3	KNCV	1.2.2	Gulnara Kaliakbarova	Roundtable on psychosocial aspects of outpatient care in Tashkent and Samarkand regions (combined with Act.1.2.1)	Dec 2013	Completed	Apr 2014	
4	KNCV	1.2.5	Ieva Leimane	Training for PHC and TB staff on psychological care for Tashkent and Samarkand regions	Jan 2014	Completed	June 2014	
5	KNCV	2.3.5	Sanne van Kampen	Training in Xpert MTB/RIF maintenance and troubleshooting, planning and budgeting	Mar 2014	Postponed for Aug 2014		
6	KNCV	2.3.6	Valentina Anisimova	Supportive supervision and monitoring of Xpert MTB /RIF implementation in TB CARE I pilots	Sep 2014	Planned for Sep 2014		
7	KNCV	2.3.7	Aigul Tursynbayeva	Meetings to review progress of Xpert MTB/RIF implementation, tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions	Sep 2014	Completed	Feb 2014	
8	KNCV	2.3.8	Svetlana Pak	Revision of the national Xpert MTB/RIF strategy	Sep 2014	Planned		
9		3.2.1	Vlad Furman	Assessment visits to evaluate new TB CARE I pilots (tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions) for compliance with modern IC standards.	Dec 2013	Completed	Dec 2013	

10	KNCV	3.2.2	Vlad Furman	Comprehensive workshop on TB-IC for healthcare managers and key persons, responsible for IC, including prison in new TB CARE I pilot sites (tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions); travel will be combined with with Act.3.2.1	Dec 2013	Completed	Feb 2014	
11	KNCV	3.2.4	Vlad Furman	Training on use of IC measurement equipment in Bukhara, Navoi, Kashkadarya and Khorezm regions	Mar 2013	Completed	Feb 2014	
12	KNCV	3.2.5	Vlad Furman	TB-IC plans development in TB facilities of new TB CARE pilots, tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions; travel will be combined with Act.3.2.1	Dec 2013	Completed	Dec 2013	
13	KNCV	3.2.6	Vlad Furman	Supervision and monitoring of TB-IC plans implementation in TB facilities in TB CARE I pilot regions of Tashkent and Samarkand, and new pilots (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions)	Mar 2014	Completed	2 nd visit was held in June 2014.	
14	KNCV	3.2.6	Vlad Furman	Supervision and monitoring of TB-IC plans implementation in TB facilities in TB CARE I pilot regions of Tashkent and Samarkand, and new pilots (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions)	Jun 2014	Pending	3 rd will be in Sep 2014	
15	KNCV	4.1.1	Maria Idrissova	Development of training modules on comprehensive, programmatic management of DR TB (utilizing cross cutting content)	Jan 2013	Re-planned for Q3 2014		
16	KNCV	4.1.2	Tatyana Toichkina	PMDT assessment visit to new pilot regions (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions)	Nov 2013 Dec 2013	Reprogramed		Funds for consultant's visit were reprogrammed
17	KNCV	4.1.3	Tatyana Toichkina	Advanced training on comprehensive programmatic management of DR TB for new TB	Mar 2014	Planned for July 2014		

				CARE I pilot regions (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions); travel will be combined with with Act.4.1.2				
18	KNCV	4.1.7	Tatyana Toichkina	Supportive supervision and on-the-job training missions to new TB CARE oblast (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions) to support PMDT implementers	June 2014	Planned for July 2014		
19	KNCV	7.2.1	Aigul Tursynbaeva	National trainings on new WHO M&E definitions for management and M&E departments of TB facilities (central and regional level)	Feb 2014	Completed	Mar 2014	
20	WHO	1.2.1	WHO staff Martin van den Boom or Pierpaolo de Colombani	Introduction of the national policy document (attachment to new MOH's order on TB control) on outpatient care at the pilot level (Tashkent and Samarkand regions)	Feb 2014 Mar 2014	Re planned for Aug 2014		
21	WHO	1.2.2	WHO staff Martin van den Boom or Pierpaolo de Colombani	Roundtable on psychosocial aspects of outpatient care in Tashkent and Samarkand regions (combined with Act.1.2.1)	Dec 2013	Completed	April 2014	Dr. Irina Gelmanova, WHO consultant replaced Dr. Van Den Boom in that mission.
22	WHO	1.2.4	External WHO consultant, TBD	Extensive training for medical and non-medical psychologists on psychological aspects of care for TB patients	Dec 2013	Completed	May 2014	WHO consultant Olga Lomakina was selected for TA provision
23	WHO	2.3.3	WHO staff Kristin Kremer	Refresher trainings on clinical aspects of Xpert MTB/RIF for clinicians of TB and PHC services in Samarkand and Tashkent regions (APA3 sites)	Feb 2014	Re planned for July 2014		
24	WHO	2.3.6	WHO staff Kristin Kremer	Supportive supervision and monitoring of Xpert MTB /RIF implementation in TB CARE I pilots	Mar 2014	Completed	May 2014	Dr. Harald Hoffman replaced Dr. Kremer in that mission
25	WHO	2.3.7	WHO staff Kristin Kremer	Meetings to review progress of Xpert MTB/RIF implementation, tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions.	Mar 2014	Re-planned for Aug 2014		

26	WHO	3.1.1	WHO consultant Grigory Volchenkov	Introduction of national SES regulatory TB-IC documents	Feb 2013	Completed	Feb 2014	
27	WHO	3.2.1	WHO consultant Nestan Tukvadze	Assessment visits to evaluate new TB CARE I pilots (tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions) for compliance with modern IC standards	Dec 2013	Completed	Feb 2014	
28	WHO	3.2.2	WHO consultant Nestan Tukvadze	Comprehensive workshop on TB-IC for healthcare managers and key persons, responsible for IC, including prison in new TB CARE I pilot sites (tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions); travel will be combined with with Act.3.2.1	Nov 2013	Completed	Feb 2014	
29	WHO	3.2.5	WHO consultant Nestan Tukvadze	TB-IC plans development in TB facilities of new TB CARE pilots, tentatively in Bukhara, Navoi, Kashkadarya and Khorezm regions; travel will be combined with with Act.3.2.1	Nov 2013	Completed	Feb 2014	
30	WHO	4.1.2	WHO staff Masoud Dara or Martin van den Boom	PMDT assessment visit to new pilot regions (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions)	Nov 2013 Dec 2013	Completed	7-14 Dec	Dr. Vaira Leimane replaced initially planned consultant
31	WHO	4.1.3	WHO staff Masoud Dara or Martin van den Boom	Advanced training on comprehensive programmatic management of DR TB for new TB CARE I pilot regions (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions); travel will be combined with Act.4.1.2	Nov 2013 Dec 2013	Re-planned for Aug 2014		
32	WHO	4.1.7	WHO staff Masoud Dara or Martin van den Boom	Supportive supervision and on-the-job training missions to new TB CARE oblast (tentatively Bukhara, Navoi, Kashkadarya and Khorezm regions) to support PMDT implementers	Mar 2014	Re-planned for Aug 2014		
33	WHO	7.2.1	WHO staff Andrei Dadu	National trainings on new WHO M&E definitions for management and M&E departments of TB facilities (central and regional	Feb 2014	Completed	March 2014	Dr Inna Motrich was replaced by A.Dadu for this mission

				level)				
Total number of visits conducted (cumulative for fiscal year)						18		
Total number of visits planned in workplan						33		
Percent of planned international consultant visits conducted						55%		