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**CHALLENGE TB**



## **Challenge TB- <TAJIKISTAN>**

**Year 2**

### **Quarterly Monitoring Report October-December 2015**

**Submission date: January 29, 2016**

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*Cover photo: Session with DOTS exercise during the LMIS Training in Khujand city (Credit: Saodat Qosimova).*

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## 1. Quarterly Overview

Country	Tajikistan
Lead Partner	KNCV Tuberculosis Foundation
Other partners	N/A
Work plan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

### **Most significant achievements:**

In Year two (Y2), the Tajikistan KNCV Challenge TB office continues to work on the two following sub-objectives:

Sub-objective 3. Patient-centered care and treatment

Sub-objective 9. Drug and Commodity management system

*Sub-objective 3* is planning to support implementation of shorter regimens and new drugs in the context of the national TB control program.

The key achievements of the project under this objective during the first quarter (Q1) of year 2 (Y2) are as follows

- The National Plan on Introduction of New Drugs and Shortened Regimens was developed. This was done through the establishment of the national working group at Ministry of Health (MoH) level, consisting of key specialists from MoH, State Pharmaceutical Control Agency (SPCA), National TB Control Program (NTP) and international partners working in the framework of the NTP Tajikistan – MSF, Project HOPE, who all contributed to the development of the document. The National Plan was translated into Tajik and approved by the NTP. The next step will be the submission of the plan to the Ministry of Health (MOH) for their approval followed by countrywide introduction of the plan.
- The Thematic working group (TWG) on pharmacovigilance (PV) was established composed of members from MOH, SPCA, NTP, National Center on TB, Pulmonary and Thoracic Surgery (Machiton), Dushanbe City TB center and MSF. The ToR for the TWG was developed with support of KNCV. The main goal of this TWG is the organization of drug safety monitoring within the NTP to improve treatment efficacy as per international standards. The TWG will work on the development of policy and technical documents related to PV in Tajikistan.
- Active tuberculosis drug-safety monitoring and management (aDSM) in the TB program was presented and discussed during the first PV Workshop conducted in Dushanbe on 15<sup>th</sup>-16<sup>th</sup> December, 2015. As the result of the workshop, from the three options of the aDSM proposed by the WHO, the specialists selected intermediate aDSM package (No 2) for Tajikistan which will include the registration of serious adverse events (SEA) plus adverse events (AE) of special interest, including AEs leading to change in drug, regimen or dose. In addition, three sites were selected for the introduction of aDSM (Machiton Hospital, Dushanbe TB center and Rudaky district TB center). Further it was agreed to use the operational research approach proposed by KNCV for all new drugs and regimens.
- The National Regulation on collection, analysis and monitoring of adverse drug events was revised with KNCV technical assistance. The document was finalized and submitted to MoH for approval which is expected in quarter 2. The document

will ensure proper implementation of the PV system within the National TB Program.

*Sub-objective 9* is focused on strengthening the capacity of drug management specialists. KNCV continued capacity development activities started within USAID Systems for Improved Access to Pharmaceuticals (SIAPS) project on strengthening Logistic Management Information System (LMIS) in the NTP. The pilots selected for KNCV are Sughd Region with 18 districts and GBAO region with 8 districts.

Key achievements for Y2 Q1 are:

- In November 2015, 37 TB health providers (nurses and TB managers) responsible for the management of anti-TB drugs in Sughd region were trained in LMIS for FLD and SLD, forecasting and quantification of anti-TB drugs. With the aim of improving drug management KNCV is planning to continue on the job training as well as monitoring visits.

The Tajikistan KNCV Country Representative participated in the Union Conference in Cape Town in December, 2015 and presented their experience in introducing outpatient care for DS-/MDR-TB patients in Tajikistan, implemented under the TB CARE I Project. The presentation included interventions implemented in the project pilot sites that contributed to successful achievements such as establishing patient support teams at community level, the development of patient selection approach for psychological-emotional support, and the provision of social support by Local Governments authorities (at district level Khukumats and Jamoats).

**Technical/administrative challenges and actions to overcome them:**

Following the approval of the work plan by USAID, the Challenge TB (CTB) country team applied to the MoH for approval of the work plan which took more time than anticipated. Also at the start of the implementation of CTB in Tajikistan in Year 2, with agreement and recommendation of the NTP/MoH some activities in the work plan were rescheduled based upon logic order and readiness of the NTP to start the implementation of activities. Accordingly, the project revised the order and sequence of some activities in the work plan. This also required rescheduling of consultants' missions.

## 2. Year 2 activity progress

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Development of the plan for introduction of shortened regimens and new drugs.	3.2.1	National Plan is finalized and submitted to NTP				TWG was established and two TWG meetings were conducted on developing national plan on introduction of new drugs and shortened regimens in the country. The document approved by the NTP and submitted for approval to Ministry of Health.	Met	
Development of the Clinical protocols for treatment of non-complicated MDR-TB cases with shortened (9-month) regimens and pre-XDR-TB and XDR-TB patients with regimens containing new TB drugs	3.2.2	Workshop and 2 TWG meeting conducted. Draft of clinical protocols is developed	Finalized Clinical protocols are submitted to NTP/MOH				Not met	Postponed to Q2 due to rescheduling of activity
Optimization of the diagnostic algorithm	3.2.3	Optimized diagnostic algorithm is revised and finalized	Optimized diagnostic algorithm is submitted to NTP/MoH				Not met	Postponed to Q2 due to rescheduling of activity
Development of Standard Operational	3.2.4	Two meeting conducted.					Not met	Postponed to Q2 due to rescheduling of activity

Procedures on sample collection, sample transportation for laboratory testing and communication tests' results in CTB pilot		SoPs developed, finalized and submitted to NTP						
Design operational research protocol for implementation of shortened treatment regimens based on optimized diagnostic algorithm and developed clinical protocol	3.2.5			Workshop conducted operational research protocol developed and finalized	Operational research protocol submitted to NTP		N/A	
Trainings for TB and clinical laboratories on developed SoP	3.2.6				Training conducted, 18 specialists are trained		N/A	
Training for TB clinicians on developed SoP	3.2.7				Training conducted, 18 specialists are trained		N/A	
Training for TB specialists and nurses on clinical management of the M/XDR- TB cases treated with shortened regimens and regimens containing new anti-TB medicines including clinical monitoring of side effects	3.2.8		Training curricula developed ; Training conducted	20 TB specialists and nurses are trained			N/A	
Training for members of Central Consilium on	3.2.9			Training is conducted	15 members		N/A	

patient selection for the new regimens and new drugs					of Consillium are trained			
Round table for representatives from TB service and private sector to ensure access to the necessary laboratory and clinical care for patients on shorter regimens and new drugs	3.2.10			Round table conducted			N/A	
Psychosocial support program for patients on shortened regimen and new drugs	3.2.11				Training conducted, TB specialists and nurses are trained		N/A	
Development of health education materials for counseling patients and their families	3.2.12				Health education materials for patients and their families for counseling developed		N/A	
Study tour of NTP specialists to existing short regimen, new drug pilot sites in other countries (Karakalpakstan, Armenia, Latvia, Estonia)	3.2.13			To arrange participation of NTP staff in study tours			N/A	
Revision of M&E tools, recording & reporting forms	3.2.14			The M&E tools, R&R forms developed			N/A	

Meetings of TB PV Technical working group and causality assessment sub-group on designing of PV forms for data collection and routine PV system operation	3.2.15	TWG meeting conducted	TWG meeting conducted	TWG meeting conducted	TWG meeting conducted		Not met	The first TWG was postponed. TWG was planned initially in Dec however NTP requested to postpone due to annual reporting and NFM grant making period for the NFM
Development of PV module in Open MRS and maintenance of electronic database	3.2.16			PV module is developed, NTP specialists are instructed			N/A	
Development of tools/indicators for PV and PV SOPs	3.2.17			Tools/indicators for PV are developed and finalized during the TWG meeting	Tools/indicators for PV are submitted to NTP		N/A	
PV workshop for member of PV thematic working group, and NTP, PV department of DRA, clinicians	3.2.18			Workshop conducted		PV workshop on introducing a sustainable pharmacovigilance system conducted in Dushanbe on 15-16 December 2015 with participation of 19 (10 males and 9 females): national specialists from NTP, Dushanbe Health Care Department, Dushanbe TB Center, Machiton Center, Rudaky TB center, PV Department of State Agency for	Met	Because of logic and project implementation, workshop (and TA) was moved to Q1

						Pharmaceutical Control, Public Health Lab (BSL-3) and international organizations (Hope, MSF, Caritas). As the result of the workshop intermediate aDSM package for Tajikistan and pilot sites was selected covering first only TB patients on new regimens (short regimens, new drugs, and/or repurposed drugs), both in hospital level and ambulatory level, and in intensive phase.		
Meetings of TB PV Technical working group and causality assessment sub-group on designing of PV forms for data collection and routine PV system operation	3.2.19		Meeting conducted	Meeting conducted	Meeting conducted		N/A	
PV training for members of PV TWG and causality assessment sub-group	3.2.20			PV training conducted, 15 specialists are trained			N/A	
Regular clinical monitoring, supportive supervision, on –the-job training of medical personnel at the hospital and ambulatory levels, regular updating of data base for MDR TB patients	3.2.21			Monitoring visits conducted	Monitoring visits conducted		N/A	

Regular (on quarterly base) cohort data analysis meetings with involving of TB PV TWG	3.2.22		Meetings conducted	Meetings conducted	Meetings conducted		N/A	
Workshop on updating the clinical protocols for new regimes	3.2.23				Workshop conducted, clinical protocols are updated		N/A	
Procurement of tests and equipment for clinical management of side effects	3.2.24	Procurement will be started in Q1 (bidding process)					Not met	Bidding process will start in Q2



Photo 1. PV session presentation, PV workshop for members of PV thematic working group, NTP, PV department of DRA, clinicians, Dushanbe, 15<sup>th</sup>-16<sup>th</sup> December, 2015



Photo 2. Small group discussion of aDSM package, PV workshop for members of PV thematic working group, NTP, PV department of DRA, clinicians, Dushanbe, 15<sup>th</sup>-16<sup>th</sup> December, 2015



Photo 3. Small group discussion of Yellow card design, PV workshop for members of PV thematic working group, NTP, PV department of DRA, clinicians, Dushanbe, 15<sup>th</sup>-16<sup>th</sup> December, 2015

Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Regular supervision visits to pilots (Sughd region) and monitoring of the timely submission of the QuanTB drug related data	9.1.1		Supervision visits are conducted		Supervision visits are conducted		N/A	
LMIS trainings (FLD and SLD) for health providers responsible for management of anti-TB drugs in TB facilities (1 training in GBAO and 2 in Sughd region).	9.1.2	Trainings are conducted				Two three-day LMIS trainings were conducted on 23-25 Nov'15 and 26-28 Nov'15 for 37 health providers (18 females and 19 males) responsible for management of anti-TB drugs in TB facilities in Sughd region, in the north of the country. TB managers and drug management specialists improved their knowledge on LMIS for FLD and SLD including proper maintenance of revised recording and reporting LMIS forms, formation of drug requisition (order), stock management, drug needs forecasting and quantification	Partially met	Third LMIS training in GBAO was postponed because of weather conditions. This training will be conducted in May 2016
Refresher LMIS trainings including e-LMIS (FLD and SLD) for	9.1.3			Training is conducted	Training is conducted		N/A	

health providers responsible for management of anti-TB drugs in TB facilities								
Training of regional drug specialists on early warning system by using QuanTB	9.1.4			Training is conducted			N/A	

### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
Grant TAJ-809-G09-T, obtained in Round 8 and extended through TFM – UNDP	B1	B1	\$47,133,615	\$43,154,441	\$35,658,185 (2014)
Grant TAJ-304-G02-T, obtained in Round 2 and extended through RCC I and II - Project HOPE Tajikistan.	B1	A2	\$12,398,456	\$11,700,547	\$10,426,637 (2014)

\* Since January 2010

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

TFM TB grant implemented by UNDP as PR was closed by 31<sup>st</sup> December, 2015 with transferring PR-ship for NFM to the Republican Center of TB (RTBC). RCC grant (R3) was closed in October 2015 and Project HOPE remained as second PR for NFM. NFM aims at upholding the priorities of the ongoing GF assistance through supporting the key directions of the National TB Strategic Plan 2015-2020. MDR-TB (XDR-TB), TB in prison, TB/HIV co-infected cases remain key challenges of the NTP and key priority areas of the NFM. The duration of the NFM is 27 months until March 2018. The total budget is over USD 17 mln. The new NFM grant making process is about to be finalized and will start in January 2016.

#### Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

According to the work plan of the NFM, the grant will cover the procurement of new and re-purposed drugs during the two-year grant period. SLD is planned to cover treatment of 1.200 MDR patients countrywide, including XDR-TB cases. Challenge TB project will provide technical support for the implementation of new drugs and short regimens. Also support will be provided in capacity building of the national specialists and policy making.

## 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	<b>Pharmacovigilance - successful first steps in Tajikistan</b>
<b>Sub-objective of story:</b>	3. Patient-centered care and treatment
<b>Intervention area of story:</b>	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
<b>Brief description of story idea:</b>	<p>The Challenge TB project made some first steps for the introduction of PV in the country. It included assessment of PV situation, and meetings with discussions of basic PV approaches to be used in the country. In addition, an important event was conducted on the 15<sup>th</sup> and 16<sup>th</sup> of December, 2015 – a two-day Pharmacovigilance Workshop. It was a very crucial step to gather all key specialists of the Ministry of Health including representatives of the National TB Control Center, Pharmacovigilance Department under the State Pharmaceutical Control Service and other stakeholders around the table to discuss basic principles, approaches and action plans to introduce the PV system for the NTP.</p> <p>The workshop also resulted in selection of the most suitable aDSM package recommended by WHO for Tajikistan NTP. In addition, the possible organizational structure and information flow for the pilot sites were discussed and defined. The outputs of the workshop will be used for establishing and strengthening the PV system in the country which will enable to start introducing new drugs and short regimens in the country. KNCV plans to build a PV system in three pilot sites as identified by MoH specialists in the workshop, with further expansion countrywide. It is followed by the development of policy documents for PV introduction (PV Regulation, PV recording &amp; reporting forms etc.). It is a successful step toward setting a well-functioning PV system in the NTP ensuring successful introduction of new drugs and shortened regimen in Tajikistan.</p>
<b>Status update:</b>	Activity is completed. The success story will be finalized in Q2.

## 5. Quarterly reporting on key mandatory indicators

**Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)**

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	333	245	*Data for Oct-Dec 2015 cohort are preliminary and not yet verified
Total 2011	598	380	
Total 2012	780	536	
Total 2013	1065	666	
Total 2014	902	804	
Jan-Mar 2015	140	113	
Apr-Jun 2015	169	166	
Jul-Sep 2015	191	172	
Oct-Dec 2015	154*	185*	
Total 2015	654	636	

**Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)**

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area( <i>List each CTB area below - i.e. Province name</i> )						Figures cover only Dushanbe  *nationwide data on all TB cases are not available and will be finalized by the NTP by the end February 2016 only  ** will be calculated when nationwide data (denominator) is available
	Dushanbe (male/female)	123 (71/52)					
	Rudaki (male/female)	84 (55/29)					
	TB cases (all forms) notified for all CTB areas	207 (126/81)					
	All TB cases (all forms) notified nationwide (denominator)	N/A*					
	% of national cases notified in CTB geographic areas	N/A**					
Intervention (setting/population/approach)							
Choose an item.	CTB geographic focus for this intervention						Intervention areas NA
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

## 6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q4					
1	KNCV	Suzanne Verver	X				To support facilitation of PV workshop in Dushanbe	Complete	13 Dec to 19 Dec 2015	7 days	TA was moved from Q3 to Q1 because it was more logic (project implementation) to have visit sooner
2	KNCV	Svetlana Pak	X				To support facilitation of PV workshop in Dushanbe	Complete	13 Dec to 18 Dec 2015	6 days	TA was moved from Q3 to Q1 because it was more logic (project implementation) to have visit sooner
3	KNCV	Gunta Dravniece	X				to support to facilitate three-day workshop on development of the clinical protocols for treatment of non-complicated MDR-TB cases with shortened (9-month) regimens and pre-XDR-TB and XDR-TB patients with new TB drugs.	Pending			Postponed to Q2
4	KNCV	Maria Idrissova	X				to support to facilitate three-day workshop on development of the clinical protocols for treatment of non-complicated MDR-TB cases with shortened (9-month) regimens and pre-XDR-TB and XDR-TB patients with new TB drugs	Pending			Postponed to Q2

5	KNCV	Valentina Anisimova	X				Conduct Two-day workshop with key laboratory specialists and clinicians and partners (MSF, GF, PH) on optimization of the diagnostic algorithm	Pending			Postponed to Q2 and will be conducted 26-27 Jan, 2016
6	KNCV	Svetlana Pak	X				Conduct Two-day workshop with key laboratory specialists and clinicians and partners (MSF, GF, PH) on optimization of the diagnostic algorithm	Pending			Postponed to Q2 and will be conducted 26-27 Jan, 2016
7	KNCV	Gunta Dravniece	X				Conduct Two-day workshop with key laboratory specialists and clinicians and partners (MSF, GF, PH) on optimization of the diagnostic algorithm	Pending			Postponed to Q2
8	KNCV	Svetlana Pak	X				Conduct meeting with laboratory, clinical, SES, PV experts and private sector laboratories and PHC doctors to develop SOPs on: - specimen collection and sample transportation system in line with revised diagnostic algorithms; - communication on results of laboratory tests.	Pending			Postponed to Q3
9	KNCV	Valentina Anisimova	X				Conduct meeting with laboratory, clinical, SES, PV experts and private sector laboratories and PHC doctors to develop SOPs on: - specimen collection and sample	Pending			Postponed to Q3

						transportation system in line with revised diagnostic algorithms; - communication on results of laboratory tests.				
10	KNCV	Gunta Dravniece		X		Conduct 2-day workshop to design the operational research protocol Adjust the generic OR protocol with including optimized diagnostic algorithms, clinical protocols for shortened treatment regimens, regimens containing new drugs, regulatory requirements, interim data base and SOPs related to patient selection, treatment decision, clinical monitoring, AE data collection and processing	Pending			
11	KNCV	Gunta Dravniece		X		Develop training curricula Conduct three-day training on the clinical management of the M/XDR-TB cases treated with shortened regimens and new anti-TB medicines	pending			
12	KNCV	Maria Idrissova			X	Develop training curricula Conduct training for members of Central Consillium on patient selection for the new regiments and new drugs	pending			

13	KNCV	Maria Idrissova			X		Facilitate TWG meeting on the revision of M&E tools, recording & reporting forms and review and finalize the M&E tools, R&R forms	pending			
14	KNCV	Job van Rest			X		Develop PV module in OpenMRS and train NTP staff on the maintenance of electronic database	pending			
15		External Consultant			X		Develop PV module in OpenMRS and train NTP staff on the maintenance of electronic database	pending			
16	KNCV	Maria Idrissova			X		Facilitate meeting on Cohort (patients with new regimens) data analysis with involving of TB PV TWG	pending			
17	KNCV	Gunta Dravniece				X	Development of Workshop curricula 2. Facilitate workshop on updating clinical protocols	pending			
18	KNCV	Maria Idrissova				X	Development of Workshop curricula 2. Facilitate workshop on updating clinical protocols	pending			
Total number of visits conducted (cumulative for fiscal year)								Two visits			
Total number of visits planned in approved work plan								eighteen visits			
Percent of planned international consultant visits conducted								11%			

## 7. Quarterly Indicator Reporting

<b>3. Patient-centered care and treatment</b>						
<b>Sub-objective:</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	Gender, age, prisons	Quarterly and Annually	National (Y 2014): General population - 6,260 (M-3,478, F- 2,782 ) Prison - 160 (M-158, F - 2) Civilian population: 6,100 (M - 3,320, F - 2,780) Children - 481	NA	not available yet	Data for Q1 will be available by the end of February, 2016
3.1.4. Number of MDR-TB cases detected	National, CTB areas	Quarterly and Annually	National (2014) - detected 902; CTB area (2014) - 98 detected	100	Q (Oct-Dec) National: 154 Q (Oct-Dec) CTB areas: 37	
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	Age, prisons	Annually	National data is available for 2013:  Children: Treatment success: 213/221 (96.4%) Adults: Treatment success: 5069/5811 (87.2%)	NA	Measured annually	

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
			Prisoners: Treatment success: 107/122 (87.7%)			
3.2.4. Number of MDR-TB cases initiating second-line treatment	Gender	Quarterly and Annually	National (Y 2014) - 804 out of 902 detected (89%); CTB area (2014) - 91	90	Q (Oct-Dec) National:185 Q (Oct-Dec) CTB areas: 37	
3.2.7. Number and percent of MDR-TB cases successfully treated	Gender; by type of the regimen	Annually	National (Y 2011) - 250 (65.8%); CTB area (2012) - 60 (66.6%)	70%	Measured annually	
3.2.8. #/% of PMDT sites reporting on treatment cohort status quarterly	Geographic	Quarterly	NA	1	0 (%)	The cohort is not yet identified pending the delivery of drugs expected by the NFM (GF) in mid-2016. Also currently clinical protocol for new drugs and short regimen in under development.
3.2.10. #/% of planned cohort reviews conducted	Geographic	Quarterly	NA	4	0 (0%)	Review depends on enrolment of cohort of patients which is expected upon delivery of drugs to be procured by the NFM (GF) grant in mid-2016.
3.2.35. Tajikistan SPECIFIC: # of patients with non-complicated MDR TB enrolled for treatment with shortened 9 ( months) regimens	Gender	Annually	NA	10	Measured annually	
3.2.36. Tajikistan SPECIFIC: # of	Gender	Annually	NA	10	Measured annually	

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
patients with pre-XDR TB and XDR TB enrolled for treatment with regimens containing new TB drugs						

<b>Sub-objective:</b>	<b>9. Drug and commodity management systems</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	Geographic coverage	quarterly	0		0 (According to the NTP, there is no stock-out for both first line and second line TB drugs at central and regional/oblast levels)	The country drug needs are fully covered (100% all patients) by the drugs procured in frame of GF grants (RCC, TFM).
9.2.1. # of new and ancillary drug regimens that have become available in country since the start of Challenge TB	Geographic coverage	Annually	Not available	TBD	Measured annually	According to the NFM planning, the ordering process will start in Q 1, 2016.

