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CHALLENGE TB

Challenge TB - TAJIKISTAN

Year 2

Quarterly Monitoring Report

January-March 2016



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Cover photo: World TB Day event in TB children Hospital, Dushanbe (Credit: to Tatiana Abdurazakova).

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Table of Contents

1. QUARTERLY OVERVIEW	4
2. YEAR 2 ACTIVITY PROGRESS	6
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2 14	
4. SUCCESS STORIES – PLANNING AND DEVELOPMENT	16
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	17
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	19
7. QUARTERLY INDICATOR REPORTING	23

1. Quarterly Overview

Country	Tajikistan
Lead Partner	KNCV Tuberculosis Foundation
Other partners	N/A
Workplan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements: *(Max 5 achievements)*

- The currently used diagnostic algorithm for the implementation of new drugs and shortened regimens for M(XDR)TB treatment was adjusted by the group of key national TB program specialists with technical support of two Challenge TB (CTB) consultants during two-day workshop in January 2016. Key specialists and decision makers from the NTP among them the deputy director, national MDR and laboratory coordinators, heads of National Reference Lab and National Public Health Lab, managers of Rudaki and Dushanbe TB centers, Heads of MDR and XDR departments of Republican TB hospital in Machiton and representatives of partner organizations all made significant contributions in the revision process. Also a detailed Action Plan on implementation of the revised diagnostic algorithm was developed describing the whole process including specimen transportation, testing procedures, recording and reporting, regulatory documents required and PSM requirements. The new optimized diagnostic algorithm will accelerate the diagnosis process as the intermediate steps and number of testing specimen are being reduced from three to two. It also allows for correctly and timely triaging of patients for each regimen ensuring good quality of specimens, and improved data sharing and exchange between laboratory system and clinicians. The first steps of the introduction of the revised algorithm started with the installation of GeneXpert machines to the National Public Health Laboratory (NPHL) in Dushanbe, an agreement with the NPHL for GeneXpert testing for both CTB sites and preparatory activities for the implementation of the optimized diagnostic algorithm.
- The Clinical protocol on the use of new drugs and shortened regimens was developed in close collaboration of NTP key clinical specialists and CTB consultants from KNCV Central and Regional Offices. The Clinical protocol contains SOPs describing the procedures related to case finding and diagnosis at the PHC and TB services, patients triage, designing treatment regimens, monitoring of treatment effectiveness and drugs safety. The Clinical protocol is under revision of the NTP. It is expected that NTP will approve the document in the next quarter.
- As agreed the implementation of shortened regimens and new drugs will be conducted under operational research conditions. As the next step of introducing the new regimen, CTB Tajikistan developed a draft Operational Research protocol during this reporting period. The draft protocol was discussed with all stakeholders and describes main activities of the operational research: study design, enrollment procedures, methods, treatment regimen formulation, clinical monitoring of side effects, data collection, management and analysis. The document will serve as a basic document for the introduction of new regimens in Tajikistan (shortened and new drugs) and adequately assesses the treatment process. The draft Operational research protocol is currently submitted to the NTP for further review and comments. By the end of May it is expected that this document will be approved by NTP.
- Between January and March 2016, CTB Tajikistan continued activities related to establishing active tuberculosis drug-safety monitoring and management within the NTP. During this period Pharmacovigilance (PV)/ active drug safety monitoring (PV/aDSM) forms (Adverse Event Register, PV/aDSM Annex to TB01R, standard quarterly AE Reporting template) as well as PV/aDSM Regulatory document (Statement on active tuberculosis drug-safety monitoring and management in framework of National TB Program of Tajikistan) were developed and finalized which included basic procedures, information flow, data collection and analysis process. The Regulatory document and all developed reporting and recording forms will be submitted to the NTP for approval in Q3.

- As a follow up of two Logistic management information system (LMIS) training sessions conducted in the previous quarter, CTB Tajikistan continued monitoring activities to Sughd region to evaluate the maintenance of revised drug recording & reporting documents. The post training monitoring in 7 districts showed over 90% trained staff are using the revised and new templates which contained more detailed information and are more convenient to use. The quality of reporting has improved, 6 out of 7 districts started using computer based templates for drug needs calculation and requisitions.

In addition to the planned activities, the KNCV office in Tajikistan actively took part in the celebration of several World TB Day events including the event organized in the TB Hospital for children in Dushanbe. Fairs, plays and contests to make the event more colorful and joyful were organized during which the best answers and winners from the contests received beautiful prizes.

Technical/administrative challenges and actions to overcome them:

The project faced several HR challenges. The CTB project has been looking for specialists with both a clinical and M&E background. Recruitment of additional technical staff took time due to very limited technical capacity in the country. The vacancies needed to be advertised twice. The project head-hunted two technical officers with a solid clinical TB background, experience with drug management and M&E. They joined the team in April 2016. Fortunately the HR challenges did not affect the overall project implementation process in the reporting quarter.

Summary milestone data as of March 2016

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones met by Q2 (cumulative for Oct 15 - Mar 16)		Milestones partially met by Q2 (cumulative for Oct 15 - Mar 16)		Milestones not met by Q2 (cumulative for Oct 15 - Mar 16)	
	#	%	#	%	#	%
N						
13	5	38.5	6	46	2	15.5

2. Year 2 activity progress

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. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-March 2016	Milestone met? (Met, partially, not met)	
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 to develop national plan on introduction of new drugs and shortened regimens. The document approved by the NTP and submitted to the Ministry of Health for approval in January 2016. It is expected that MoH will approve the document in Q3.	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			Workshop conducted with participation of 20 key NTP specialists and partners in March, protocol drafted, finalized and submitted to NTP for approval.	Partially met	
Optimization of the diagnostic algorithm	3.2.3	Optimized diagnostic algorithm is	Optimized diagnostic algorithm is submitted			Workshop conducted with participation of 20 key specialists NTP and representative of partner organizations	Partially met	

		revised and finalized	to NTP/MoH			in January. Diagnostic algorithm revised and optimized and submitted to NTP.		
Development of Standard Operational Procedures on sample collection, sample transportation for laboratory testing and communication tests' results in CTB pilot	3.2.4	Two meeting conducted. SOPs developed, finalized and submitted to NTP				SOP on sample transportation is developed and under finalization. We plan to submit to NTP next quarter.	Partially met	Will be completed in Q3
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	Workshop conducted with participation of 21 key NTP specialists and partners in March, operation research protocol and SOP drafted pending for finalization and approval.	Partially met	The activities 3.2.2 and 3.2.5 were combined. This decision was made by the consultants based on the fact that the activities are connected to each other and were envisaged for the same audience.
Trainings for TB and clinical laboratories on developed SOP	3.2.6				Training conducted, 18 specialists are trained		N/A	Planned in Q3-4
Training for TB clinicians on developed SOP	3.2.7				Training conducted, 18 specialists are trained		N/A	Planned in Q3-4
Training for TB specialists and nurses on clinical management of the M/XDR- TB cases treated with shortened regimens and regimens	3.2.8		Training curricula developed ; Training conducted	20 TB specialists and nurses are trained			Not met	Postponed to Q4 due to the clinical protocols and other training documents being finalized for submission and approval.

containing new anti-TB medicines including clinical monitoring of side effects								
Training for members of Central Consilium on patient selection for the new regiments and new drugs	3.2.9			Training is conducted	15 members of Consillium are trained		N/A	Planned in Q3
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	Planned in Q3
Psychosocial support program for patients on shortened regimen and new drugs	3.2.11				Training conducted, TB specialists and nurses are trained		N/A	Planned in Q3-4
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	Planned in Q3-4
Study tour of NTP specialists to existing short regimen, new drug pilot sites in other countries (Karakalpakstan,	3.2.13			To arrange participation of NTP staff in study tours			N/A	Planned in Q3 and Q4

Armenia, Latvia, Estonia)								
Revision of M&E tools, recording & reporting forms	3.2.14			The M&E tools, R&R forms developed			N/A	Planned for Q3 and will be implemented after approval of Clinical Protocol document.
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	TWG on revision of PV forms was conducted in January 2016 with participation of key NTP, PV agency representatives and partners involved.	Met	
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	Planned for Q4, pending approval additional budget by Mission
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	Planned in Q3 an Q4
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	Met	In order to streamline further work on PV the introductory PV workshop was moved to Q1

						Health Care Department, Dushanbe TB Center, Machiton Center, Rudaky TB center, PV Department of State Agency for Pharmaceutical Control, Public Health Lab (BSL-3) and international organizations (Hope, MSF, Caritas).		
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	Meeting was conducted in February with participation of the NTP, PV department and partner organizations to discuss the design of PV forms and data collection flow. As a result of the meeting, PV forms and data collection flow were discussed and finalized.	Met	
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	Cohort data analysis meeting will start in Q3.	Not met	The activity was not implemented in Q1-2, due to no enrollment of patients to the new regimens. In Q3-4 the cohort data analysis meetings will be conducted for MDR TB patients cohorts in CTB sites (Dushanbe and Rudaki)
Workshop on updating the clinical protocols for new regimens	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)				The list of equipment and specification was developed. The bidding documents were finalized and bid was announced.	Partially met	Bidding process started and procurement will be done in Q3



Workshop on optimization of diagnostic algorithm/small group discussion, Dushanbe, January 26th-27th, 2016

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 2015-March 2016		
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	Supervision visits made to 7 sites of Sughd region by the NTP coordinator. Findings with recommendations were shared with the Regional TB Center and on-job-assistance provided to improve implementation.	Met	
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	Partially met	Third LMIS training in GBAO was postponed because of weather conditions. This training will be conducted in May 2016.

						forecasting and quantification.		
Refresher LMIS trainings including e-LMIS (FLD and SLD) for health providers responsible for management of anti-TB drugs in TB facilities	9.1.3			Training is conducted	Training is conducted		N/A	Planned for Q3 and Q4
Training of regional drug specialists on early warning system by using QuanTB	9.1.4			Training is conducted			N/A	Planned for Q3



Picture 2. Supervision visits to drug warehouse in Sughd Region to check maintenance of recording & reporting forms as follow up of LMIS trainings.



Picture3. Supervision visits to a drug warehouse in Sughd Region to check maintenance of recording & reporting forms as follow up of LMIS trainings.

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)
TB NFM – PR1, NTP MoH**	B1	n/a	Under negotiation process	Under negotiation process	n/a
TB NFM – PR2, Project HOPE (US)**	B1	n/a	Under negotiation process	Under negotiation process	n/a

* Since January 2010

** Source: <http://www.aidspace.org/page/grants-country>, www.theglobalfund.org

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

The NFM officially commenced on January 1st, 2016 and nominated two Prime Recipients (PRs): the new PR -the Republican TB Control Center (RTBC), and Project HOPE (PR of the R3, RCC grants). Since the RTBC is a new PR, the start-up activities are delayed due to internal issues (Human Resource and Procurement and Supply Management). As a result of this, at the time of drafting this report the grant making and funding issues were still under negotiation with the GF. There is a concern that the delay in the start-up activities might also have an effect (delay) on the procurement of new drugs (BDQ).

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

As mentioned before the new drugs are planned to be procured by the GF's current NFM TB grant. Due to internal issues, the NFM activities in the country are delayed. CTB Tajikistan closely collaborated with PRs, the GF and USAID to follow up on the situation related to procurement of TB drugs including new drugs (BDQ) within the NFM grant. To reduce the risks of further delaying implementation of project's objectives, KNCV organized several meetings and discussions with NFM PRs, including meeting with USAID and GF (during the mission of GF portfolio manager to Tajikistan in March 2016). These efforts have resulted into an agreed Joint Action Plan with set timelines and responsibilities for each party involved in the process.

The Joint Action Plan includes the following activities:

- Obtaining the approval of a National plan on the introduction of shortened regimens and new drugs.
- Conducting a special meeting of TB Donor Coordination Council to discuss the introduction of new drugs and shortened regimens.
- The submission of the National plan on introduction of shortened regimens and new drugs to WHO/EURO for endorsement.
- Conducting the workshops on development clinical protocols for new drugs and shortened regimens and development of Operational Research protocols for new regimens.
- Work on drug quantification for new regimens (shortened and regimens with new drugs).
- Discussions on drug quantifications by TWG members and submission of the finalized calculations to WHO for validation and/or request WHO technical assistance.

- Placing the order for procurement of new drugs and shortened regimens.
- GLC visit to revise MDR-TB estimates.
- Make available the preliminary DRS results.

Challenge TB project was requested by NTP to support NFM PR (Project HOPE) in drug quantification for new regimens (shorten and regimen containing new drugs (BDQ)). Also, as mentioned above, CTB Tajikistan is involved in the development of the Clinical and Operational Research protocols for new drugs and shortened regimens.

4. Success Stories – Planning and Development

Planned success story title:	
Sub-objective of story:	Choose an item.
Intervention area of story:	Choose an item.
Brief description of story idea:	
Status update:	

CTB project will provide success story in the next periods with achievements of the project analyzed.

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 RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	598	380	NTP verified 2015 data. Therefore, it may be different from the data reported in the previous quarter (Q1). Data for Jan-March is not yet available, because the country uses paper-based reporting system requiring additional months to finalize and verify data. Therefore CTB will report data for this reporting quarter in the next report.
Total 2012	780	536	
Total 2013	1065	666	
Total 2014	902	804	
Total 2015	716	638	
Jan-Mar 2016	n/a	n/a	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014	0	0	Patients enrolled on BDQ treatment are managed by Medicins San Frontieres Tajikistan.
Total 2015	5	0	
Jan-Mar 2016	3	0	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 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) (3.1.1)

		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>)						Jan-March'16 data is not yet finalized and therefore will be reported in the next quarter
	CTB sites - Dushanbe	123	n/a				
	CTB sites - Rudaky District	98	n/a				

	TB cases (all forms) notified for all CTB areas	221	n/a				
	All TB cases (all forms) notified nationwide (denominator)	1306	n/a				
	% of national cases notified in CTB geographic areas	16%	n/a				
Intervention (setting/population/approach)							
	CTB geographic focus for this intervention						Intervention areas N/A
	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	Q 4					
1	KNCV	Suzanne Verver	X				To support facilitation of PV workshop in Dushanbe	Complete	13 Dec to 19 Dec 2015	7 days	Since workshop was moved to Q1 the mission was rescheduled accordingly.
2	KNCV	Svetlana Pak	X				To support facilitation of PV workshop in Dushanbe	Complete	13 Dec to 18 Dec 2015	6 days	Since workshop was moved to Q1 the mission was rescheduled accordingly.
3	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	Complete	24-30 January 2016	7	
4	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	Complete	24-30 January 2016	7	
5	KNCV	Gunta Dravniece		X			Activity 3.2.2 Conduct 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.	Complete	9-16 March 2016	7	

6	KNCV	Maria Idrissova		X		Activity 3.2.2 Conduct 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.	Complete	9-16 March 2016	7	
7	KNCV	Gunta Dravniece		X		Activity 3.2.5 1. Conduct 2-day workshop to design the operational research protocol	Complete	9-16 March 2016	7	
8	KNCV	Ali Habib (IRD)			X	Activity 3.2.16 1. Develop PV module in OpenMRS 2. Train NTP staff on the maintenance of electronic database	Pending	10-14 April	7	
9	KNCV	Mamuka Djibuti			X	Activity 3.2.16 1. Develop PV module in OpenMRS 2. Train NTP staff on the maintenance of electronic database	Pending	10-14 April	7	
10	KNCV	Valentina Anisimova			X	Activity 3.2.4 1. Conduct meeting with laboratory, clinical, SES, PV experts and privat 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	Pending			Was planned for Q1 but postponed to Q3 (May)

						tests. 2. Finalization of SoPs				
11	KNCV	Svetlana Pak			X	Activity 3.2.4 1. Conduct meeting with laboratory, clinical, SES, PV experts and privat 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. 2. Finalization of SoPs	Pending			Was planned for Q1 but postponed to Q3 (May)
12	KNCV	Maria Idrissova			X	1. Facilitate meeting on Cohort (patients with new regimens) data analysis with involving of TB PV TWG	Pending	9-10 June		
13	KNCV	Maria Idrissova			X	Activity 3.2.14 1. Facilitate TWG meeting on the revision of M&E tools, recording & reporting forms 2. Review and finalize the M&E tools, R&R forms	Pending	2-6 August		Planned for Q3 but moved to Q4 . Will be implemented after approval of Clinical protocols.
14	KNCV	Gunta Dravniece			X	Activity 3.2.8 1. Develop training curricula 2. Conduct three-day training on the clinical management of the M/XDR-TB cases treated with shortened regimens and new anti-TB medicines	Pending	12-16 September		Planned in Q2 but postponed to Q4. Will be implemented after approval of Clinical protocols.
15	KNCV	Maria Idrissova			X	Activity 3.2.9 1. Develop training curricula	Pending	12-16 September		Planned in Q2 but postponed to Q4. Will be implemented

							2. Conduct training for members of Central Consillium on patient selection for the new regiments and new drugs				after approval of Clinical protocols.
16	KNCV	Maria Idrissova				X	Activity 3.2.23 1. Development of Workshop curricula 2. Facilitate workshop on updating clinical protocols	Pending	16-17 September (or will be carry over to APA3)		
17	KNCV	Gunta Dravniece				X	Activity 3.2.23 1. Development of Workshop curricula 2. Facilitate workshop on updating clinical protocols	Pending	16-17 September (or will be carry over to APA3)		
18	KNCV	Gunta Dravniece					Activity 3.2.3 1. Conduct Two-day workshop with key laboratory specialists and clinicians and partners (MSF, GF, PH) on optimization of the diagnostic algorithm 2. Finalize the diagnostic algorithm	Complete	24-30 January 2016		Gunta Dravniece was not available due to other trip, the activity was implemented by other consultants: Valentina Anisimova and Svetlana Pak.
Total number of visits conducted (cumulative for fiscal year)								8 visits			
Total number of visits planned in approved work plan								18 visits			
Percent of planned international consultant visits conducted								44 %			

7. Quarterly Indicator Reporting

3. Patient-centered care and treatment						
Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
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, civilian, prisons, children	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	Y 2015 – 6,232 TB cases notified (Males -3,391, Females-2,841) Civilian sector – 6,131 TB cases (M-3,291, F-2,840) Penitentiary- 101 (M-100, F-1) Children 0-14 – 328 (M-172, F-156)	The project provided annual 2015 data available at this moment. Q1, 2016 data will be reported in the next quarter.
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	2015 Annual National: 716 2015 CTB Data: 139 detected (Rudaky – 48, Dushanbe - 91)	
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.).	children, adults, prisons, civilians	Annually	National data is available for 2013: Children: Treatment success: 213/221 (96.4%) Adults: Treatment success:	NA	Treatment success rate of 2014 patients cohort Total TB cases- 89.9% (4895/5446) Children 0-14 - 97.7% (304/311) adults civilian – 90% (4794/5326) penitentiary – 84.2% (101/120)	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
			5069/5811 (87.2%) 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%	2015 National: 638 2015 CTB areas: (Rudaky - 43 out of 48 (89.6%), Dushanbe 88 out of 91 (96.7%)) Total: 131 out of 139 (94.2%)	
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, will be reported by the end of the project year CTB area (2013): Dushanbe - 56 (65.1%) Rudaky - 28 (57.1%) Total for CTB sites - 84 (62.2%)	
3.2.8. #/% of PMDT sites reporting on treatment cohort status quarterly	Geographic	Quarterly	NA	1	0 (%)	The cohort (incl. BDQ patients) is not yet identified pending the delivery of drugs by the NFM (GF) in mid-2016. Also currently clinical protocol for new drugs and short regimen in under approval process.
3.2.10. #/% of planned cohort reviews conducted	Geographic	Quarterly	NA	4	0 (0%)	Cohort reviews (for all patients) will be conducted after patients' enrolment which is expected in mid-2016 as it depends on NFM (GF) grant.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
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, will be reported by the end of the project year	
3.2.36. Tajikistan SPECIFIC: # of patients with pre-XDR TB and XDR TB enrolled for treatment with regimens containing new TB drugs	Gender	Annually	NA	10	Will be reported by the end of the project year	Reporting on this indicator is conditional on BDQ importation to the country and patients enrollment in the treatment

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
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		Stock-out of Amikacin in one district (Zafarabad)	The country drug needs are fully covered by GF grants (NFM) According to the NTP, there is no stock-out for both first line and second line TB drugs at central and regional/oblast level. However, the monitoring in Sughd region revealed stock-out of Amikacin in one district (Zafarabad) and is expected in Regional Sughd Center.

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
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, will be reported by the end of the project year	According to the NFM planning, the ordering process will start in April 2016.