

Challenge TB - TAJIKISTAN

Year 2

Quarterly Monitoring Report

April - June 2016



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Cover photo: Group photo of LMIS training participants in GBAO Region, Tajikistan. (Credit: Obidjon Norov)

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1. Quarterly Overview

Country	Tajikistan
Lead Partner	KNCV Tuberculosis Foundation (KNCV)
Other partners	N/A
Workplan timeframe	October 2015 – September 2016
Reporting period	April-June 2016

Most significant achievements: *(Max 5 achievements)*

- In April 2016, the Ministry of Health (MoH) approved the National Plan on Introduction of New Drugs and Shorter Regimens in Tajikistan (MoH Order # 285 dated in April 04, 2016) developed with support of the Challenge TB (CTB) project. It is an important step to move forward with the implementation of innovative approach for diagnosis and treatment of the most severe TB cases (XDR TB) as well as non-complicated MDR TB cases. The key specialists from MoH, NTP and partners' organizations (MSF, Project HOPE, Caritas Lux) were involved in development of the National Plan on Introduction of New Drugs and Shorter Regimens in Tajikistan. According to the National plan, new drugs and shorter regimens will be implemented in two phases: first, shorter regimens and new drugs will be introduced in the pilots and second, upon obtaining interim results of implementation in the pilots, new approach for diagnosis and treatment of MDR-(XDR-) TB cases will be rolled out countrywide.
- CTB provided support to the NTP and Project Implementation Unit (PIU) of GF in calculation of anti-TB drugs for short regimens and regimens containing new drugs to be procured through GDF. Patients' enrollment is planned in December 2016 when drugs will be delivered (including Bedaquiline) to the country through the Global Fund grant.
- This quarter CTB made first steps in developing of PV/aDSM system and interim aDSM database recording and reporting system for PV/aDSM. Technical assistance with involving KNCV consultant Mamuka Djibuti and IRD specialist Ali Habib was provided in identification of the best approach and functional design of PV/aDSM module in OpenMRS. Technical assistance was provided to design the OpenMRS PV/aDSM module and harmonization of data sources. The next steps for developing PV/aDSM module for OpenMRS have been defined. In addition, the recommend actions and roadmaps were provided to improve functionality of the OpenMRS in the country. It was agreed with NTP and involved partners' organizations that the interim aDSM database will be used for registration of adverse events observed in patients on new regimens until the PV/aDSM module will be incorporated into the OpenMRS (planned for APA3).
- A system for clinical management of adverse events was defined during the round table with key stakeholders conducted on May 20, 2016. It followed after the inventory assessment of available capacity for bio-chemical laboratory testing and clinical examinations in the project pilots. According to results of the assessment and discussions among stakeholders following was agreed: during the pilot phase the baseline testing will be provided by the clinical laboratory of the Republican TB Center and for the patients in the hospital clinical laboratory testing will be performed by the clinical laboratory at Machiton Republican Hospital, and for the patients at outpatient care, laboratory testing will be provided by the private laboratory "DiaMed".
- CTB supports the introduction of the updated Logistic Management Information System (LMIS) Guidelines for FLDs and SLDs. Three 2-day trainings were conducted for 50 (28 females and 22 males) specialists of Khatlon (Kurgan-Tube area) and GBAO regions on April 26-27, April 28-29 and June 01-03, 2016. 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.
- CTB provided technical support to the NTP in conducting cohort analysis of DR-TB patients in Dushanbe with consideration of introduction of new regimens. Twenty-nine TB specialists and heads of Dushanbe city health centers took part and contributed in cohort analysis workshop in May 05, 2016. The analysis of MDR TB treatment cohort for 2013 in Dushanbe showed 66,6% treatment success rate (TSR). Almost seventeen (16,6%) percent of patients died during the treatment. The remaining 15,4% (those with loss to follow-up (8,3%) and treatment failure (7,1%)) of MDR TB patients are at high risk of death or having developed additional resistance to

second-line drugs. The experience in conducting regular cohort analysis meetings will allow the specialists of pilot sites to analyze in a timely manner and use the results for decision making locally.

Technical/administrative challenges and actions to overcome them:

Initially, enrolment of patients on shorter regimen and regimens containing new drugs was planned to start in the project Year 2. Because of late start of the GF project (grant making process took long time due to PIU/GF HR issues) that is responsible for procurement of anti-TB drugs, the drug order was placed in June 2016 only and first shipment to the country is expected in October-November 2016. It will postpone patients' enrolment till December 2016.

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	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-Jun 2016		
Development of the plan for introduction of shortened regimens and new drugs.	3.2.1	National Plan is finalized and submitted to NTP		National Plan for introduction of shortened regimens and new drugs approved by the MoH SPP		TWG was established and two TWG meetings were conducted to develop national plan on introduction of new drugs and shortened regimens. The document was approved by MoH on April, 21 2016. The National Plan was printed and distributed among partners and stakeholders 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.	Met	
Optimization of the diagnostic algorithm	3.2.3	Optimized diagnostic algorithm is revised and finalized	Optimized diagnostic algorithm is submitted to			Workshop conducted with participation of 20 key specialists NTP and representative of partner organizations in January. Diagnostic	Met	

			NTP/MoH			algorithm is discussed and finalized.		
Development of SOPs on sample collection, transportation for laboratory testing and communication tests' results in CTB pilot	3.2.4	Two meeting conducted. SOPs developed, finalized and submitted to NTP		SoPs were developed and finalized		SOP on sample transportation is developed and under finalization. In Q4 it is planned to submit the SOP for approval to NTP.	Partially met	
Design OR protocol for implementation of shortened treatment regimens based on optimized diagnostic algorithm and developed clinical protocol	3.2.5			Workshop conducted OR protocol developed and finalized	OR protocol submitted to NTP	Workshop conducted with participation of 21 key NTP specialists and partners in March, OP 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. Based on new WHO recommendations in May 2016 the introduction of short regimens will be done in programmatic conditions and not under OR conditions.
Trainings for TB and clinical laboratories on developed SOP	3.2.6				Training conducted, 18 specialists are trained		N/A	Planned in Q4
Training for TB clinicians on developed SOP	3.2.7				Training conducted, 18 specialists are trained		N/A	Planned in Q4
Training for TB specialists and nurses on clinical management	3.2.8		Training curricula developed	20 TB specialists and nurses			Not met	Postponed to Q4 as the clinical protocols and other training documents will be

of the M/XDR- TB cases treated with shortened regimens and regimens containing new anti-TB medicines including clinical monitoring of side effects			Training conducted	are trained				finalized for submission and approval by Sep.
Training for members of Central Consilium on patient selection for the new regimens and new drugs	3.2.9			Training is conducted			Not met	Postponed to Q4 as the clinical protocols and other training documents are being finalized for submission and approval.
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			Not met	Postponed to Q4
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 Q4
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 Q4
Study tour of NTP specialists to existing short regimen, new drug pilot sites in other	3.2.13			To arrange participation of NTP staff in study	To arrange participation of NTP staff in	The first group (5 specialists) participated in M/XDR course held in Riga in	Partially met	Planned study tour for second group of 5 specialists in Q4 (September 2016)

countries (Karakalpakstan, Armenia, Latvia, Estonia)				tours	study tours	June 2016		
Revision of M&E tools, recording & reporting forms	3.2.14				The M&E tools, R&R forms developed		N/A	Planned for Q4
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	The first TWG was conducted in January 2016	Partially met	Planned for and 4
Development of PV module in Open MRS and maintenance of electronic database	3.2.16			PV module is developed, NTP specialists are instructed		Missions of 2 consultants (Mamuka Djibuti and Ali Habib) were conducted in April 10-15, 2016. Technical assistance was provided in identification of the best approach and functional design of PV/aDSM module in OpenMRS. The next steps for developing PV/aDSM module for OpenMRS have been defined. The interim aDSM database will be used for registration of adverse events observed in patients on new regimens until the PV/aDSM module will be incorporated into the OpenMRS (planned for APA3).	Partially met	

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	Statute of aDSM is submitted to NTP	Not met	Planned for 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 Health Care Department, Dushanbe TB Center, Machiton Center, Rudaki TB center, PV Department of State Agency for Pharmaceutical Control, Public Health Lab (BSL-3) and international organizations (Hope, MSF, Caritas).	Met	In order to streamline further work on PV the introductory PV workshop was moved to Q1
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 was conducted in February with participation of the NTP, PV department and partner organizations to discuss the design of PV forms and data	Partially met	Next meeting is planned for Q4

						collection flow. As a result of the meeting the PV forms and data collection flow were discussed and finalized.		
PV training for members of PV TWG and causality assessment sub-group	3.2.20			PV training conducted, 15 specialists are trained		Postponed to Y3 as no patients could be enrolled to the new regimens.	N/A	Canceled due to the fact that enrollment of the patients into new regimens will be started in Y3 (December 2016).
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			4 monitoring visits conducted and support provided (pilot sites, NRL, NPHL/BSL3		Monitoring visits conducted	not met	Postponed to Q4
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 was conducted in May 05, 2016	Met	
Workshop on updating the clinical protocols for new regimes	3.2.23				Workshop conducted, clinical protocols are updated	The activity is carried over to year 3	Not met	The activity is carried over to Year 3
Procurement of tests and equipment for clinical management of side effects	3.2.24	Procurement will be started in Q1 (bidding process)		Bidding process finished and procurement will be done in Q4		The list of equipment and specification was developed. The bidding documents were finished and bid was announced.	Partially met	



Photo 1. Round table on clinical laboratory monitoring for MDR TB patients to be enrolled in new regimens in pilot sites (Dushanbe, May 05, 2016)



Photo 2. Olim Kabirov, Head of NRL sharing his practice of data reporting with the technical mission on PV/aDSM module for OpenMRS (Republican TB Hospital, Machiton, April 13, 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.	Partially met	Additional 3 visits are planned in Q4
LMIS trainings (FLD and SLD) for health providers responsible for management of anti-	9.1.2	Trainings are conducted		Three-day LMIS training was	recording and reporting LMIS forms	Two three-day LMIS trainings were conducted on 23-25 Nov'15 and 26-28	Met	

<p>TB drugs in TB facilities (1 training in GBAO and 2 in Sughd region).</p>				<p>conducted in GBAO for 20 health providers (18 females and 2 males) responsible for management of anti-TB drugs in TB facilities in GBAO improved their knowledge on LMIS for FLD and SLD including proper maintenance of revised</p>	<p>are properly used</p>	<p>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. The third LMIS training was conducted in Q3 (June 01-03, 2016) in GBAO. 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.</p>		
<p>Refresher LMIS trainings including e-LMIS (FLD and SLD) for health providers responsible for management of anti-TB drugs in TB facilities</p>	<p>9.1.3</p>			<p>2 refresh-training is conducted</p>		<p>2 two-days trainings were conducted for 30 (15 females and 15 males) health providers, responsible for TB drug stocks in TB facilities in Khatlon oblast, improved their knowledge on LMIS for FLD and SLD including proper maintenance of revised recording and reporting LMIS forms,</p>	<p>Met</p>	

						formation of drug requisition (order), stock management, drug needs forecasting and quantification.		
Training of regional drug specialists on early warning system by using QuanTB	9.1.4				1 Training is conducted		N/A	Planned for Q4

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

Current Global Fund TB Grants

Name of grant & principal recipient (<i>i.e.</i> , TB NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
TB NFM – PR1, NTP MoH**	n/a	n/a	US\$ 4,666,695	US\$ 0	US\$ 0***
TB NFM – PR2, Project HOPE (US)**	B1	A2	US\$13,249,973	US\$10,505,287	US\$1,197,794

* Since January 2010

** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible

*** NTP is a new PR and for the first time. The first disbursement was subject to fulfilling GF requirements including HR that NTP faced with. It mostly concerned recruiting the staff for its PIU. In addition, the NTP director was dismissed. The manager of Hope, the second PR that expected to provide support to new national PR also resigned during this quarter. All these resulted to delays and regretfully were beyond CTB control.

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

The NFM officially commenced on January 1st, 2016 and nominated two Primary Recipients (PRs): the new PR -the Republican TB Control Center (RTBC), and Project HOPE (PR of the R3, RCC grants). The start-up activities are delayed due to internal issues (Human Resource and Procurement and Supply Management) in both PRs. Challenge TB has concerns about delayed procurement of anti-TB drugs, therefore, regularly keeps track on procurement of drugs for treatment of XDR-TB cases to be covered with GF funds managed by Project HOPE. For example, KNCV had several meetings with the management of HOPE and NTP, and provided solid technical assistance to expedite development of drug requisition for procurement of new TB drugs. Namely, as described CTB had several meetings with the management of Project HOPE and NTP, and provided solid technical assistance to expedite development of drug requisition for procurement of TB drugs including new ones.

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

As mentioned above the new and repurposed drugs are planned to be procured through the NFM GF grant. CTB Tajikistan closely collaborates with PRs as well as the GF and USAID to follow up progress in procurement of anti-TB drugs including new drugs (BDQ) through the NFM grant. In the beginning of April CTB jointly with USAID Mission facilitated several thematic working groups meetings to initiate the process of drug quantification and ordering involving NTP, both PRs, partners' organizations and projects (MSF, Caritas Luxemburg and USAID TB Control Program). The CTB technical assistance included quantification of expected numbers of M/XDR TB patients for 2017 and calculation of drug needs (second line, repurposed and Bedaquiline). As a result appropriated decisions made on the drug ordering and timeframes. On June 03, 2016, the Project HOPE (PR/NFM GF project) finalized drug order for three shipments: first by 1st Sep 2016 (Linezolid * Clofazimine), second by 30 Nov 2016, and third by 30 May 2017 and submitted to GDF. Regimens for XDR-TB, Pre-XDR TB and MDR-TB treatment cohorts have been identified including drug dosage and duration of treatment. In total, 700 (MDR-TB, Pre-XDR/XDR) cases estimated in 2017 with 150 patients on new regimens (50 patients in regimen with new drugs and 100 patients in short regimens)

4. Success Stories – Planning and Development

Planned success story title:	Ministry of Health in Tajikistan made a decisive move to introducing new DR-TB treatment regimens
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	KNCV supported the National TB Control Program to develop National Plan of Introduction of New Drugs and Regimens in Tajikistan in April 2016, the Ministry of Health approved the Plan. Upon arrival of drug shipment procured with NFM grants, the country will start enrolment of MDR and XDR patients according to the plan.
Status update: Political commitment an important step for introduction of new regimens in Tajikistan	
<p>In April 2016, the Ministry of Health approved the National Plan for the Introduction of New Drugs and Regimens in Tajikistan. A coordination team established by the Ministry of Health (MoH) comprising of key MoH, National TB Program (NTP), Sanitary and Epidemiology Service and pharmaceutical agencies developed the document with technical assistance from KNCV Tajikistan under the USAID financed Challenge TB project.</p> <p>The latest WHO guidelines and recommendations made in 2015-2016 were considered during development of the National Plan for Introduction of New Drugs and Shortened Regimens. Introduction of new regimens (shortened regimens including new drugs) will be implemented in two stages: first, the pilot stage and the next stage upon obtaining interim outcomes of the new regimen implementation with countrywide scaling up new approaches of diagnosis and treatment of DR cases. Introduction is planned in October 2016 with procurement of the drugs with the support of the Global Fund. In 2014, the WHO announced good outcomes of drug resistant treatment were achieved with new drugs (Bedaquiline and Delamanid) as well as repurposed drugs (Clofazimine and Linezolid). New publications about successful practice of using new shortened MDR and XDR treatments with duration of nine months were presented.</p>	

This is a good move toward using an innovative approach of diagnosis and treatment of drug resistance cases that are the most complicated and severe TB cases. “We will support this KNCV initiative”, said Dr. Zoirsho Abdulloev, Deputy NTP Director, “Tajikistan is a high MDR and XDR burden country. MDR treatment was introduced in 2009 and about year ago we introduced the XDR treatment. Our patients receive treatment that can take up to three years to complete. Following such long lasting treatment courses creates a number of challenges considering the current capacity of the country. We had many cases of treatment interruption and even cases when the patient refused to receive treatment. In addition, this shortened treatment course to nine months is a timely and cost benefit approach, considering the current financial capacity of the country and its budget. And finally, introduction of new drugs and shortened regimens will contribute to reduced DR TB burden in the country and TB transmission risks. With support of international partners, the NTP fully covered the country with MDR-TB treatment. Starting in 2015, the country introduced XDR-TB treatment with enrolment of 45 patients with re-profiled drugs and MSF supported treatment of 15 patients with new drug Bedaquiline). At this moment we have about 200 XDR and pre-XDR patients on the waiting list and therefore introduction of new regimens both shortened and new drugs are very timely and actual.”



Khursheda Murodova, Dushanbe TB Center manager said, “15% of the country population lives in the capital Dushanbe, here the TB epidemiology situation is more complicated, especially drug resistant cases. Therefore, the Dushanbe Health authorities and my TB Center greeted the introduction of new regimens with big hopes for success”. The Head of Dushanbe Health Department Mr. B. Muminov has already expressed his readiness to support all the Challenge TB project activities.

Photo: Obidjon Norov, KNCV Technical Officer (left) is interviewing Dr. Zoirsho Abdulloev, Deputy NTP manager on the approved National Plan (Credit: Alijon Soliev)

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	The country uses paper-based reporting system requiring additional months to finalize and verify data. Therefore, CTB will report a quarter back. i.e. data for Jan-March is reported with this report. Apr-June data will be reported in the next quarter.
Total 2012	780	536	
Total 2013	1065	666	
Total 2014	902	804	
Total 2015	716	638	
Jan-Mar 2016	n/a	175	
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 Medecins Sans Frontieres Tajikistan.
Total 2015	5	0	
Jan-Mar 2016	3	0	
Apr-Jun 2016	5	0	
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>)						Apr-June'16 data is not yet finalized and therefore will be reported in the next quarter
	CTB sites - Dushanbe	123	151				
	CTB sites - Rudaki District	98	101				

	TB cases (all forms) notified for all CTB areas	221	252				
	All TB cases (all forms) notified nationwide (denominator)	1306	1559				
% of national cases notified in CTB geographic areas	16,9%	16,2%					
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 days	
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 days	
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 days	

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 days	
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 days	
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	Complete	10-14 April	7 days	
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	Complete	10-14 April	7 days	
10	KNCV	Valentina Anisimova			X	Activity 3.2.4 1. 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	Complete	16-20 May	5 days	

						tests. 2. Finalization of SoPs				
11	KNCV	Svetlana Pak			X	Activity 3.2.4 1. 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. 2. Finalization of SoPs	Complete	16-20 May	5 days	
12	KNCV	Maria Idrissova			X	1. Facilitate meeting on Cohort (patients with new regimens) data analysis with involving of TB PV TWG	Complete	5 May	1 day	
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	1-6 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	Cancelled	24-30 January 2016		
Total number of visits conducted (cumulative for fiscal year)								12 visits			
Total number of visits planned in approved work plan								18 visits			
Percent of planned international consultant visits conducted								67 %			

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	Q1, Y 2016 – 1,559 TB cases notified (Males -694, Females-865) Civilian sector – 1,542 TB cases (M-677, F-865) Penitentiary- 17 (M-17, F-0) Children 0-14 – 90 (M-40, F-50)	The project provided data for Q1, 2016, available at this moment
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	Q1, 2016 National: 175 Q1, 2016 CTB Data: detected (Rudaki – 16, Dushanbe - 24)	
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: 5069/5811	NA	Will be reported annually	

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
			(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%	Q1, 2016 National: 175 Q1, 2016 CTB areas: (Rudaki -16, Dushanbe 24)	
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%) Rudaki- 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 (%)	
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 the end of 2016 as it depends on NFM (GF) grant.
3.2.35. Tajikistan SPECIFIC: # of patients with non-complicated MDR TB enrolled for treatment with shortened 9	Gender	Annually	NA	10	Measured annually, will be reported by the end of the project year	

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
(months) regimens						
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		0	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.
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	