STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE

QUARTERLY REPORT
APRIL 2, 2012-JUNE 30, 2012

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ACRONYM LIST

ACSM  advocacy, communications, and social mobilization
AIDS  acquired immunodeficiency syndrome
ART   anti-retroviral therapy
COP   chief of party
DCOP  deputy chief of party
DOTS  directly observed treatment short course
DRS   drug resistance survey
DST   drug susceptibility testing
EQA   External Quality Assurance
FDU   Foundation for Development of Ukraine (Ahmetov Foundation)
GF    Global Fund
GFATM Global Fund for AIDS, Tuberculosis, and Malaria
GHI   Global Health Initiative
GoU   Government of Ukraine
GTBI  New Jersey Medical School Global Tuberculosis Institute
HIV/AIDS human immunodeficiency virus/acquired immune deficiency syndrome
HKMS  health knowledge management specialist
IC    infection control
IPC   infection prevention and control
LHSI  League of Health and Social initiatives in labor protection
LOE   level of effort
MDR-TB multi-drug-resistant tuberculosis
MOH   Ministry of Health
NGO   non-governmental organization
NRL   National Reference Laboratory
NTP   National Tuberculosis Program
OR    operational research
PAL   practical approach to lung health
PATH  Program for Appropriate Technology in Health
PEPFAR President's Emergency Plan for AIDS Response
PHC   primary health care
<table>
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<tr>
<th>Abbreviation</th>
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<tr>
<td>PMDT</td>
<td>Programmatic Management of Drug Resistant TB</td>
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<td>PMEP</td>
<td>Performance Monitoring and Evaluation Plan</td>
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<td>RC</td>
<td>Ukrainian Red Cross Society</td>
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<td>RTM</td>
<td>Regional training manager</td>
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<tr>
<td>SDP</td>
<td>service delivery point</td>
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<td>SES</td>
<td>Sanitary and Epidemiological Services</td>
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<td>SOW</td>
<td>scope of work</td>
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<td>SPS</td>
<td>USAID Strengthening Pharmaceutical Systems Project</td>
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<td>STbCU</td>
<td>Strengthening Tuberculosis (Tb) Control in Ukraine</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
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<tr>
<td>STTA</td>
<td>short-term technical assistance</td>
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<tr>
<td>TB</td>
<td>tuberculosis</td>
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<td>TOT</td>
<td>training of trainers</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>USG</td>
<td>United States Government</td>
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<tr>
<td>VCT</td>
<td>voluntary counseling and testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>XDR-TB</td>
<td>extensively-drug-resistant tuberculosis</td>
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INTRODUCTION

The Strengthening Tuberculosis Control in Ukraine (STbCU) Project seeks to enable the Government of Ukraine (GoU), in partnership with national and international stakeholders, to implement effective and strategic actions to improve the quality of TB services, including detection and treatment of TB, multi- and extensively-drug resistant TB (MDR-TB and XDR-TB), and prevention of the rapid growth of TB-HIV co-infection.

The task order scope of work identifies four primary objectives, as follows:

- Improve the quality and expand availability of the WHO-recommended DOTS-based TB services
- Create a safer medical environment at the national level and in USAID-supported areas
- Build capacity to implement PMDT programs for multi-drug resistant/extensively drug resistant TB at the national level and in USAID-supported areas
- Improve access to TB/HIV co-infection services at the national level and in USAID-supported areas

This first report describes progress made during the three months beginning with contract award on April 2, 2012. As the submission deadline corresponds to the work plan revision period, this report primarily details start-up and work planning, partnership-building, and preliminary implementation activities.

Within the first 90 days of implementation, STbCU made significant strides toward full operational and programmatic start-up, mobilization, and implementation. Activities within this quarterly phase focused on developing the project’s first year, 18-month work plan and gaining buy-in from oblast health administrations and other partners and beneficiaries.

Other activities included:

1. Running an efficient start-up, including initial staff orientation on the major project objectives and visualizing project’s results framework complete with conducting a work planning workshop and stakeholder conference.

2. Establishing collaboration with the Government of Ukraine, Global Fund (GF) projects, academia and other stakeholders and beneficiaries regarding activities and strategy of the project.

3. Consulting extensively with the World Health Organization (WHO) and other USAID implementing partners.

4. Developing a first year implementation plan, performance monitoring and evaluation plan (PMEP), and branding implementation and marking (BIP/MP) plan.
ACCOMPLISHMENTS SUMMARY

TECHNICAL START-UP

To initiate project implementation, the project team engaged in the following activities in the first three months of implementation:

- April 2-April 7: Chief of Party (COP) Orientation at Chemonics in Washington, D.C. This event aimed to present and discuss STbCU project requirements as well as Chemonics way of work with relevant rules and regulations.

- April 18-April 24: Start-Up and Work-Planning Workshop in Kyiv which included team-building activities for initially hired staff and strategic planning of the project. Participants in STbCU’s start-up workshop included part of STbCU project staff, Project HOPE representatives, and representatives from Chemonics home-office project management unit (PMU) and Chemonics corporate leadership, with two senior vice presidents attending the latter portion of the workshop. The aim was to generate a strategic framework that would inform the work plan and project activities. At its core, this framework emphasized the importance of a Ukrainian-led and owned process, building on the technical expertise and local knowledge of our staff to plan activities that are relevant and implementable from the very start. The resulting proposed activities are thus responsive to USAID priorities, and, in addition to our indicators, have helped shape the foundation for STbCU’s M&E framework.

- April 23: Stakeholders Workshop in Kyiv
  The Workshop was attended by more than 40 representatives from across sectors working in TB control and management. These discussions yielded concrete solutions and clarified the expected results in response to the variety of challenges in TB control discussed in depth, and the contributions of the stakeholders allowed for a more informed, comprehensive, and innovative review of potential activities. The outcomes of the Stakeholder Workshop (Annex 2) fed into the project’s Y1 workplan, and the STbCU team continues to build and strengthen relationships with local partners.

- May 16: Submission of First Deliverables to USAID
  The STbCU team submitted the initial implementation plan, performance monitoring and evaluation plan (PMEP), and branding implementation and marking (BIP/MP) plan. STbCU received comments from USAID and the first contract modification, extending the initial project year to October 2013. Following instructions from the modification and USAID suggestions and input, the team submitted a revised work plan and PMEP on July 2.
The project also succeeded in submitting its registration application with all relevant documents to the Ministry of Economic Development and Trade for registration as an international technical assistance project at the beginning of June.

In the period between mid-June and early-July, the Chief of Party, Deputy Chief of Party, Medical Director and several other staff members traveled to nine-USAID supported regions (except Kharkiv) to present the project to oblast health administrations and agree on further collaboration. Drafts of Memorandums of Understanding were presented and initial agreements on collaboration were achieved with regional Health Administrations, central and regional SES, and medical universities. All partners expressed their readiness to sign MoUs after the STbCU project received its registration, which it did on June 26.

The first quarter of the project focused mainly of following priorities: develop Work Plan with PMP and the set of indicators, establishing initial baselines in the PMP, hiring the staff, stakeholders relationship building, assigning roles and responsibilities to the project team.

**ADMINISTRATIVE START-UP**

In this first three months, STbCU made it a priority to recruit and onboard technical and administrative positions from the proposal and establish initial operating and management systems to facilitate initial program implementation. At the close of the first quarter of implementation, the project is nearly fully staffed, and has added additional technical expertise in laboratory services and health knowledge management to further augment the team’s technical capabilities to meet project objectives. In an effort to leverage existing in-country resources to streamline implementation, the STbCU start-up and mobilization team searched for appropriate office space in the vicinity of USAID, the MOH, and our partners. Following an extensive search, we decided ultimately to co-locate with the USAID Local Investment and National Competitiveness (LINC) Project for the remainder of 2012, with STbCU assuming control of the lease completely after January 1, 2013. While STbCU has been able to share and utilize existing furniture and equipment through LINC, procurements for all necessary equipment and furniture specific to STbCU’s needs started during the first quarter.
A. ACCOMPLISHMENTS BY ACTIVITY AND TASK

RESULT 1: IMPROVE THE QUALITY AND EXPAND AVAILABILITY OF THE WHO-RECOMMENDED DOTS-BASED TB SERVICES

The results achieved under this objective in the first quarter of project implementation are mostly related to planning, building relationships with partners, and identifying other projects’ activities, results, and plans to avoid overlapping and ensure synergy in TB-related project implementation.

STbCU project’s M&E specialist and HIV specialist participated in the National Council meeting to Fight TB and HIV/AIDS on May 29 in Kyiv. At this meeting Report on previous NTP 2007-2011 was presented by State Social service to fight HIV and other social dangerous diseases. As well as Kharkiv (STbCU’s pilot project oblast) and Chernivtsi oblasts reported on monitoring visits that conducted by National TB centre, Ukrainian HIV centre and State Social service to fight HIV and other social dangerous diseases together with PR of the FG programme. In addition, the STbCU project’s M&E specialists, in absence of Health Knowledge Management Specialist, provided technical assistance to ACSM working group, created in a framework of r 9 FG programme and led by FDU in National ACSM strategy development and took part in a stakeholders meeting on June 11, 2012 to discuss finalization of this document. At this Stakeholder meeting that was attended by State Service to fight HIV and other social dangerous diseases, National Center on TB control, AMS Yanovsky Institute of Pulmonogy, Tb Department of National medical University named after Bogomolets, USAID, WHO, STbCU, FDU, PATH, MSH, IRF, International HIV/ADIS Alliance in Ukraine, All-Ukrainian Network PLWH, LHSI (League of Health and Social initiatives in labor protection), International HIV and TB Institute, National NGO “Ukrainians are against TB” and other Ukrainian NGOs that are involved into ACSM area, discussed and revised Draft of National ACSM strategy according to proposed corrections and comments. National ACSM strategy for TB was finalized.

ACTIVITY 1.1 BUILD INSUTITIONAL CAPACITY TO IMPROVE THE QUALITY OF DOTS-BASED PROGRAMS

TASK 1.1.1: Strengthen the formal medical education system to include internationally recognized modern approaches for TB control.

To start the activities regarding institutionalization of educational materials based on internationally recognized modern approaches for TB control, our Regional Training Manager and DCOP set up several meetings with working groups (WG) initiated by FDU and approved by MOH and MOE. These meetings identified uncovered topics of educational curricula to be supported by the STbCU project. A preliminary agreement with Kyiv Medical Post-Graduate Academy and FDU was achieved, such that STbCU will support development of training programs and educational materials regarding TB epidemiology and infection control, TB microbiology, and materials for primary health care (PHC) providers (doctors and nurses) on Stop TB. It is expected that aforesaid materials will be elaborated and included into standard...
educational curricula for medical doctors routinely trained in Kyiv Post-Graduate Medical Academy and will be used for five-day training courses for medical doctors and three-day training courses for nurses. The project identified national experts to be included into the WG on developing curricula and materials for PHC staff.

Our HKMS together with COP supported the revision of the official textbook “Phtisiology” for state medical universities pre-graduate students was recently developed within USAID supported WHO activity. Given that it was developed by both national and international TB experts there are still some discrepancies in the textbook which need to be revised in the compliance with international standards.

TASK 1.1.2: Establish a training and information resource center.

During the first three months of the project our COP and DCOP had several meetings with State Service of Ukraine on HIV/AIDS and other Socially Dangerous Diseases (State Service) and the All-Ukrainian TB Control Center regarding the choice of the hosting organization. The STbCU team learned that the resource center is planned as a part of the NTP, supported by GF r9 project and initiated more discussion on the resource center’s development and partners’ roles and responsibilities.

TASK 1.1.3: Provide training, refresher training, supervision, and mentoring for health care professionals.

In order to ensure quality implementation of best TB practices by training and mentoring activities, the first wave of partner consultations were held to identify training priorities. Several meetings with GF r9 project implementers were conducted to ensure complementary training efforts, to avoid duplication of activities, and to develop a training plan that will be effective.

STbCU started discussions with the TB Control Center on the possibilities to support NTP in development of a cascade in-service training system using international standards.

TASK 1.1.4: Increase TB laboratory network efficiency.

In order to improve the quality of the national reference lab for TB services as well as the quality of regional laboratories for DST and culture testing, coordination at the central level should be considerably improved. This was a topic of discussion at the stakeholders workshop on April 23 and identified as one of the priorities. The STbCU project initiated partners’ involvement into mapping for national TB laboratory services that will clearly outline organizational, functional, reporting and supervision links within the existing laboratory network. An external expert was hired to conduct a desk review and facilitate development of effective laboratory organizational models.
Training needs on smear microscopy were initially discussed at regional level and with partners. Given that training materials on smear microscopy were recently developed within GF r9 and approved by MOH, they will be used for trainings of laboratory specialists at the PHC level.

TASK 1.1.5: Strengthen TB monitoring and evaluation systems and TB surveillance.

In consultation with USAID, the STbCU performance monitoring plan with set of indicators was developed, and the project’s technical assistance on strengthening M&E system was provided at a two-day working group meeting with TB Control Center to analyze yearly TB statistical data and development of annual TB statistic report. During the meeting, data from all regions of Ukraine was revised and discussed, and the analytical narrative was corrected. Also this workshop was used to identify some baseline STbCU project indicators.

The DCOP and M&E specialist participated in an M&E working group meeting on May 11, where expert assistance was offered to National TB center and M&E department of FDU in developing new registration and reporting forms for MDR cases. The DCOP and TB specialist also participated in a working group on MDR-TB guidelines revision in order to build upon the quality of previous achievements on other USAID projects to prepare a baseline series and need assessment at the regional level.

According to the STbCU PMEP: “Where baseline information is unavailable or deemed to be unreliable for the duration of the project, project staff will begin the process of collecting baseline information immediately after finalization of the PMEP through primary data collection from surveys, desk review of project records, counterpart reports (routine TB surveillance and monitoring, NTP, HIV registers), laboratory and/or facility data.” During the first planning period STbCU project staff studied available reports from previous USAID projects and different assessment conducted by WHO and GF r9 project in several last years. A plan and tools for baseline and need assessment at the regional level were developed, roles and responsibilities of project staff were defined.

The baseline assessment at the regional level will aim to:

- Identify and verify baselines for STbCU project indicators which currently are not available or unreliable
- Identify best practices at regional level developed by previous USAID project in order to scale-up replicable models of TB prevention and control
- Identify specific regional needs and challenges to be better addressed while STBCU project implementation
- Identify the gaps for TB/HIV integrated service delivery and referral systems (Activity 4.1)

The assessment itself will be conducted in months 4 and 5 of project implementation.

TASK 1.1.6: Develop IEC materials.
To increase health care providers’ knowledge of the WHO Stop TB Strategy and to improve their day-to-day practices, the publishing of medical magazine on TB and HIV was supported. Further steps of collaboration were agreed with Publishers (Bogomolets Medical University), including involvement of GTBI into magazine strategy development development by the following activity:

- Meetings/key informant interviews with Editor, other key folks in NTP/TB Programs to identify what they would like magazine to accomplish, what they see as its benefits, and opportunities;
- Development of online reader survey to determine how audience currently uses magazine, what users are most interested in, and best format for receiving information;
- Analysis of results of both;
- Development of plan for improvement & evaluation plan;
- Implementation of plan (may include the following):
  - Establishment of new process for submission, criteria for articles, formal review process etc;
  - Development of new organization and format, based on results of needs assessment;
  - Development of marketing/distribution plan approach;
  - Implementation of above steps;

Follow up evaluation.

**TASK 1.1.7: Training to improve laboratory capacity for infection control.**

The main topics for training and target audience were identified and reflected in the Work plan as it is written below:

1. A module on Laboratory IC will be included as an obligatory part of training for laboratory specialists on microscopy, culture, and DST and EQA.
2. Separate training on IC for laboratory specialists, which includes biosafety requirements to all laboratory procedures; requirements on planning laboratory premises including selection of “Clean” and “Dirty” zones, sample flow, air flow, etc.; work with protective equipment, individual protection, cooperation with responsible agencies such as SES, metrology services, etc.
3. A five-day training on all TB IC issues (including laboratory IC) for epidemiologists, health administrators, and engineers.
4. Specific training for engineers. These trainings are provided by Vladimir TB Dispensary Russian Federation.
ACTIVITY 1.2 EXPAND ACCESS TO TB SERVICE DELIVERY TO IMPROVE PREVENTION, DIAGNOSIS, AND TREATMENT OF TB

TASK 1.2.1 Develop and issue small sub-grants for ACSM.

Under this task some consultations with key implementers of TB ACSM were undertaken (including Coalition of HIV service organizations, Ukrainians against TB, LHSI and Penitentiary Initiative). Also STBCU was included in ACSM task force on TB ACSM strategy development. The project’s small-subcontract manual development was also started.

TASK 1.2.2: Provide Support to the Ukrainian Red Cross Society.

On June 15, 2012, STbCU Deputy Chief of Party, TB Specialist and Health Education Specialist met with the General Secretary of the National Committee of the Red Cross (RC) of Ukraine to discuss major results and outcomes of RC activities under PATH and GF projects. Priority areas of the STbCU Project (hereinafter - the Project) were identified to enhance patients’ adherence to treatment. The groups of TB patients, with whom the RC will work under the Project framework were predefined, namely patients I, II and III. We also discussed a possibility for further work of RC with those patients who are discharging bacteria and were released from the hospital for noncompliance with treatment regimen. TB service staff will be hired as volunteers to ensure observed home treatment for such patients.

During the Project presentation in the pilot areas of Luhansk, Donetsk, Zaporizhzhya regions and the city of Sevastopol, meetings were held with the RC regional representatives who expressed their willingness to cooperate with the Project. At the moment, we are developing a memorandum for signing which will support joint activities between RC and STbCU to improve the quality of out-patient TB treatment.

TASK 1.2.3 Strengthen TB service provision at PHC level.

STbCU staff participated in a roundtable devoted to WHO-supported Practical Approach on Lung diseases, where partners’ cooperation on PHC strengthening was agreed to, as well as family doctors’ involvement in TB service provision.

TASK 1.2.4: Develop IEC materials.

At the start up period project press-release was prepared and published via MOH channels. In May 2012 STBCU project participated in BiBLIOMIST activity together with different USAID supported projects and presented project strategic directions. For this purpose wall poster was published and brief information was printed.
ACTIVITY 1.3 CONDUCT OPERATIONS RESEARCH TO IMPROVE THE NATIONAL TB PROGRAMS’S PERFORMANCE

During first round of field visits and partner consultation several potential OR topics were identified (which are aimed at developing interventions that result in improved policy-making, better design and implementation of the TB). For example, Donetsk Oblast TB control program requested STbCU to support OR on patient’s treatment delay as a part of Oblast TB Control Program officially approved by Oblast Health Administration and WHO.

During April, STbCU was requested by WHO in agreement with USAID to cover the procurement of laboratory consumables and piloting of DRS Protocol developed by WHO. After several meetings with WHO roles and responsibilities were identifies, leading role of WHO in DRS was outlined and timelines for DRS activities were prepared but not approved by WHO yet.

RESULT 1 OVERVIEW OF KEY ACCOMPLISHMENTS

Within start up period STbCU staff was hired, office space and equipment provided. Series parter’s discussions on cooperation including Planning Workshop were initiated, STbCU project presented to nine out of ten regional health administrations and preliminary agreement on project implementation achieved, Work Plan and PMEP developed and submitted, Baseline assessment tool developed and field visit planned.

Given that STbCU is building on previous USAID projects, previous achievements and best practises were considered while planning. At the same time to improve quality of previously achieved positive changes baseline and need assessment at regional level was planned.

Other accomplishments include:
1. Project cascade training plan developed
2. Technical assistance on strengthening of monitoring and evaluation system at the national level and improving quality, use and analysis of TB data provided
3. Participation in WGs on TB and MDR TB guidelines and R&R forms revision provided
4. Roles and responsibilities on DRS agreed.
5. Schedule for the baseline assessment at regional level developed and agreed with regional counterparts, partners and stakeholders.

RESULT 2: CREAT A SAFER MEDICAL ENVIRONMENT AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 2.1 IMPROVE INFECTION CONTROL

Within the first three months of the project series of meetings with SES at Central and local level were conducted, a preliminary agreement on further collaboration achieved. Taking into consideration the SES now is under reforming and by the end of 2012 SES staff will be 46%
reduced and also new legislation limits SES involvement into biosafety control at medical facility level a lot of discussions were focused on role and opportunities for SES within STBCU project.

TASK 2.1.1: Support Safe Medical Practices.

Under this task we discussed some potential constraints such as limited SES access to medical facility to provide control of safe medical practices. It was outlined by STBCU, that mentoring role of SES is expecting rather than control. We see some SES misunderstanding on their role in TB IC, which should be addressed within further educational activities.

TASK 2.1.2: Elaborate IC plans.

The Health Administration and SES capacity to support IC plan elaboration will be addressed within need assessment mentioned above.

TASK 2.1.3: Support IC TB management teams.

STbCU discussed with regional SES the appointment of IC focal point and his/her participation in monitoring visits together with TB management teams. Given that each oblast SES has appointed epidemiologist responsible for TB control, he\she will be involved in close cooperation with TB services and monitoring teams.

ACTIVITY 2.2 INCREASE THE CAPACITY OF OBLAST SES TO IMPLEMENT, MONITOR, AND EVALUATE INFECTION CONTROL (IC) INTERVENTIONS

After meeting with Central SES it was agreed to present USAID supported IC mission as well as STBCU project at round table and sign MOU. Currently round table is under preparation.

RESULT 2 OVERVIEW OF KEY ACCOMPLISHMENTS

Given that SES is a new project partner and taking into consideration the unclear role of SES in TB control in the transition reform period STBCU will support building SES capacity on TB IC as well as identifying their role in the overall TB control activities.

Other accomplishments include:

1. Draft of Infection Control Check list was developed based on previous experience of USAID and MSF projects. STbCU will pilot this check list while need assessment at regional level in order to improve the quality supervision and monitoring of IC standards at the facility level.
RESULT 3: BUILD CAPACITY TO IMPLEMENT PMDT PROGRAMS FOR MULTI-DRUG RESISTANT/EXTENSIVELY-DRUG RESISTANT TB AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 3.1 PROVIDE TRAINING, SUPERVISION, AND MENTORING ON MDR-TB CASE MANAGEMENT

TASK 3.1.1: Strengthen TB Center of Excellence (TB CE)

STbCU planned to conduct need assessment of center of excellence to improve quality of services and education. There are some activities regarding trainings on sputum microscopy and PHC doctors which will be conducted at the TB CE during the 1st year of implementation. Meeting with PATH to discuss previous results and challenges of USAID project including TB CE perspectives and development was conducted. International expert invited to elaborate TB Center of Excellence development strategy and operating plan.

TASK 3.1.2: Advocate for policy and guideline changes.

On May 15, 2012 our DCOP and TB specialist were included into MDR-TB working group that was chaired by Deputy of State Service on HIV and other social dangerous diseases and unites National Tb centre, PATH and other national and international organizations with technical expertise in TB. It is planned that this WG will contribute to harmonization of MDR-TB case management policy in Ukraine and MDR-TB national guidelines with international standards.

STbCU technical staff provided technical assistance to National TB center in validation of cohort MDR data presented in National TB statistic report at the one day working meeting.

TASK 3.1.3 Support quality diagnosis and treatment.

STbCU considers participation in working groups on revising TB and MDR-TB guidelines as an important part of this activity. Thus during project start-up, we submitted official request to State Service to be included into all MOH working groups on TB and TB-HIV.

TASK 3.1.4: Collaborate on second-line drug management.

On April 25, STbCU specialists had a meeting with MHS SPS Project representatives) to discuss further collaboration in E-Tb manager implementation in Ukraine. Stock-outs of rifampicinum were also a topic of discussion at the meeting of regional representatives of GF r9 during the meetings held in May and June 2012. Finally MOH entities did not take any action up to now to avert the stockouts.
TASK 3.1.5: Support EQA of culture and DST laboratory network linked to supranatural reference lab.

STbCU started TB laboratory mapping as a part of EQA activities (Task 1.1.7)

RESULT 3 OVERVIEW OF KEY ACCOMPLISHMENTS

During first three month work on MDR TB mainly focused on participation in working group on MDR TB guidelines elaboration and official data analysis. There are inconsistencies in doctors’ treatment practices which lead to treatment errors as well as drug supply interruption. These errors in turn contribute to an increase in MDRTB and in some cases leads to XDR-TB cases. STBCU together with partners advocate sustainable and positive changes it TB case management and procurement and supply management.

Other accomplishments include:

1. STbCU was included into WG on revision of TB and MDR TB guidelines.
2. STbCU provided expertise on MDR Tb registration and reporting forms finalization.

RESULT 4: IMPROVE ACCESS TO TB/HIV CO-INFECTION SERVICES AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 4.1 IDENTIFY GAPS IN TB/HIV CO-INFECTION SERVICES AND BUILD CAPACITY TO ADDRESS THEM

TASK 4.1.1: Undertake a gap analysis in TB/HIV co-infection services.

Situation assessment and gap analysis is planned as a part of need assessment at oblast level. So far mapping of services provided by partners and other players to identify main apparent gaps and actors in the field is being conducted.

TASK 4.1.2: Identify gaps in TB/HIV co-infection services and build capacity to address them.

During preliminary visits to regions or COP and DCOP met Chief Doctors of oblast AIDS centers and officials of oblast health administration and discussed their participation in STbCU project and in co-infection management part of it in particular. Regional peculiarities as well as good and bad experiences from oblast level will be assessed during planned gap analysis in Q3 2012.

TASK 4.1.3: Assure TB training for HIV and TB providers in HIV diagnosis, treatment, and prevention.
Our HIV specialist conducted meeting with partners (Lavra Clinic) and discussed training opportunities. Tb-HIV trainings also are included into the project training plan and the TB-HIV co-infection subject is included into the training program for PHC providers.

**ACTIVITY 4.2 ENSURE HIV TESTING FOR TB PATIENTS AND EFFECTIVE REFERRAL OF THOSE FOUND TO BE HIV POSITIVE**

**TASK 4.2.1: Build on existing models.**

A desk review of previous TB-HIV assessments and USAID project reports was conducted to identify some key models which should be studied carefully during gap analysis at regional level.

**TASK 4.2.2: Ensure HIV testing and referral for TB patients.**

A set of new PEPFAR indicators was discussed with USAID, the PMEP was revised and description of indicators prepared. Missing baselines are to be defined during the baseline assessment and gap analysis at the regional level.

**ACTIVITY 4.3 PROVIDE TB SCREENING OF HIV PATIENTS AND REFERALL SERVICES FOR THOSE WHO ARE SUSPECTED CASES OF TB**

**TASK 4.3.1: Build on existing models.**

A Desk review of previous TB-HIV assessments and USAID project reports was conducted to identify some key models which should be studied carefully during the assessment at the regional level. Also, discussing with partners and GF projects implementers lead to identification of successful models that existed in the past and need to be continued, scaled up or reproduced.

**TASK 4.3.2: Provide TB screening of HIV patients and referral to TB services.**

Baselines will be defined during the situation assessment at regional level. In the meantime, regulatory and clinical basis for screening practices used in Ukraine has been explored and discussed with partners.

**RESULT 4 OVERVIEW OF KEY ACCOMPLISHMENTS**

During the first three months review of available materials were done by the STbCU staff, tool for TB-HIV gap analysis is being developed, PEPFAR indicators were discussed with USAID and included to the work plan and PMEP.

Based on previous experience of USAID project the developed inter-sectoral collaboration need further considerable improvement. STbCU will serve as a catalyst to improve TB-HIV services collaboration and develop horizontal linkages given the tendency to de-centralization of HIV and TB services. Addressing TB-HIV issues should be started from PHC level taking into consideration health reform and increased role of PHC services.
Close partners collaboration is required in TB-HIV area given that a lot of HIV-TB related activities are included into GF Rd 6, 9 and 10 project.

Accomplishments under Objective 4 include:

1. PEPFAR indicators were discussed with USAID, revised and included to the work plan.
2. Collaborative agreements and presentation of the project have been made with several oblast health administrations, TB dispensaries and AIDS Centers.
3. Assessment tool for TB-HIV initial gap analysis developed. Desk review of regulatory basis for HIV testing and TB screening and reporting has been conducted for assessment tool development to be used for gap analysis and base-line studies.
4. Training partnerships are being established and developed.

B. DELIVERABLES

The following reports and other deliverables have been completed during the reporting period:

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Date Submitted</th>
<th>Date Approved</th>
</tr>
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<tbody>
<tr>
<td>Year 1 Work Plan</td>
<td>Original: May 16, 2012</td>
<td>Revision: July 2, 2012</td>
</tr>
<tr>
<td>Year 1 Performance Monitoring and Evaluation Plan</td>
<td>Original: May 16, 2012</td>
<td>Revision: July 2, 2012</td>
</tr>
<tr>
<td>Branding Implementation Plan and Marketing Plan</td>
<td>May 16, 2012</td>
<td></td>
</tr>
<tr>
<td>Training plan for 1.5 year</td>
<td>June 2012</td>
<td></td>
</tr>
<tr>
<td>Memoranda of Understanding presented to 4 oblast health officials</td>
<td>June 2012</td>
<td></td>
</tr>
<tr>
<td>and signed with the State Service on HIV and TB.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Magazine on TB and HIV</td>
<td>Published and distributed</td>
<td></td>
</tr>
</tbody>
</table>

RESULTS & RECOMMENDATIONS OF PLANNING WORKSHOP (ANNEX 2)

MOU WITH TB CENTER & REGISTRATION

As of June 26, 2012 STbCU project is registered as an international technical assistance project.

C. BUDGET

<table>
<thead>
<tr>
<th>Line Item</th>
<th>FY12 Q3 (April-June) Accruals</th>
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<tbody>
<tr>
<td>I. Salaries</td>
<td>$69,541.81</td>
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<tr>
<td>II. Fringe Benefits</td>
<td>$31,158.79</td>
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<tr>
<td>III. Overhead</td>
<td>$57,639.69</td>
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<tr>
<td>IV. Travel and Transportation</td>
<td>$42,287.53</td>
</tr>
<tr>
<td>V. Allowances</td>
<td>$56,252.10</td>
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</tbody>
</table>
VI. Other Direct Costs $35,113.64
VII. Equipment, Vehicles, and Freight $18,640.42
VIII. Training $7,262.77
IX. Subcontractors $43,446.85
X. Special Activities Fund $0.00
XI. Grants $0.00
Subtotal, Items I-XI $361,343.60

D. SCHEDULES

Comments on anticipated delays in activities, etc.
There is anticipated delay in DRS activities which will be supported by STBCU given that leading agency – WHO has some delays in starting the process. Anyway we hope to accomplish our part of DRS by the end of the year 1.

Due to late coming on board our selected HKM specialist and grant manager and because of revision of contract grant approaches there is a delay in development of plan for small grants program. The plan will be developed during 2\textsuperscript{nd} quarter of project implementation.

E. CHALLENGES

Comments on problems/barriers to implementation faced during the reporting period
Given that STbCU staff was recently hired the time is needed for them to become effective team.

Given that STBCU is working at the same regions as GF r9 and lot of initially planned activities are overlapping the thorough partners’ collaboration is needed.

There is a lack of understanding of roles and responsibilities and duplication of activities between State Service and TB Control Center which leads to their competition and could be potentially harmful for some STbCU activities such as Resource center establishment.

There is still mis-coordination between NRL and governmental TB control entities which leads to ineffectiveness of a lot of partners activities regarding laboratory EQA.
F. PLANS FOR FY 2012

Administrative:
STbCU plans to organize a team-building event for fully staffed project team in Q2 to continue building strong relationships within the team, creating one vision for moving forward, presenting and develop detailed plan for project sub-teams and individual staff members based on STbCU 18 month Work Plan and start with strategic 5 year planning.

RESULT 1
- August - Workshop with heads of TB Chairs on institutionalization of trainings for medical staff
- Working group on revision PHC, laboratory, IC materials,
- Launch of STBCU in September
- Start piloting of training plan (PHC & lab trainings) in Dnepr
- Working group on R&R system harmonization organized
- Mapping TB Laboratory Network for organizational, functional and management links.
- Needs assessment for Laboratory External Quality Assurance (EQA) system, including regulatory environment
- Initiate WG on revision EQA guidance
- Identifying existing trainers TB lab trainings
- Conduct baseline assessment and gap analysis in USAID supported areas to identify baselines, priorities and develop oblast implementation plans
- Assess gaps in current oversight mechanisms and monitor the network of facilities and outreach efforts
- Support NTP in the development of MDR-TB R&R guidelines and revision of MDR TB R&R forms and ensure their compliance with international recommendations (working groups)
- Assess trainings needs on E-TB Manager in collaboration with SPS project
- Assess usage of “E-TB manager” as a tool for registration and analysis of Tb-HIV co-infection services
- Participate in a national ACSM working group (ongoing)
- Support RC in the development of implementation plan for the ten USAID supported regions
- DRS procurement and piloting
- Grant program development
- OR program development
- Resource Center strategy development
- Need assessment and gap analysis in regions, data analysis and presentation.
- Agreement with RC
- Participate in Gen-Xpert protocol development
• Start preparation of Gen-Xpert procurement

RESULT 2
• Round table with Central SES on STBCU project presentation, MoU signing
• Conduct IC trainings for epidemiologists based on Donetsk training center
• Initiate revision of Lab IC regulations
• Support 1 oblast SES in IC plan revision

RESULT 3
• Promote MDR TB protocol based on international standards.
• Support monitoring visits at oblast level
• Participate in MDR Tb indicators guidance development

RESULT 4
• The period of July-October of 2012 will be primarily filled with situation assessment missions to USAID supported regions with the HIV-TB co-infection services integral assessment specifically planned for August –November with the help of New Jersey School of Medicine Global TB Institute to evaluate existing models against international standards and examples.
• Training needs and knowledge assessment of HIV-TB service providers (including NGO-based) will be conducted in Q3.
• Advocacy for institutionalization of HIV/TB case management and collaboration guidelines (that is being currently developed as clinical guidelines) will start in July 2012 and will continue until the appropriate decrees are approved at the national level and in all regions concerned.
ANNEX 1
START UP WORKSHOP AGENDA

Start-up and Work Planning Workshop Agenda

Strengthening Tuberculosis (Tb) Control in Ukraine

April 18-24, 2012

Kyiv, Ukraine

Workshop Objectives:

- Achieve a shared understanding between USAID, Chemonics, partners and key stakeholders of the project and its intended outcomes and results
- Learn about USAID, Chemonics International, and Partners/Stakeholders
- Foster effective working relationships and team development
- Discuss project purpose and outcomes, roles of stakeholders and their relation with the project team
- Discuss tasks and integrated activities of the work plan and how they will be measured

Day 1: Wednesday, April 18

08:30 Coffee/Tea and check-in

09:00 Session 1: Introduction to the Start-up Workshop
- Welcome,
  Olena Kheylo, Chief of Party, and Dragana Veskov, STbCU Project Director
- Introductions
- Review agenda and objectives, introduction of team performance model
  Mina Day, Workshop Facilitator
- Group activity
  Mina Day, Workshop Facilitator
Session 2: Project Background and Context: USAID/Ukraine program objectives and how the TB project fits in; Expectations for the Project TBD USAID Representative(s)
- Discussion and Q&A with USAID

Coffee/Tea break

Session 3: Introduction to Contractor Organizations and Roles; How are we going to Operate?
- Chemonics International, Dragana Veskov, STbCU Project Director
- Project HOPE, Tatiyana Kushnir, Country Representative
- GTBI, Danielle Kuczynski, STbCU Technical Writer

Q&A session

Lunch

Session 4: Introduction to the Project
- The approach: Contract overview/Technical approach
  Dragana Veskov, STbCU Project Director
  Danielle Kuczynski, Technical Writer
- Organizational chart
  Olena Kheylo, STbCU Chief of Party
- Overview of scope and tech overview, Group activity

Session 5: Stakeholder Analysis

Coffee/Tea break

Session 6: Our Team – Communication Styles & Stages of Team Formation
Mina Day, Workshop Facilitator
- Leveraging communications styles, team building activity
- Stages of team formation: Forming, Storming, Norming, Performing
- Create “ground rules” and expectations for each other

Wrap-up

Day 2: Thursday, April 19

Coffee/Tea and check-in
09:00  Day’s Agenda  
*Mina Day, Workshop Facilitator*

09:15  **Session 7:** Country Context and Strategy, Group activity  
    (SWOT analysis)

11:00  Coffee/Tea break

11:15  **Session 8:** Causal Pathway introduction  
    *Mina Day, Workshop Facilitator*

12:15  **Session 9:** Impact, Core Beneficiaries, Key Beneficiaries, Group activity

13:15  Lunch

14:15  **Session 10:** Knowledge, Attitudes, and Practices (KAP’s), Group activity

16:15  Coffee/Tea break

16:30  **Session 11:** KAP’s, continued, Group activity

18:00  Wrap-up

18:15  Close

**Day 3: Friday, April 20**

08:30  Coffee/Tea and check-in

09:00  Day’s Agenda  
*Mina Day, Workshop Facilitator*

09:15  **Session 12:** Facilitator - Outputs and Activities, group activity  
    *Mina Day, Workshop Facilitator*  
    *Dragana Veskov, STbCU Project Director*

09:45  **Session 13:** Service Providers - Outputs and Activities, continued  
    *Mina Day, Workshop Facilitator*  
    *Olena Kheylo, STbCU Chief of Party*

11:00  Coffee/Tea break

11:15  **Session 14:** Service Providers - Outputs and Activities, continued  
    *Mina Day, Workshop Facilitator*
Olena Kheylo, Chief of Party

13:15 Lunch

14:15 **Session 15:** Facilitator – Outputs and Activities, Group activity
*Mina Day, Workshop Facilitator*
*Dragana Veskov, STbCU Project Director*

16:15 Coffee/Tea break

16:30 **Session 16:** Monitoring and Evaluation – Focus on Outputs
*Mina Day, Workshop Facilitator*
*Zhanna Parkhomenko, STbCU Monitoring and Evaluation Specialist*

18:00 Wrap-up

18:15 Close

**Day 4: Monday, April 23**

08:30 Coffee/Tea and check-in

09:00 Introduction to Workplanning with Stakeholders
- Welcome:
  *Olena Kheylo, STbCU Chief of Party*
  *James Griffin, Senior Vice President, Chemonics’ International Health Group*
- Opening remarks:
  *TBD USAID and stakeholder representatives, or Olena Kheylo, Chief of Party*
- Review agenda and objectives of start-up workshop
  *Mina Day, Workshop Facilitator*
- Group activity
  *Mina Day, Workshop Facilitator*

09:45 Overview of the Strategic Framework
*Olena Kheylo, Chief of Party*
- Project overview: Summary of project Scope of Work, goals and objectives
- Strategic Framework: Summary of what was achieved over the first 3 days of the workshop; overview of Causal Pathway
- Next steps: What we are planning to achieve over the next couple of days, roles of participants, etc.
10:30 Coffee/Tea break

10:45 **Session 17: Breakout Discussions**

Participants will already be grouped by project component. Each group will discuss one (1) of the four project components, from a technical and operational view including potential activities, expected challenges, etc.

**Objective:** What are the project outcomes and how do we achieve them? What are the challenges and how do we set priorities during implementation, the role of stakeholders in addressing these challenges and priorities.

Potential questions to discuss:
- What are the challenges?
- Where is capacity lacking? Where does capacity exist?
- How can we build on past experiences, successes and failures?
- What are the cross-cutting topics with other components?
- What are your expectations for this project in this component?

13:00 Lunch

14:15-16:30 **Sessions 19-22: Break out groups, report out**

Each group will have the opportunity to engage all workshop participants in a report-out and discussion on the conclusions or questions discussed during the small-group sessions.

**Objective:** Create a bigger-picture of project implementation by sharing challenges and priorities for each component, and learn from each other through open dialogue and discussion.

14:15 **Session 19:** Component 1 Report-Out

15:30 **Session 20:** Component 2 Report-Out

16:00 Break: Coffee/Tee

16:15 **Session 21:** Component 3 Report-Out

16:45 **Session 22:** Component 4 Report-Out

17:20 **Wrap-up**
Mina Day, Workshop Facilitator
Olena Kheylo, STbCU Chief of Party

- Thank you to stakeholders
- Summary of discussions
- Commitments made
- Next steps in workplanning
- Setting expectations on how stakeholders will remain engaged

Day 5: Tuesday, April 24

08:30  Coffee/Tea and check-in
08:45  Day’s Agenda
Mina Day, Workshop Facilitator
- Agenda for the day
- Overview of yesterday’s achievements

09:00  Session 21: Work planning: Establishing objectives per component
- Groups arranged by components
- Report out

9:45  Session 22: Work planning by component, tasks, timelines, resources, and owners,
- Groups arranged by components

11:00  Coffee/Tea break
11:15  Session 23: Work planning by component, tasks, timelines, resources, and owners
- Groups arranged by components

12:00  Lunch
13:00  Session 24: Report out on component plans, Group activity
- Interdependencies
- Identification of Assumptions

14:30  Coffee/Tea break
14:45  Session 25: Start-up Gantt Chart: The first 90 days
- Start-up Gantt for review
- Work plan calendar, roles & responsibilities
- FO/PMU resources
15:15  **Session 26: AIMS – Chemonics’ Project Management**  
*Mina Day, Workshop Facilitator*

16:30  **Wrap-up,**  
*Anna Slother, Senior Vice President, Chemonics International, Central & Eastern Europe*

16:45  Close and Team Dinner
ANNEX 2
WORKSHOP RESULTS

USAID | STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE (STBCU) PROJECT

Stakeholders Workshop: Year 1 Planning
**Background**

On Monday, April 23rd, 2012, the STbCU team hosted a stakeholder’s workshop, attended by forty representatives of NGOs, service delivery sites, academic institutions, relevant government bodies, and USAID.

The objectives of the workshop were to (1) introduce the project team, including the support teams based in the US (2) discuss the overall project goal and specific project objectives, and (3) generate stakeholders input on key project outcomes. The outputs of the workshop will inform the STbCU first year work plan.

The workshop began with comments by members of Chemonics International’s corporate leadership; Alina Yurova of USAID, the projects COR; and Tatyana Alexandrina, Head of State Service of Ukraine Counteracting HIV/AIDS and Other Socially Dangerous Diseases. STbCU Chief of Party, Olena Kheylo, provided a general project overview for the workshop attendees to provide context to the eventual group discussions. The stakeholders were self-selected into four groups based on their expertise, position, and sector to discuss TB diagnostics, TB treatment, TB-related education, and involvement of NGOs in TB control. Each group was tasked with (1) identifying challenges in implementation across the major components of the STbCU patient-centered approach (2) propose solutions for identified challenges, and (3) spell out the desired results. The outputs of these conversations are summarized in the attached report.

As a follow-up to the stakeholder workshop, members of the STbCU team met with the WHO and Global Fund representatives to begin ongoing discussions and preparations for a drug resistant survey, and the potential for the STbCU project to contribute.

See annex A for a list of workshop participants.
OUTCOMES

GROUP 1: TB DIAGNOSTICS

CHALLENGES:
1. Low detection rate in Primary Health Care system (PHC)
2. Guidelines on diagnostics are out-of-date and/or are not implemented
3. Absence of guidelines and legal documents on new lab. techniques and algorithms
4. Absence of genetic tests
5. No system of quality assurance
6. Human resources (lack of staff, high loads)
7. There is no system for lab. technician education
8. Absence of SOP
9. Lack of Infection Control (IC)

SOLUTIONS
1. Develop algorithms on TB detection and out-patient treatment in PHC
2. Increase the role of family doctor in TB-HIV case management
3. Trainings and re-trainings of PHC
4. Monitoring and supervision visits
5. Training on new techniques
6. Quality assurance (from sputum collection, throughout the process)
7. Legal docs on IC in labs development

RESULTS
Not indicated by the workshop participants.

GROUP 2: TB TREATMENT
CHALLENGES:
1. Lack of Tb Specialists
2. Slow and uneven DOTs implementation
3. Lack of collaboration in TB-HIV treatment
4. Lack of guidelines on palliative care & extra pulmonary TB
5. Unclear definitions of TB related deaths in Ukraine
6. Lack of TB Drugs
7. Poor TB drug stock management
8. Existence of three parallel reporting and recording system

SOLUTIONS:
1. Assist PHC in organization of out-patient treatment
2. Support trainings, M&Es and evaluation of PHC
3. Standardization of TB reporting/recording forms
4. Conduct Operations Research on MDR TB to evaluate treatment effectiveness MDR TB treatment
5. Procure pharmaceuticals, taking into account TB07 system
6. Ensure stock/reserves of pharmaceuticals to treat drug-sensitive TB and MDR-TB availability
7. Development of referral system at all stages of TB case management
8. Trainings on extra-pulmonary TB
9. Assess TB-HIV mortality in target regions

RESULTS
More timely, effective, and sustained treatment; and better availability of drugs.

GROUP 3: ASCM, TB IN PENITENTIARY SYSTEM, EDUCATION SYSTEM

PENITENTIALY SYSTEM

CHALLENGES:
1. Inadequate staff, both in quality and number
2. Lack of financing for TB in penal system
Quarterly Report Y1Q3

3. Limited access to medical services. Especially in SIZO
4. Limited access to VCT and TB screening
5. Transferring patient around system serves a source of infection
6. Transfer of patients doesn’t follow biosafety measures
7. Low coverage of 3rd line TB drugs

SOLUTIONS:
1. Create a working group on human resource policies and best practices to aid in better training for current penitentiary staff Find partners in IC, foster collaboration
1. Involvement in HR working group
2. Assist penitentiary system (SPS) to lobby their interest to get more financing for TB programs
3. Revise terms of reference of SPS staff
4. Seek approval all med documents by MOJ
5. Training of prison staff
6. Improve incentives to attract more employees

RESULTS:
Quality and quantity of prison staff increases and is capable of meeting needs of TB control within the penitentiary system; increase in available funding to provide adequate resources and pharmaceuticals to meet the need for TB control

ACSM

CHALLENGES:
1. Disjointed work on ACSM
2. Insufficient attention to TB from National Coordination Council (NCC)
3. Always is not enough

SOLUTIONS:
1. Revise or update mechanisms of coordination
2. Develop communications/ACSM strategy
3. Improve central level dialog on collaboration
4. Promote cooperation between partners – NCC, MOJ, SES, State service,
Quarterly Report Y1Q3

5. TB should be continuously articulated in NCC (voice in NCC and Niha)

RESULTS:
Decreased stigma towards TB patients and caregivers, as a result of better-informed population.

EDUCATION SYSTEM

CHALLENGES:
1. Lack of educational programs (so called mono-programs) on specific TB-related topics for students and postgraduate education, for example "MDR TB case management", "TB Infection Control", "TB/HIV case management", etc.
2. Clinical component is almost absent in current program for post-graduate education
3. Lack of staff in TB services
4. Lack of special knowledge on TB-related issues among nurses
5. Special system of lab technicians' education for TB services is absent

SOLUTIONS:
1. To elaborate, approve and introduce missing programs; to extend number of learning hours for TB in universities for students and doctors on post-graduate courses
2. To foresee clinical component in educational programs for post-graduate education and conduct these courses on well-functioning clinical bases (for example, courses on MDR TB case management should be carried out in corresponding medical facilities with MDR TB departments
3. To support the students' scientific programs in order to increase attraction of physiology for young medical specialists
4. Elaboration of educational programs on TB and trainings for nurses and introduction of elaborated programs
5. Elaborate and introduce system of lab technicians' education for TB services

RESULTS:
1. Increased quality of TB specialists' education and work
2. Improved quality of health care delivery to TB patients, increased TB treatment efficacy rate
3. Staff problem in TB services is solved
4. Improved quality of medical nurses' work
5. Increased quality of TB bacteriological diagnostics
GROUP 4: NGO SECTOR

CHALLENGES:

1. NGOs are under-engaged in treatment and adherence
2. Low involvement CBO and NGO in TB service (prevention, detection, care and support including adherence to treatment)
3. Lack of knowledge in civil sector about TB – epidemiological situation, IC, ways of transmission and preventions, adherence and MDR
4. Lack of IC regulations and methodological support in IC measures for NGO staff, including medical insurance and TB Prophylaxis
5. Lack of coordination and collaboration between health care system and NGOs (MDT initiated, should be scaled up in sustainable way)
6. Regulations and capacity barriers, in general, to involve social workers and family members into DOTS support in adherence part, including TB Prophylaxis for HIV people
7. Red Cross is the only NGO permitted to distribute drugs within DOTS approach.
8. Stigma and discrimination towards TB and MARPs
9. Fee request for TB diagnostic – testing (especially homeless – those who without registration of address)
10. Low support (including psychosocial and nursing) at palliative care stage
11. Ineffective collaboration between public health system and social care
12. Inconsistent Technical and financial support of social and NGOs project work

SOLUTIONS:

1. Informing CBO and NGO re TB (prevention, detection, care and support including adherence to treatment) and motivate them for community mobilization on TB epidemic response
2. In the nearest future call Big meeting in workshop format to
3. Raise awareness of broader network of NGOs (social support for homeless, released, youth, etc) and enhance networking for addressing TB
4. Mapping gaps in addressing TB issues and share experience of NGO that worked in TB
5. Assess and prioritize technical support and capacity building needs
6. Develop strategic and working plan for NGO and CBO involvement into TB prevention, detection and support in framework of DOTS
Quarterly Report Y1Q3

7. Review and approve questionnaire for NGO clients TB screening
8. Agreed with medical facilities recognition of NGO cards as referral tool
9. Train chief doctors and middle health care workers of tolerance and de-stigmatization, assist in policy, regulations and changing attitude activities
10. Advocate to involve local administration and or private business in solving financial gaps to increase access to TB diagnostic
11. Scale up local administrations’ social request for CBO and NGO on TB related services
12. Develop regularity mechanism for social workers involvement into DOTS service (detection and adherence) that enable medical facility to collaborate with non-governmental and private sector.
13. Increase TB patients and their close surroundings access to psychosocial support
14. Integrate ART adherence development experience into TB treatment, care and support

RESULTS
1. Increased trust to TB service in whole (through NGO advocacy and campaigning) and community mobilization
2. Enhanced civil society role recognition in and utilization by TB services
3. Increased TB detection rate among NGO covered population
4. Patient default rate declined
5. Decreased TB morbidity among population and NGO social workers
6. Tolerance of health workers
7. NGO receive more sustainable financial support for TB activities
APPENDIX A

LIST OF PARTICIPANTS

1. Tatyana Alexandrina, Head of State Service of Ukraine Counteracting HIV/AIDS and Other Socially Dangerous Diseases
2. Olha Stelmakh, Director, All-Ukrainian Center for Control of Tuberculosis of the Ministry of Healthcare of Ukraine
3. Natalia Litvinenko, Representative from Yankovsky
4. Olena Pavlenko, Project Manager, All-Ukrainian Center for Control of Tuberculosis of the Ministry of Healthcare of Ukraine
5. Olha Lugach, Lead Specialist of the State Sanitary and Epidemiologic Supervision Unit of the State Sanitary and Epidemiologic Service of Ukraine
6. Anna Barbova, Head of Central Reference Laboratory, Chief Scientist of Laboratory of Microbiology, National Institute of Physiology and Pulmonology named after F.G.Yanovski of AMS
7. Oleksandr Zhurylo, Head of Laboratory of Microbiology, National Institute of Physiology and Pulmonology named after F.G.Yanovski of AMS
8. Vasyl Petrenko, Head of Physiology Chair, National Medical University named after A.A. Bohomolets
9. T. Rodish, National Medical University named after A.A. Bohomolets
10. Nataliya Kozhan, Head of TB Treatment and Diagnosis Department of Charitable Foundation “Development of Ukraine”
11. Anna Koshykova, Head of Analytical Department, All-Ukrainian Network of People Living with HIV/AIDS
12. Aleksandr Kulchenko, specialist of the Treatment Program Supervision Unit of All-Ukrainian Network of People Living with HIV/AIDS
13. Alla Khabarova, Executive Director, National Committee of Red Cross Society of Ukraine
14. Tamara Ivanenko, Project Director, “Reducing the TB burden in Ukraine through expanding and enhancing access to high-quality TB services,” PATH
15. Nikoloz Nasidze, Coordinator for HIV/AIDS, TB and other infectious diseases, WHO Country Office in Ukraine
17. Elena Novikova, Deputy Executive Director, International HIV/AIDS and TB Institute
18. Yevgeniy Orel, Senior Health Economist, International HIV/AIDS and TB Institute
20. Serhiy Filipovich, Associate Director, International HIV/AIDS Alliance
21. Vlada Sintsova, Head of Physiology Department, Sevastopol City
22. Adelina Mikhailova, Deputy General Director, TMO “Physiology”, Zaporizhzhya Oblast
23. Vladimir Buryatinsky, Chief Doctor, Kherson Oblast TB Dispensary
24. Konstantin Bordyug, Chief Doctor, Dnipropetrovsk City TB Dispensary
25. Yuriy Pokaliukhin, Chief Doctor, Kirovohrad Oblast TB Dispensary
26. Irina Kalmykova, Deputy Chief Doctor, Kharkiv Oblast TB Dispensary No. 1
27. Pavel Hrechanovskiy, Head of TB department, Odessa Oblast TB Dispensary
28. Halyna Roenko, Chief Doctor, Luhansk Oblast TB Dispensary
29. Manana Andjaparidze, Medical Coordinator, Medecins Sans Frontieres (MSF) in Ukraine
30. Vitaly Rudenko, Chairman of the Board of the ‘Ukrainians Against Tuberculosis Public Movement’
31. Igor Gorbasenko, member of the National Council to Fight Tuberculosis and HIV-infection/AIDS
32. Miroslava Sergeiva, Kyiv City TB Center, Deputy Chief Doctor for Quality of Treatment
33. Alla Khabarova, Head of Red Cross
34. Ivan Koshtur, Red Cross, member of MoH Committee
35. Aleksi Bogdanov, PATH, M&E Specialist
36. Vladimir Novosils, Lyiviv, Chief of Department of Regional TB Dispensary
37. Oktay Gezalov, WHO, Europe Office
38. Olga Tsviliy, Coalition of HIV-Service Organizations

USAID/Ukraine
39. Alina Yurova, Contracting Officer Representative (COR)
40. Erica Vitek, Senior Tuberculosis Technical Advisor, OHST