

ANNUAL REPORT
April 2008 – March 2009



Central Asian Republics TB Control Partnership

Cooperative Agreement No.: 176-A-00-04-00006-00

Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan

ANNUAL PROGRESS REPORT

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REPORT PERIOD: April 1, 2008 – March 31, 2009

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LIST OF ACRONYMS

| | |
|----------------------|---|
| ACSM | Advocacy, Communication and Social Mobilization |
| AFEW | AIDS Foundation East West |
| BCC | Behavioral Change Communication |
| CA | Central Asia |
| CAR | Central Asian Republics |
| CAPACITY | USAID-funded Project |
| CARITAS | Foundation in Luxemburg |
| CCM | Country Coordinating Mechanism |
| CDC | Centers for Disease Control and Prevention |
| DC | Directors Counsel (Kyrgyzstan) |
| DOTS | Directly Observed Therapy Short Course |
| DM | Drug Management |
| EPOS | International health consultancy organization |
| ESCM | Electronic Surveillance Case Management |
| EQA | External Quality Assurance |
| FGP | Family Group Practitioners |
| FMC | Family Medical Center |
| GDF | Global Drug Facility |
| GFATM or Global Fund | Global Fund for AIDS, Tuberculosis and Malaria |
| GLC | Green Light Committee |
| GUIN | Kyrgyzstan Penitentiary System |
| HLWG | High Level Working Group |
| IC | Information and Communication |
| IEC | Information, Education and Communication |
| INH | Chemoprophylaxis |
| IPC | Interpersonal Communication |
| IUATLD | International Union Against Tuberculosis and Lung Disease |
| JHU-CCP | Johns Hopkins University Center for Communications Programs |
| JSI | John Snow Incorporated |
| KfW | German Development Bank |
| KR | Kyrgyzstan Republic |
| LMIS | Logistics Management Information System |
| LSD | List of Essential Drugs |
| M & E | Monitoring and Evaluation |
| MDR-TB | Multi-drug Resistant Tuberculosis |
| MIA | Ministry of Internal Affairs (Kazakhstan) |
| MLSP | Ministry of Labor and Social Protection |
| MOHMIT | Ministry of Health and Medical Industry (Turkmenistan) |
| MOH | Ministry of Health |
| MOH RK | Ministry of Health for the Republic of Kazakhstan |
| MOJ | Ministry of Justice |
| MSF | Medecins Sans Frontiers |
| MSH | Management Sciences for Health |
| NCHLS | National Center for Healthy Life Styles |
| NCPH | National Center of Phthisiology (Kyrgyzstan) |

| | |
|-----------|--|
| NJMS-GTBI | New Jersey Medical School – Global Tuberculosis Institute |
| NRCS | National Red Crescent Society |
| NTBC | National Tuberculosis Center of the Republic of Kazakhstan |
| NTP | National Tuberculosis Program |
| OTBD | Oblast Tuberculosis Dispensary |
| PHC | Primary Health Care |
| PRA | Participation Rapid Appraisal |
| PR | Principal Recipient |
| QA | Quality Assurance |
| RDU | Rational Drug Use |
| RK | Republic of Kazakhstan |
| RSMS | Regional Social Mobilization Specialist |
| SS- or S- | Sputum Smear Negative |
| SS+ or S+ | Sputum Smear Positive |
| TB | Tuberculosis |
| TB/HIV | Tuberculosis/HIV-AIDS |
| TBPC | Tuberculosis Prevention Center |
| THR | Take Home Food Ration |
| TOT | Training of Trainers |
| TS | Thematic Subgroup |
| TSMI | Turkmen State Medical Institute |
| TWG | Thematic Working Group |
| UNDP | United National Development Program |
| USAID | United States Agency for International Development |
| WFP | World Food Program |
| WHO | World Health Organization |

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April 1, 2008 – March 31, 2009

Prepared By:
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In Response To:
Cooperative Agreement No: 176-A-00-04-00006-00

Regional Summary**General Overview****I. BUILDING POLITICAL SUPPORT FOR TB CONTROL:**

1. During the current year, all project teams have continued to work through the existing High Level Working Groups (HLWG) and Technical Working Groups (TWG's), which were either organized as a result of the project or were in place and the project supported them in order to further inculcate their functions into the governmental structure. In Kyrgyzstan, the National partners have essentially adopted and co-opted the TWGs as their own. This has been done to such an extent that all key international agencies are also engaged and utilizing the TWG's to prepare and approve materials.
2. In Kazakhstan, a special request from the Republican TB Center was made to Project HOPE to present our activities during a Ministry of Health (MOH) organized National Round table. Project HOPE was the only NGO requested to present at this event. The Chief of Party (COP) and Program Manager participated in the National Round Table "Interdepartmental collaboration in TB control of Kazakhstan", organized in Astana. The Round Table included participants who were representatives of Oblasts' Akimat, the Ministry of Justice, Labor and Social Protection of the Population, Social support, Ministry of Defense, Senators and Oblast TB managers, and international organizations. The COP presented the achievements and challenges of the TB control program in Kazakhstan.
3. A key area in trying to build political support for TB control is linking the various vertical structures in order to more closely coordinate activities. In each country of the region this remains a serious challenge. The biggest steps toward better coordination of activities have been taken in Kazakhstan and Kyrgyzstan. In both countries, Project HOPE and ZdravPlus have cooperated to draft prikazes specifically designed to improve the link between the prison and civilian TB structures for the post-release period of TB patients from prisons. National Partners have accepted these initiatives and used them as an opportunity to further address other key areas such as HIV/TB in both countries. During the last quarter in Kazakhstan, the Project HOPE team worked with the TWG modifying the draft Prikaz about integration of the MOH and MOJ TB control activities. Such initiatives are progressively modifying the legislative base which will pave the way to strengthen program implementation to improve TB control.
4. As a result of the initial policy assessments conducted by the project, Operational Research was planned to help address financial barriers confronting the health system and, in particular, TB control. In order to ensure the broader impact of our work, Project HOPE linked with the Imperial College for ongoing initiatives in Kyrgyzstan to conduct Operational Research on National Health Accounts (NHA) sub-accounts for Tuberculosis (TB). Together with the Imperial College and the

NHA team in WHO HQ, the methodology was developed and adapted to Kyrgyz context. The methodology includes the following issues:

- Boundaries of TB sub-accounts and definitions of TB expenditures
- Classifications (Financing sources, Financing Agencies, Providers, Functions)
- Data sources
- TB sub-accounts tables

In April 2008, a workshop “Development of NHA sub-accounts for HIV/AIDS and TB in KR” was conducted with technical support from ZdravPlus (Abt Associates), WHO-EURO, the Imperial College and the Center for Health System Development (Kyrgyzstan) with financial support from the Capacity project (USAID) and Project HOPE (USAID). At this workshop, Project HOPE presented the methodology to an audience of TB specialists, MOH and Mandatory Health Insurance Fund (MHIF) specialists, financial specialists, etc. The specialists participated in discussions and provided comments. Based on these comments, the methodology was updated and finalized.

In the second part of the year, the gathering of: (i) state financial reports for public funds; (ii) provider surveys at the PHC level in Bishkek and Osh cities, Chui and Osh Oblasts; and (iii) donor surveys to identify and outline external funding data was completed. The data were analyzed and the draft report has been distributed among all international and local interested parties.

Comments were recently provided by the local partners and they are being incorporated into the report. Once the report is finalized, it will be widely published.

5. In Tajikistan, Project HOPE facilitated preparation and submission by the CCM of a revised application for the RCC Bridge Funding mechanism and submitted it to CCM for review, approval, and further submission to GFATM. The application supported continuation of activities which were started within the framework of the Round 3 grant and focused on training, monitoring and IEC/ BCC components. The proposal was approved by GFATM.
6. In Turkmenistan, Project HOPE assisted the NTP in successful negotiations with the Global Drug Facility (GDF), in order to add needed TB drugs to the 2009 GDF grant, and to procure a specific portion of the supply with a longer shelf life. However, it is important to note that the GDF is not going to provide TB drugs to Turkmenistan beyond 2009. Further TB drugs provision is expected from GFATM if the R9 proposal is approved. If not, then the issue of TB drugs supply will have to be addressed by the MOHMIT.
7. In all five countries, TWGs continue to function and meet whenever there is a need. Project HOPE continues to play an active role, but ownership is with the local counterparts.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR SUSTAINABLE TB CONTROL

Integration of TB control within a Reformed Health System

8. While the countries in the region struggle with integration issues between the vertical and Primary Health Care structures, Project HOPE works to strengthen linkages and prepare staff for the eventual integration that will take place in the region. This is approached in a number of ways. As cited in the previous section, Project HOPE staff are involved in legislative discussions which help provide a basis for linking and improving cooperation throughout the health system. In addition, training and joint monitoring with health staff from the various structures is aimed at preparing staff to fulfill their roles and responsibilities and improve services at the implementation level. A wide variety of activities are ongoing in this area.
9. In Kazakhstan, the Minister of Health supported continuing integration of the TB program into the PHC service and better coordination of civil and prison health sectors in a speech he made during the Round Table meeting in Astana City. The COP also stressed the importance of strengthening integration of the TB control program into the primary health care services in his presentation in the meeting.
10. In Kyrgyzstan, during 14 monitoring trips, 48 PHC and TB facilities in all oblasts of the republic were visited. After the visits of NCPH and Project HOPE staff, some positive progress was noted

in the activities of TB coordinators of Jalalabat, Batken, Osh and Chui oblasts and Bishkek city TB Centers. In Talas and Naryn oblasts, due to poor work by the rayon TB specialists, the DOTS program implementation has been impeded. According to the monitoring results, materials were prepared for the Directors Counsel (DC) to work out decisions to overcome previously encountered problems.

11. In Turkmenistan, in order to improve the link with the Primary Health Care (PHC) system, in Year 5 of the program Project HOPE provided DOTS trainings for PHC nurses, LMIS trainings for PHC personnel, and supported monitoring of PHC facilities in our pilot areas.

Strengthening laboratory network

12. Since the inception of the project, a complex set of activities have been planned and implemented throughout the region. These began at the basic level of needs and progressively incorporated more complex, but necessary, activities to strengthen the laboratory networks in the region. The breadth of these activities range from rationalizing the laboratory networks and improving microscopy to introducing External Quality Assurance, improving Culture diagnostics, Drug Sensitivity Testing and even implementing Drug Resistance surveys. While all of these components are necessary to strengthen laboratory networks in the region, it must be recognized that continued attention to the basics of microscopy remains as a core need for the region. The following paragraphs are a snap shot of some of the more recently conducted activities:
13. Since July 2008, in line with the EQA system implementation plan, Project HOPE has expanded to the rechecking of slides using a "blinded rechecking" method (EQA) in all laboratories of the South region of Almaty Oblast after successful implementation of the project in three laboratories of Taldykorgan. The project was conducted according to the protocol on EQA which had been prepared by the Laboratory Coordinator of Project HOPE/Kazakhstan, the Regional Laboratory Specialist/Project HOPE and the National Reference Laboratory. Due to the results of these activities, Kazakhstan is rolling out EQA activities nationwide.
14. In Kyrgyzstan, a training on the identification of drug susceptibility of *M. tuberculosis* using the method of proportions was conducted for laboratory specialists of Kyrgyzstan. Six specialists of TB Centers from Bishkek, Jalalabat, Chui and NCPH were trained. In general, according to the results of the post-test, all specialists showed a good grasp of the proposed material and well acquired practical skills in DST using the proportional method. This training will enable the implementation of DST investigations at culture laboratories, and if a qualification test is successfully passed by the specialists, it will allow implementation of DST at the Oblast and City TB Centers. The results of this implementation will significantly reduce the workload of the National Reference Laboratory (NRL) and shorten the time for obtaining DST results.
15. In Tajikistan, laboratory specialists participated in routine monitoring missions conducted by the NTP with the participation and support of Project HOPE. Monitoring revealed substantial improvement in the quality of microscopy (smear sample preparation, staining and slide examination by microscopy). However, certain weaknesses still exist; in Kulyab region there is no laboratory coordinator, and there are errors in smear preparation, recoding and reporting in selected laboratories in Dushanbe, Nurek. The high turnover of laboratory staff continues to be a serious problem. All findings were discussed with the respective health authorities and recommendations for possible solutions were provided.
16. In Year 5 of the program in Turkmenistan, 20 binocular microscopes were provided to the MOHMIT and were distributed to etrap smear microscopy labs of the country.
17. In Uzbekistan, 28 monitoring visits were conducted in Sirdarya, Fergana, Namangan, Andijan, Khorezm, Samarkand, Jizzak, Tashkent oblast, Tashkent city and the Autonomous Republic of Karakalpakstan. 164 laboratories were visited, 95 - in TB facilities and 69 - in general health facilities. Visits were carried out jointly by Project HOPE staff and counterparts from the DOTS Center and the National Reference Laboratory.

Strengthen Human Resource Capacity

18. Due to many issues, including staff turnover, compensation, and lack of a coordinated approach to Human Resource Development there is a constant need for strengthening of human resources at the implementation level and within the educational institutions. Project HOPE continued building local human capacity through various trainings and monitoring at both levels.
19. Project HOPE, in collaboration with the Kyrgyz State Medical Institute for Continuous Education (KSMI CE) and the NCPH, conducted 26 trainings. 348 persons were trained: 145 PHC health providers were trained on DOTS strategy, 163 persons were trained on the Logistics Management Information System (LMIS), 22 health providers were trained on counseling TB patients, and 18 specialists of TB services were trained on laboratory practices. As a result, technical and methodological assistance to health care continues as it relates to the provision of all health providers with knowledge on NTP implementation.
20. In Year 5, DOTS trainings for PHC providers were completed in Balkan Velayat of Turkmenistan. In total, 224 doctors and nurses were trained in DOTS in the velayat.
21. In Uzbekistan, a series of seminars on counseling skills were completed. Project HOPE specialists conducted these seminars countrywide.

Creating Rational Drug Management Systems

22. During the year, a range of activities have been conducted. A major effort to help improve the quality and sustainability of the Logistic Management Information Systems (LMIS), which have been implemented in coordination with John Snow Inc , has taken place. Where country needs and requests made this possible, the LMIS work was expanded to begin including second line TB drugs. In addition, work to introduce pharmaco-vigilance systems, preparing TB Drug Formularies for each country and moving towards automating the LMIS systems has taken place.
23. As a final stage of the LMIS implementation in CAR, a Regional Workshop (23-28 February 2009) was conducted in Bishkek with the JSI specialists' involvement. The countries stated the main problems and achievements when implementing LMIS in the region and further plans were set for strengthening the TB drug management system in CAR.
24. In Tajikistan, Project HOPE specialists, in collaboration with JSI consultants, conducted training on Pharmakovigilance systems for first line anti-TB drugs in September 2008. The workshop brought together 21 trainees. Among the trainees were policy makers, TB specialists, TB drug coordinators and others working in TB and medicines safety issues. Participants gained new insights into anti-TB medicines safety and quality issues, and worked on the developing of a reporting system for anti-TB medicines in Tajikistan. Taking into consideration the scale of upcoming work to establish a pharmacovigilance system of anti-TB medicines and the importance of this problem for the Republic of Tajikistan, the participants of the workshop prepared a resolution with recommendations for implementation of a country pharmacovigilance system.
25. In Turkmenistan, the prikaz for printing the LMIS manual and recording reporting forms, as well as on pilot implementation of LMIS in Balkan Velayat was obtained from the MOHMIT. The above-mentioned manual and forms were subsequently printed and the implementation of LMIS started in Balkan Velayat in Q4 2008. This activity was greatly delayed as activities were not allowed to be conducted until the prikaz was approved and signed.
26. In Uzbekistan, an assessment to evaluate the LMIS system functioning and effectiveness of seminars on LMIS, was completed in ten oblasts. The main findings of the study were presented during a workshop for oblast drug coordinators and were discussed with them and the National drug management coordinator. Recommendations were provided to the NTP coordinator and the MOH Drug Policy Center of Uzbekistan.

Improve Program Management, Supervision and Evaluation of Treatment Outcomes

27. In Tajikistan, three cohort analysis workshops were carried out for 21 TB coordinators from USAID-supported rayons. In addition, Project HOPE specialists provided continuous technical assistance to Project SINO in organizing a cohort analysis workshop for 26 coordinators from

rayons of republican subordination. In Q1 2009, Project HOPE conducted the cohort analysis training for 15 TB specialists from Dushanbe polyclinics. This training was conducted following the findings from the monitoring visit in Q4 2008. The Project HOPE TB Coordinator gave a presentation and provided analysis of the program's functioning. By the end of the training, participants made resolutions for solving problems and improving of program implementation.

33. In Turkmenistan, according to the MOHMIT prikaz, regular supervisory trips were conducted jointly with the NTP staff to TB facilities of Ashgabat and Mary Cities and Balkan Velayat. Results of the supervision and recommendations were reported to the local and NTP officials, and were discussed at the Round Table meetings.
34. In Uzbekistan, staff members of the Oblast DOTS Centers were included in the supervision teams. They conducted supervision visits in collaboration with the Project HOPE staff members in order to improve their skills and to jointly find the solutions to the problems identified.

MDR-TB management

35. In relation to MDR TB work, the bulk of Project HOPE activities in this area have been implemented under the laboratory component of the project. Work in improving culture diagnostics, Drug Sensitivity testing, and the drug resistance surveys all are aimed to improve MDR TB management in the region. Additional work in MDR training in Uzbekistan has been conducted and work on relevant legislation is ongoing.
36. In Kazakhstan, the Ministry of Justice and the Ministry of Health made plans to start MDR TB pilots in Pavlodar and Karaganda prison facilities. During the meeting organized by the MOJ, it was decided to create a TWG on MDR TB pilots. Project HOPE was included as a member of the TWG. Resolutions of the meeting and a plan for implementation of the MDR TB pilot in the prison sector were developed. It was decided to prepare and start MDR TB pilots in January 2010.
37. In Uzbekistan, Project HOPE worked with JSI specialists to develop and adapt a manual on needs quantification for second line drugs, which was handed over to the national team to use for next year's procurement of second line drugs for the country.
38. Project HOPE specialists participated in the meetings, which were organized by the Republican DOTS Center (RDC) for the discussion of the DOTS-Plus program and expansion of the program in the country. The meetings were attended by representatives from the MOH, RDC, GFATM and other organizations.

TB/HIV management

39. In Kazakhstan, Project HOPE staff worked together with CAPACITY Project staff to develop IEC materials related to TB/HIV co-infection and provide funds to develop a design of the materials.
40. In Uzbekistan, Project HOPE has been involved in the preparation of an IEC manual for community leaders, in collaboration with the CAPACITY project.

TB in prisons

41. In Kazakhstan, different types of IEC/BCC leaflets and posters for the prison population were sent to the Karaganda prison system.
42. The laboratory specialist of the Karaganda prison hospital participated in the training on culture and TB drug susceptibility testing which was organized by Project HOPE with GFATM funding.

III. RAISING AWARENESS ABOUT TB AMONG HEALTH PROVIDERS AND COMMUNITIES

43. Activities from this component of the project have progressed throughout the year and, as usual during World TB Day, are especially numerous. Project HOPE received very positive recognition from the WHO Stop TB Partnership for project accomplishments. The Stop TB Partnership recognized the project Advocacy, Communication and Social Mobilization (ASCM) activities for publication as "Best Practices". Meanwhile, intensive work derived from the previously prepared

communication strategies and results of KAP surveys conducted in the region continues. A primary example of this work has been the production of counseling flipcharts designed specifically for each country with the input of the TWG's in each country. National support for this initiative has been very high and the project has received numerous requests to produce and distribute even more copies of these flipcharts. In addition, other international organizations have requested to utilize the counseling flipcharts.

44. In Kazakhstan, the TB patient counseling flipchart was approved by the TWG and will be used for trainings on TB patient counseling. The flipchart was prepared and printed out in Kazakh and Russian languages. The NTP Director recommended the use of the flipchart for nurse counseling trainings in the whole country.
45. In Kyrgyzstan, Project HOPE TB and IEC specialists conducted four workshops for the community leaders (persons in charge of neighborhoods, houses in the city) in all rayon administrations of Bishkek city. The workshops were attended by 180 individuals.
46. In Tajikistan, a workshop for 21 journalists from all across the country was held. The workshop was organized in cooperation with the MOH Press-center, the NTP and the Independent Journalists School "Tajikistan- XXI century". The workshop was co-funded by USAID and the GFATM Round 6 grant. The agenda included a special session on journalists' ethics on TB issues' coverage, the role of journalists in proper delivery of information on TB among the population, a practical overview of archival articles on TB, etc.
47. In Turkmenistan, the capacity of health providers and communities was strengthened through the following activities: 1) TBPC personnel received advanced training on accessing Internet resources (conducted in collaboration with the Internet Access and Training Program (IATP/IREX/USAID)); 2) Four groups of community leaders were trained to be TB activists in Mary and Balkanabat through two-day trainings conducted jointly with the Press Center of MOHMIT.
48. In Uzbekistan, work began to involve Mahallas in social mobilization activities. Project HOPE, in collaboration with JHU, organized a workshop "Social Mobilization in TB Control" in order to train specialists to provide information to Mahalla leaders about TB prevention. As a result, a plan to work with the general population was developed.
49. In all five countries, Project HOPE organized numerous WTBD 2009 events and activities, together with partners. Overviews of the activities have been provided to USAID, and the WHO has requested for these to be posted on their World TB Day website.

Administrative Issues:

50. The key administrative issue for the current reporting period is that a No Cost Extension was submitted and approved for the project. The final project closing date will be on 14 October 2009. Due to the overall financial situation per country, the finalizing of activities in each country varies: Tajikistan activities were concluded at the end of March, Kazakhstan activities will continue until the end of June, Kyrgyzstan activities continue until the end of May, and all activities in Turkmenistan and Uzbekistan will conclude on October 14th.
51. A number of staffing changes have occurred over the last period:
 - o Due to the intensive laboratory strengthening efforts in Turkmenistan, the project has shifted the laboratory specialists from Kyrgyzstan to Turkmenistan for the final six months of the project.
 - o Meanwhile, the local TB Specialist from the Project HOPE Kazakhstan team was hired by the National Team to be the director of one of the major TB Dispensaries in Almaty Oblast. The hiring of this individual to such a key position speaks to the level of respect the Project HOPE team has achieved in the country. In order to manage within the Project HOPE-Kazakhstan team, it was decided to delegate the responsibilities of this position within the remaining team. At this point in the project, starting a new recruitment process, hiring and orientation are not

- deemed to be an efficient use of time and resources. The current team has the capacity to manage all planned activities without affecting project quality.
- o The Regional Policy Specialist's contract was concluded in January at the conclusion of the National Health Accounts Research.
52. The project has prepared draft disposition plans for all countries, which are under internal review. This process has included identifying options for disposal of non-operational equipment according to the environmental standards required by the project agreements. An overview of the available options will be provided to USAID for sharing with other partners since these regulations have recently been implemented in the region and agencies are not certain how to meet these requirements.

EPIDEMIOLOGY

53. Notification rates for all categories are rather uniform over Project HOPE sites within the five countries. Diagnosis of new smear positive cases is around 30%. This is still too low. Kazakhstan and Turkmenistan reached 32%; Tajikistan lags behind with 25%. The countries do not fully utilize the opportunity of early sputum smear diagnosis. In Q1-4 2008, new SS+ cases amounted to 52% of new pulmonary cases in Kazakhstan, 44% in Kyrgyzstan, 46% in Tajikistan, 48% in Turkmenistan, and 46% in Uzbekistan. A low proportion of relapse cases in Tajikistan (3%) and Turkmenistan (4%), and low proportion of other smear positive cases in Kazakhstan (4%), Kyrgyzstan (2%) and Uzbekistan (3%) have been observed. Kazakhstan reaches the highest proportion of relapses (14%). 54% of pulmonary cases (new and re-treatment) were smear positive in Kazakhstan, 47% in Kyrgyzstan, 48% in Tajikistan, 54% in Turkmenistan, and 46% in Uzbekistan. All countries report on other smear negative cases, with their highest proportion of 10% in Tajikistan and 11% in Uzbekistan. The proportion of extra-pulmonary cases is rather high in all countries, with Kyrgyzstan at 26%, and Tajikistan and Uzbekistan at 23%. The overall conclusion can be that all the countries of the region have to improve the microscopy diagnosis. (Chart 1-2, Table 1)
54. Smear conversion in new smear positives varies from 85% (Kazakhstan) to 91% (Kyrgyzstan); in relapses from 66% (Kazakhstan) to 79% (Kyrgyzstan); in other smear positive re-treatment cases from 58% (Kazakhstan) to 73% (Tajikistan, Uzbekistan). Smear conversion is an early indication of treatment success; low rates may be related to drug resistance or inadequate treatment delivery. The former will show when results of drug resistance (DR) surveys become known. The latter should be the object of supervision. (Chart 3, Table 2)
55. Successful outcomes in new smear positive cases amounted to 73% in Kazakhstan, 76% in Uzbekistan, 78% in Turkmenistan, 84% in Tajikistan, and 85% in Kyrgyzstan. (Chart 4, Table 3). To answer the question why these differences are found, we have to look at the unsuccessful categories. The low success rate in Kazakhstan is the result of a high failure rate (10%) and a high and increasing proportion of drug resistant TB cases transferred to Cat IV (10%). In recalculating the success rate after taking out CatIV patients, Kazakhstan reaches 81% successful outcome. Kazakhstan is the first country in the region that has introduced this improved surveillance category. High failure rates of 9% were also observed in Turkmenistan and Uzbekistan. Kazakhstan has reported the lowest defaulter rate (2%) compared with other countries of the region (5-7%). High failure rates at this stage cannot be influenced much by the NTP, but high defaulter rates should be addressed as an urgently needed intervention. The highest death rate was in Uzbekistan (9%). Other countries reported the death rates in the range of 3-5%. (Chart 5-6, Table 3)

CHARTS AND TABLES

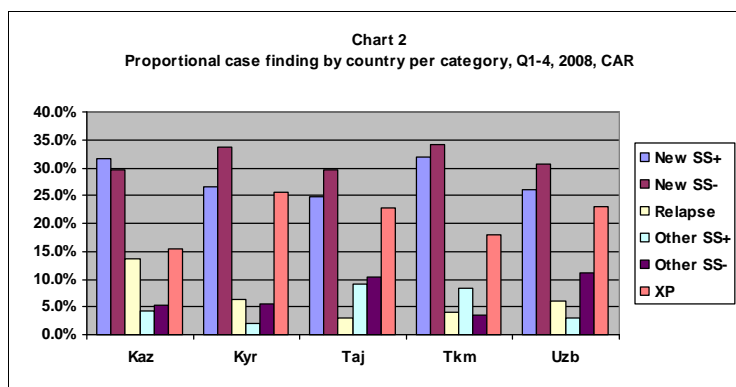
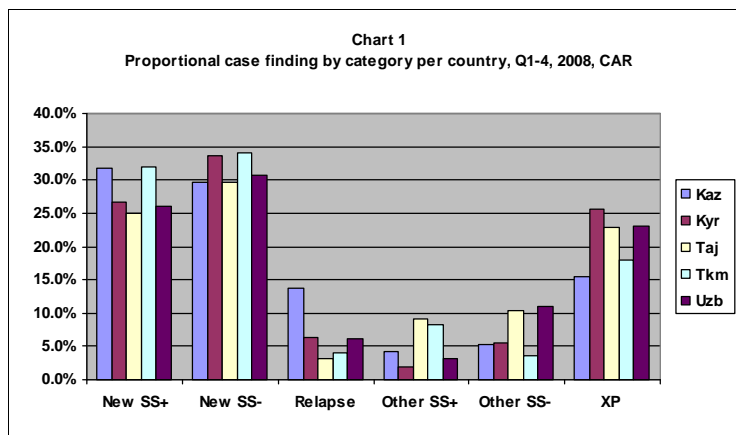


Table 1 Case finding Q1-4, 2008

| | Kaz | | Kyr | | Taj | | Tkm | | Uzb | |
|--------------|-------------|-------------|-------------|--------------|-------------|-------------|------------|--------------|-------------|-------------|
| New SS + | 693 | 31.7% | 1647 | 26.7% | 1921 | 24.9% | 318 | 32.0% | 588 | 26.0% |
| New SS - | 646 | 29.6% | 2085 | 33.7% | 2287 | 29.7% | 339 | 34.1% | 693 | 30.6% |
| Relapse | 298 | 13.7% | 398 | 6.4% | 237 | 3.1% | 40 | 4.0% | 139 | 6.1% |
| Other SS + | 92 | 4.2% | 125 | 2.0% | 703 | 9.1% | 82 | 8.3% | 69 | 3.1% |
| Other SS- | 115 | 5.3% | 342 | 5.5% | 792 | 10.3% | 35 | 3.5% | 250 | 11.1% |
| XP | 339 | 15.5% | 1582 | 25.6% | 1768 | 22.9% | 179 | 18.0% | 523 | 23.1% |
| Total | 2183 | 100% | 6179 | 99.9% | 7708 | 100% | 993 | 99.9% | 2262 | 100% |

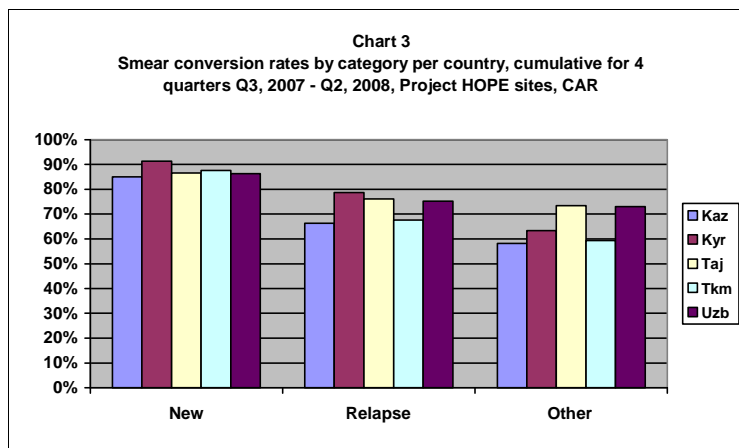
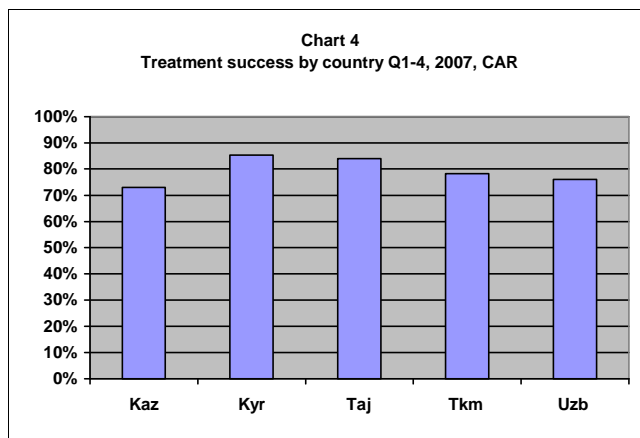


Table 2
Smear conversion rates, cumulative for 4 quarters Q3, 2007 - Q2, 2008, Project HOPE sites, CAR

| | Kaz | | | Kyr | | | Taj | | | Tkm | | | Uzb | | |
|----------------|--------|------|-------|------|------|-------|------|------|-------|-----|-----|-------|-----|-----|-------|
| | cohort | conv | % | coh | cnv | % | coh | cnv | % | coh | cnv | % | coh | cnv | % |
| New | 662 | 563 | 85.0% | 1638 | 1496 | 91.3% | 1956 | 1692 | 86.5% | 351 | 307 | 87.5% | 585 | 505 | 86.3% |
| Relapse | 293 | 194 | 66.2% | 414 | 326 | 78.7% | 197 | 150 | 76.1% | 37 | 25 | 67.6% | 145 | 109 | 75.2% |
| Other | 67 | 39 | 58.2% | 158 | 100 | 63.3% | 744 | 546 | 73.4% | 81 | 48 | 59.3% | 115 | 84 | 73.0% |



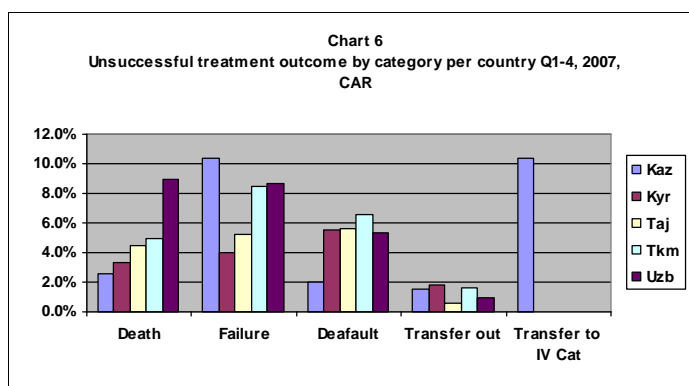
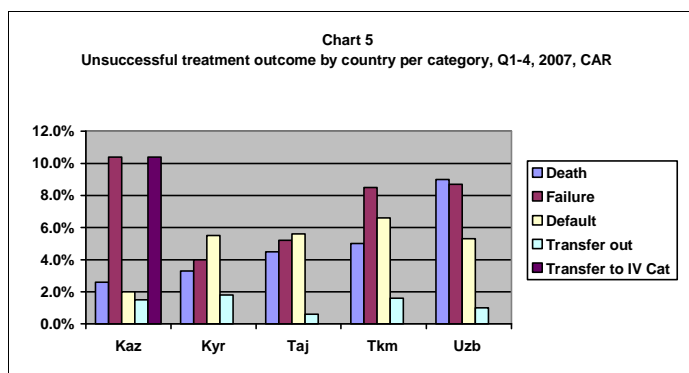


Table 3
Treatment outcomes by country Q1-4 2007, CAR

| | Kaz | | Kyr | | Taj | | Tkm | | Uzb | |
|---------------------------|-----|-------|------|-------|------|-------|-----|-------|-----|-------|
| | N | % | N | % | N | % | N | % | N | % |
| Not fied | 614 | | 1720 | | 1998 | | 377 | | 590 | |
| Evaluated | 613 | | 1714 | | 1990 | | 377 | | 589 | |
| Cured | 447 | 72.9% | 1397 | 81.5% | 1570 | 78.9% | 293 | 77.7% | 425 | 72.2% |
| Completed | 1 | 0.2% | 66 | 3.8% | 102 | 5.1% | 2 | 0.5% | 23 | 3.9% |
| Death | 16 | 2.6% | 57 | 3.3% | 90 | 4.5% | 19 | 5.0% | 53 | 9.0% |
| Failure | 64 | 10.4% | 68 | 4.0% | 104 | 5.2% | 32 | 8.5% | 51 | 8.7% |
| Default | 12 | 2.0% | 95 | 5.5% | 111 | 5.6% | 25 | 6.6% | 31 | 5.3% |
| Transfer out | 9 | 1.5% | 31 | 1.8% | 13 | 0.6% | 6 | 1.6% | 6 | 1.0% |
| Transfer to IV cat | 64 | 10.4% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |

Kazakhstan—Q1 2009—Bakhtivar Babamuradov**QUARTERLY PROGRESS SUMMARY**

1. Project HOPE's Chief of Party (COP) and Program Manager participated in the National Round Table "Interdepartmental collaboration in TB control of Kazakhstan" organized by the MOH in Astana on 26 February 2009. The COP gave a presentation on achievements and challenges of the TB control program in Kazakhstan.
2. The TB Program Manager participated in the Round table "MDR TB pilots in Pavlodar and Karaganda prison sectors: preparatory activities", which was organized by the Committee of the Executive Penal System (KUIS) Ministry of Justice.
3. The Project HOPE team worked with the TWG on a draft joint Prikaz of the MOH and MOJ.
4. To strengthen the TB laboratory network in Kazakhstan, Project HOPE conducted five laboratory culture testing and drug sensitivity testing (DST) trainings under a sub-contract of the Round 6 GFATM grant. The drug resistance survey in the Northern region of Almaty oblast was completed. The Project HOPE laboratory specialist and the Head of the National Reference Laboratory together defined the list of additional needed laboratory equipment and reagents.
5. Monitoring visits on Logistics Management Information System (LMIS) and drug resistance surveys were conducted in Almaty oblast according to the work plan.
6. A representative of the National TB center participated in the Regional LMIS Workshop, which was organized in collaboration with the JSI team in Bishkek in February 2009.
7. The TB patients Counseling Flipchart was prepared and printed in Kazakh and Russian languages. The flipchart was approved by the Thematic Working Group (TWG) and was used on TB patient counseling trainings. The NTP Director recommended using the flipchart for nurse counseling trainings throughout the whole country.
8. The TOT on patient counseling was conducted for 20 nurses. A national trainer and the Program's IEC/BCC coordinator trained 15 nurses in the South Region of Almaty Oblast on patient counseling in the form of cascade training.
9. The knowledge, attitudes and practices (KAP) survey for TB was finished in Almaty Oblast; the final report will be completed in April 2009.
10. Project HOPE, together with partners, organized several World TB Day (WTBD) 2009 events and activities.

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

11. The Round Table included participants who were representatives of Oblasts' Akimat, Ministry of Justice, Labor and Social Protection of the Population, Social Support, Ministry of Defense, Senators and Oblast TB managers, international organizations. The COP gave a presentation on achievements and challenges of the TB control program in Kazakhstan.
12. The TB Program Manager participated in the Round Table "MDR TB pilots in Pavlodar and Karaganda prison sectors: preparatory activities", which was organized by the KUIS Ministry of Justice. The topic of the Round Table was to define preparatory steps to start MDR TB pilots in the prison hospitals, detail responsibilities on technical assistance for members of Thematic Working Group and involved organizations and to create a plan of activities.
13. The meetings on coordination of NGOs working in the TB control program were organized by Project HOPE in January and February 2009. Issues related to coordination and synergizing of World TB day activities, sharing materials and plans were discussed. Agreements were made to conduct joint World TB day activities with the Aids Foundation East-West, CAPACITY Project, and Zdrav Plus in Almaty Oblast and Almaty city.
14. The Project HOPE team worked with the TWG on a draft joint Prikaz about integration of MOH and MOJ TB control activities .

15. Project HOPE held several meetings with the Director of the National TB Center, the Head of Almaty Oblast TB dispensary, the National TB Centre (NTBC) Coordinator of Almaty Oblast, the Head of Medical Department of Karaganda Oblast's KUIS and the Manager of Primary Implementing Unit (PIU) GFATM (TB component) to discuss routine issues of program implementation.

Integration of TB control within a Reformed Health System

16. The Minister of Health supported the continuation of integration of the TB program into the Primary Health Care (PHC) service and better coordination of civil and prison health sectors in a speech he made during the Round Table meeting in Astana City. In his presentation in the meeting, the COP also stressed the importance of strengthening integration for the TB control program into primary health care services.
17. The MOJ agreed to use the civil sector's technical documentations and approaches in prison MDR TB pilots. This information was shared during the Round Table meeting organized by the KUIS MOJ.

Strengthening the TB Laboratory Network

18. Since July 2008, in line with the External Quality Assurance (EQA) system implementation plan, Project HOPE has begun rechecking slides using a "blinded rechecking" method (EQA) in all laboratories of the South region of Almaty Oblast after successful implementation of the project in three laboratories of Taldykorgan. The project was conducted according to the protocol on EQA which had been prepared by the Laboratory Coordinator of Project HOPE/Kazakhstan, the Regional Laboratory Specialist/Project HOPE and the National Reference Laboratory.
19. Evaluated by standard parameters for smear preparation and staining, the quality of smears improved during the six months of implementation of the blinded rechecking method in the South region of Almaty oblast. The reported smear-positivity rate increased from 4.8% to 8.8% in PHC laboratories.
20. The local laboratory team of Almaty Oblast's South region was trained to perform the blinded rechecking during implementation of the method. Since January 2009, the blinded rechecking method has been used by the local Laboratory team with supervision by the Laboratory Coordinator of Project HOPE/Kazakhstan. The analysis of EQA results is being conducted on a quarterly basis.
21. The drug resistance survey in the Northern region of Almaty oblast is complete. Data on 247 patients (new cases=168 and retreatment=29) has been collected. These data will be analyzed with the SDRTB program and EpiInfo software.
22. Five Laboratory Culture and DST trainings were conducted under an MOU with the Primary Recipient (PR) of the GFATM Round 6 grant in Almaty city. During these trainings, laboratory specialists from the entire country were trained, strengthening the overall system.
23. The Project HOPE laboratory specialist, together with the Head of National Reference Laboratory, defined the list of additional equipment and reagents needed for the National Reference Laboratory of Kazakhstan.
24. A meeting with the Director of the National TB Center, the Head of the National Reference Laboratory, the Manager of TB PIU GFATM and Project HOPE staff regarding the results of the laboratory culture and DST trainings was held in March 2009. The Director of the National TB Center asked Project HOPE for technical support to provide monitoring and on-the-job trainings for culture laboratory staff of the country.

II. Strengthening Human Resource Capacity

25. A TOT on patient counseling was conducted for 20 nurses.
26. The local trainer and IEC/BCC coordinator trained 15 nurses from the South Region of Almaty Oblast on patient counseling using the cascade training methodology.

Creating Rational Drug Management Systems

27. The LMIS monitoring visit to Almaty Oblast was conducted on 20-22 January 2009 and recommendations were given to the staff responsible for the LMIS. The Regional LMIS workshop was organized in collaboration with the JSI team in Bishkek in February 2009. A representative of the National TB Center participated in the workshop. A set of the workshop materials was forwarded to the NTP staff member responsible for drug management.

Improve Program Management

29. The data from the Q4 2007 cohort was discussed and the low cure rate was highlighted. A decision was made to analyze the discrepancy between the smear conversion rate and the cure rate of new SS+ TB cases of the cohort.
30. The TB Drug Management Specialist sent his comments to the TWG to make a recommendation on drug management for the draft of the MOH/MOJ joint Prikaz. The Project HOPE Laboratory Specialist has not yet finalized the comments on the laboratory component of the draft Prikaz.

MDR TB and TB/HIV

31. The Ministry of Justice and the Ministry of Health made plans to start MDR TB pilots in Pavlodar and Karaganda prison facilities. During a meeting organized by the MOJ, a decision was made to create a TWG on MDR TB pilots. Project HOPE was included as a member of the TWG. Resolutions of the meeting and a plan of implementation of the MDR TB pilot in the prison sector was developed. The decision was to prepare and begin the MDR TB pilots in January 2010.
32. The Program Manager participated in meetings of the Central Asian AIDS program (WB funded), which were devoted to discussions on the HIV/AIDS Regional Strategy. TB/HIV co-infection was highlighted as one of the priorities of the HIV/AIDS Regional Strategy.
33. Project HOPE staff, together with CAPACITY Project staff, developed IEC materials related to TB/HIV co-infection and provided funds to develop a design of the materials.

TB in prisons – Karaganda penitentiary system

34. The Laboratory specialist of the Karaganda prison hospital participated in the training on culture and TB DST organized by Project HOPE with GFATM funding.
35. As a member of the TWG, Project HOPE will assist the laboratory component of the MDR TB pilot in prisons through monitoring and on the job training, and will provide funds for the replacement of the HEPA filter in the Karaganda prison laboratory.
36. Different types of IEC/BCC leaflets and posters designed for prison populations were forwarded to the Karaganda prison system.

III. COMMUNITY ADVOCACY AND MOBILIZATION

37. The TB patient counseling flipchart was approved by the TWG and will be used for trainings on TB patient counseling. The flipchart was prepared and printed out in Kazakh and Russian languages. The NTP Director recommended using the flipchart for nurse counseling trainings throughout the whole country.
38. The TOT on patient counseling was held in January 2009. The training was conducted together with the Regional IEC/BCC Specialist. 20 nurses from different districts of Almaty Oblast were trained.
39. The cascade training on nurse counseling started in February in Almaty oblast. A trained nurse and the IEC/BCC coordinator conducted a training for 15 nurses from the South Region of Almaty Oblast.
40. Under the Small Grant program, the NGO “Ak Junis” conducted three TB awareness information meetings with community leaders in the Enbekshikazakh district. The second phase of the Small Grant program was completed.

41. The Research Agency conducted field work for KAP survey for TB, from 15 January to 4 February 2009. 200 persons were interviewed, including 100 TB patients and 100 health care workers from TB and PHC services of Almaty Oblast. A final report will be completed in April 2009.
42. The Project HOPE team participated in IEC/BCC TWG meetings in preparation for WTBD. Partners' activities planned for WTBD were discussed and prepared.
43. Project HOPE together with partners organized several WTBD 2009 events and activities:
 - a. The leaflet "What is tuberculosis?" was developed in Russian and Kazakh languages, and 4000 copies were printed and distributed among the general population during the WTBD events in the Almaty Oblast and Almaty City.
 - b. A contest for the best information and educational material on prevention of TB was held among medical facilities of Almaty Oblast in March 2009. There were more than 30 IEC materials representing various TB and PHC facilities of Almaty Oblast.
 - c. At the same time, a competition of children's drawings "I can stop TB" was organized. The competition was attended by children with TB, students of secondary schools, colleges, and the art school of Taldykorgan. The 20 best drawings will be exhibited at the City Gallery of Art in Taldykorgan in April.
 - d. On 26 March, an Oblast WTBD Conference was organized together with Almaty Oblast Health Department and the TB Hospital. Among the participants of the Conference were representatives of USAID, the Oblast Akimat, Oblast Health Department, the SES, and the Oblast Healthy Life Style Center; the medical staff of medical facilities, colleges, and local NGOs. The events were covered by the Oblast TV channels "Arai" and "Zhetysu", the newspapers "Taldykorgan" and "Zhardem".
 - e. With the help of local NGOs, students of secondary schools in Taldykorgan organized a drama based on the book on TB prevention. In March, a play was performed for the children's home «Aynalayyn» and in the art school. A quiz with questions about TB was conducted after the performance.
 - f. The BCC Coordinator of Project HOPE participated in a WTBD joint press conference with local NGOs and AFEW on 27 March in Taldykorgan City. During the press conference for journalists of regional newspapers, children's drawings from the competition were displayed and the holding of a municipal action was announced. On this day, in three of the busiest places of Taldykorgan, volunteers distributed booklets of Project HOPE "What is TB?" as well as booklets of AFEW "Facts and figures on HIV infection and TB".
 - g. In March 2009 the National, Almaty and Karaganda oblast TV channels broadcast Public Service Announcements (PSA) on TB which had been developed by Project HOPE in 2008.

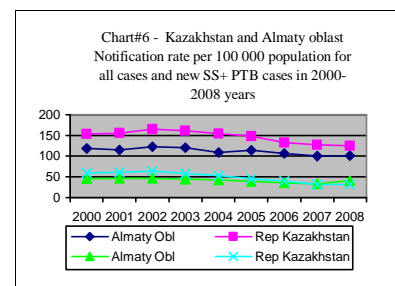
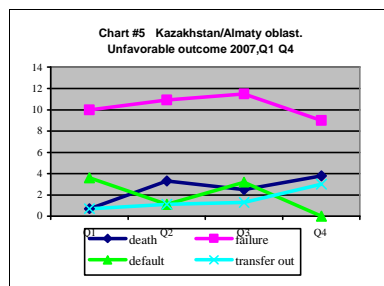
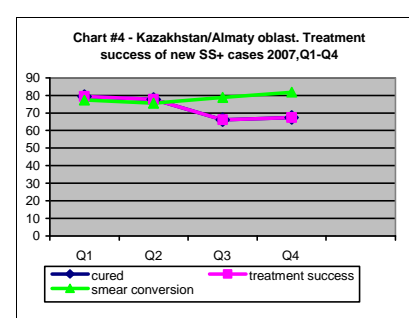
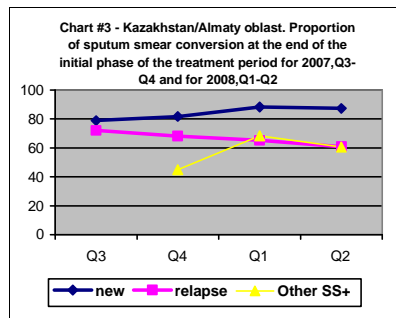
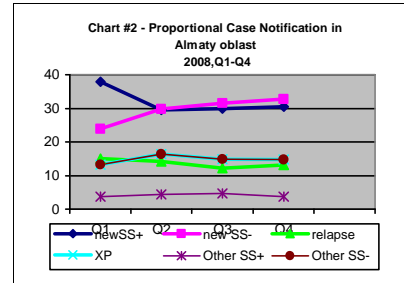
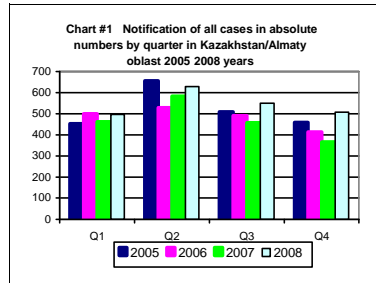
DESCRIPTIVE ANALYSIS OF EPIDEMIOLOGICAL DEVELOPMENTS IN THE ALMATY OBLAST

44. Chart #1-2 . The number of all registered TB patients decreased by 7.6% in Q4 2008 in comparison with Q3 2008, thus maintaining the seasonal variation of TB case registration in Almaty Oblast which has been observed during the past several years. The percentage of new SS+ cases and relapses among all registered cases remains at almost the same level as in Q3 2008. The number of new SS- cases has increased during the last four quarters from 23.9% in Q1 to 32.8% in Q4 2008. This can be attributed to increased reliance of TB doctors on radiology when diagnosing TB.
45. Chart #3. The smear conversion rate among the registered new SS+ patients remains at the same level as in Q1 2008. The trend of the smear conversion rate continued to decrease among the relapse and other SS+ patients in the Q2 2008. Both rates were equal to 60.7% in Q2 2008.
46. Charts #4 and #5. The cure rate of new SS+ cases registered in Q4 2007 is 67.4%. In this cohort, the smear conversion rate was 81.8%. One of the reasons for a low cure rate is that

15.9% of new SS+ patients of this cohort were transferred to category IV treatment. The second reason is a high treatment failure rate – 9.1%.

- 47. Chart #6. In 2008, the notification rates for all cases and new SS+ cases resumed an increase in Almaty Oblast, while these rates continued to decrease countrywide. This observation can be a result of either the increased efficacy of the Oblast health systems to detect TB cases, or over-diagnosis, or both.
- 48. Chart #7. In 2008, the figures for male and female patients have risen, reflecting the overall increase in case notification. No major changes were observed in proportional age distributions. A high proportion of 15-24 year-old patients was maintained in 2008.

ANALYSIS OF EPIDEMIOLOGICAL DEVELOPMENTS IN CHARTS AND TABLES – ALMATY OBLAST



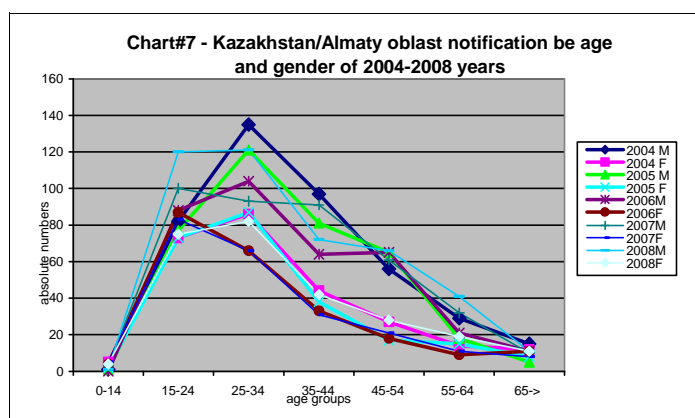


Table to Chart 2. Kazakhstan/Almaty oblast. Absolute and proportional case notifications for TB categories for 2008, Q1-Q4

| Types | Q1 | | Q2 | | Q3 | | Q4 | |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Count | % | Count | % | Count | % | Count | % |
| New SS+ | 188 | 37.8% | 185 | 29.5% | 165 | 30% | 155 | 30.5% |
| New SS- | 119 | 23.9% | 187 | 29.8% | 173 | 31.5% | 167 | 32.8% |
| Relapse | 75 | 15.1% | 89 | 14.2% | 67 | 12.2% | 67 | 13.3% |
| other SS+ | 19 | 3.8% | 28 | 4.4% | 26 | 4.7% | 19 | 3.7% |
| other SS- | 30 | 6.1% | 36 | 5.7% | 30 | 5.4% | 19 | 3.7% |
| New XP | 66 | 13.3% | 103 | 16.4% | 82 | 14.9% | 75 | 14.8% |
| Retreatment XP | | | | | 7 | 1.3% | 6 | 1.2% |
| Total | 497 | 100% | 628 | 100% | 550 | 100% | 508 | 100% |

Table to Chart 3. Kazakhstan/Almaty oblast

Sputum smear conversion at the end of the initial treatment period in absolute and proportional figures for 2007, Q3-Q4 and for 2008, Q1-Q2 among new SS+, relapses and other SS+ cases.

| | Q3 | | | Q4 | | | Q1 | | | Q2 | | |
|-----------|------------------|-----------|------|------------------|-----------|------|------------------|-----------|------|------------------|-----------|------|
| | absolute numbers | | | absolute numbers | | | absolute numbers | | | absolute numbers | | |
| | Cohort | converted | % | cohort | converted | % | cohort | converted | % | cohort | converted | % |
| New | 157 | 124 | 78.9 | 132 | 108 | 81.8 | 188 | 166 | 88.3 | 185 | 165 | 89.2 |
| Relapse | 69 | 50 | 72.5 | 60 | 41 | 68.3 | 75 | 49 | 65.3 | 89 | 54 | 60.7 |
| Other SS+ | - | - | - | 20 | 9 | 45 | 19 | 13 | 68.4 | 28 | 17 | 60.7 |

Table to Chart 4 and 5. Kazakhstan/Almaty oblast, Treatment outcomes 2007, Q1 - Q4

| | Q1 | | Q2 | | Q3 | | Q4 | |
|--|----|---|----|---|----|---|----|---|
| | N | % | N | % | N | % | N | % |
| | | | | | | | | |

| | | | | | | | | |
|--------------------|-----|------|-----|------|-----|------|-----|------|
| notified | 141 | | 184 | | 157 | | 132 | |
| evaluated | 140 | | 184 | | 157 | | 132 | |
| cured | 111 | 79.3 | 143 | 77.7 | 104 | 66.2 | 89 | 67.4 |
| completed | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.8 |
| death | 1 | 0.7 | 6 | 3.3 | 4 | 2.5 | 5 | 3.8 |
| failure | 14 | 10 | 20 | 10.9 | 18 | 11.5 | 12 | 9.1 |
| default | 5 | 3.6 | 2 | 1.1 | 5 | 3.2 | 0 | 0 |
| transfer out | 1 | 0.7 | 2 | 1.1 | 2 | 1.3 | 4 | 3.0 |
| transfer to IV cat | 8 | 5.7 | 11 | 5.9 | 24 | 15.3 | 21 | 15.9 |
| | | 100 | | 100 | | 100 | | 100 |

Table to Chart 6. Kazakhstan and Almaty oblast.

Notification rate per 100,000 population for all new cases and new SS+ PTB cases 2001-2008.

| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|-------|-------|-------|-------|-------|-------|-------|-------|
| Almaty Oblast (all cases) | 115.5 | 123.1 | 120.6 | 108.9 | 113.7 | 106.0 | 98.7 | 100.6 |
| Republic Kazakhstan (all cases) | 155.7 | 165.1 | 160.4 | 154.3 | 147.3 | 132.1 | 126.4 | 125.5 |
| Almaty Oblast New SS+ cases | 46.8 | 46.7 | 44.5 | 42.8 | 38.7 | 36.0 | 33.2 | 41.6 |
| Republic Kazakhstan New SS+ cases | 61.2 | 63.7 | 58.1 | 52.8 | 45.6 | 40.2 | 31.7 | 31.5 |

Table to Chart 7. Kazakhstan / Almaty oblast Case notification (Absolute numbers) by age and gender 2005-2008.

| | | 0-14 | | 15-24 | | 25-34 | | 35-44 | | 45-54 | | 55-64 | | 65- | | |
|------|-------|------|---|-------|---|-------|----|-------|----|-------|----|-------|----|-----|----|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| 2005 | Q1 | 0 | 0 | 8 | 1 | 31 | 18 | 20 | 9 | 15 | 4 | 2 | 6 | 2 | 3 | |
| | Q2 | 0 | 1 | 35 | 2 | 42 | 27 | 21 | 11 | 18 | 3 | 3 | 6 | 2 | 7 | |
| | Q3 | 0 | 1 | 17 | 1 | 25 | 24 | 18 | 8 | 17 | 6 | 7 | 2 | 0 | 3 | |
| | Q4 | 1 | 0 | 17 | 1 | 23 | 18 | 22 | 10 | 15 | 4 | 6 | 1 | 1 | 5 | |
| | total | 1 | 2 | 77 | 3 | 121 | 87 | 81 | 38 | 65 | 17 | 18 | 15 | 5 | 18 | |
| 2006 | Q1 | 0 | 2 | 24 | 2 | 32 | 17 | 18 | 12 | 21 | 2 | 8 | 2 | 7 | 1 | |
| | Q2 | 0 | 1 | 31 | 3 | 28 | 15 | 16 | 6 | 11 | 3 | 4 | 2 | 3 | 5 | |
| | Q3 | 0 | 0 | 19 | 1 | 24 | 13 | 12 | 10 | 13 | 5 | 3 | 2 | 0 | 2 | |
| | Q4 | 0 | 1 | 14 | 1 | 9 | 20 | 21 | 18 | 5 | 20 | 8 | 6 | 3 | 1 | 3 |
| | total | 0 | 4 | 88 | 7 | 104 | 66 | 64 | 33 | 65 | 18 | 21 | 9 | 11 | 11 | |
| 2007 | Q1 | 1 | 1 | 26 | 2 | 17 | 13 | 23 | 10 | 12 | 4 | 7 | 3 | 3 | 1 | |

| | | | | | | | | | | | | | | | |
|------|-------|---|---|-----|----|-----|----|----|----|----|----|----|----|----|----|
| | Q2 | 1 | 1 | 27 | 26 | 26 | 24 | 26 | 5 | 20 | 9 | 13 | 1 | 3 | 2 |
| | Q3 | 1 | 1 | 23 | 24 | 29 | 12 | 25 | 8 | 17 | 3 | 7 | 3 | 4 | 1 |
| | Q4 | 0 | 2 | 24 | 31 | 21 | 17 | 17 | 8 | 12 | 5 | 5 | 4 | 0 | 4 |
| | total | 3 | 5 | 100 | 88 | 93 | 66 | 91 | 31 | 61 | 21 | 32 | 11 | 10 | 8 |
| 2008 | Q1 | 1 | 0 | 43 | 2 | 34 | 16 | 17 | 7 | 21 | 11 | 5 | 5 | 4 | 3 |
| | Q2 | 0 | 1 | 34 | 23 | 32 | 28 | 17 | 13 | 16 | 6 | 8 | 4 | 1 | 2 |
| | Q3 | 0 | 1 | 13 | 11 | 25 | 20 | 22 | 9 | 18 | 6 | 19 | 4 | 4 | 3 |
| | Q4 | 0 | 2 | 28 | 10 | 32 | 18 | 16 | 13 | 11 | 5 | 9 | 6 | 2 | 3 |
| | total | 1 | 4 | 118 | 75 | 123 | 82 | 72 | 42 | 66 | 28 | 41 | 19 | 11 | 11 |

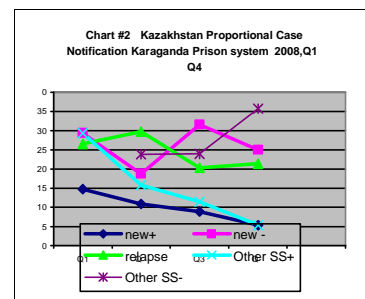
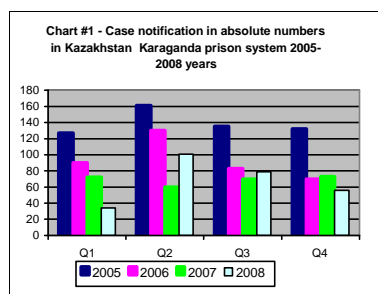
DESCRIPTIVE ANALYSIS OF EPIDEMIOLOGICAL DEVELOPMENTS IN THE KARAGANDA PENITENTIARY SYSTEM

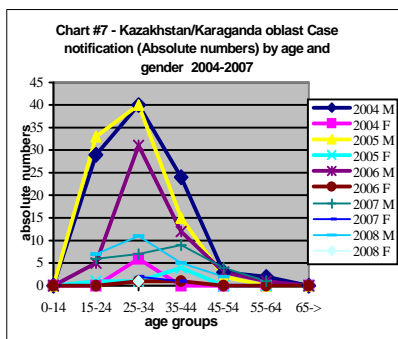
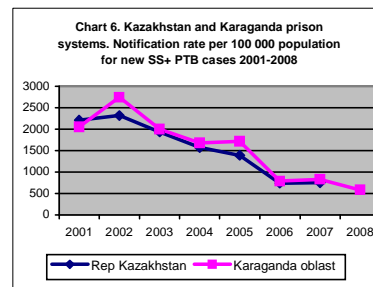
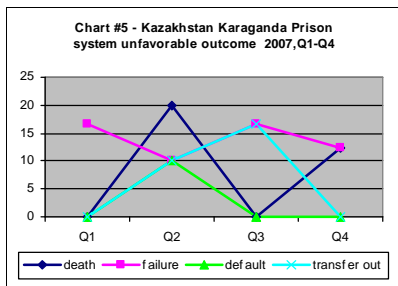
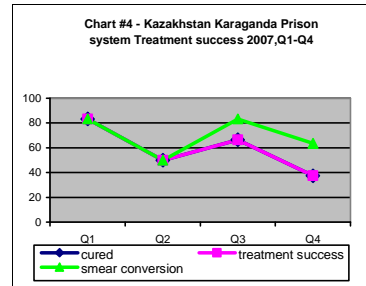
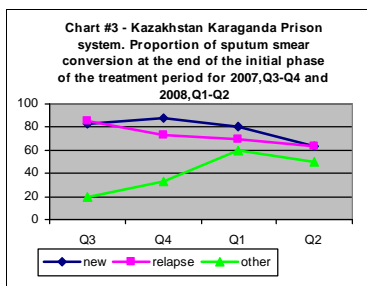
48. Chart #1-2. In Q4 2008 the number of registered TB patients slightly decreased in comparison with the Q3 2008. The number of new SS+ patients decreased during the last four quarters from 14.7% in Q1 2008 to 5.3% in Q4 2008. Proportion of other SS+ cases has also decreased significantly while the proportion of relapse cases did not show significant decrease. Close monitoring of the prison laboratory and other diagnostic services may reveal the reasons for these observations. In this cohort, the percentage of new SS- patients and relapses among all registered patients are fluctuating. However the percentage of new SS- patients decreased from 31.6% in Q3 2008 to 25% in Q4 2008. The number of relapses remains almost at the same level as in Q3 2008.

49. Chart #3. Smear conversion rates of new SS+ cases, relapses and other SS+ cases decreased in the reported cohort. This can be a sign of future unsuccessful treatment outcomes of the patients of the reported cohort.

50. Chart #4-5. Cure rate of new SS+ cases is decreasing from 66.7% in Q3 2008 to 37.3% in Q4 2008. The large fluctuations can be a result of a small number of patients in the cohort.

ANALYSIS OF EPIDEMIOLOGICAL DEVELOPMENTS IN CHARTS AND TABLES - KARAGANDA PRISONS





Karaganda prisons – Tables to Diagrams

Table to Chart 2. Kazakhstan, Karaganda Prison system. Absolute and proportional case notifications for 5 TB categories for 2007, Q4 and 2008, Q1-Q3.

| | Q1 | | Q2 | | Q3 | | Q4 | |
|-----------|----|-------|----|-------|----|-------|----|-------|
| New SS+ | 5 | 14.7% | 11 | 10.9% | 7 | 8.9% | 3 | 5.4% |
| New SS- | 10 | 29.4% | 19 | 18.8% | 25 | 31.6% | 14 | 25% |
| Relapse | 9 | 26.5% | 30 | 29.7% | 16 | 20.3% | 12 | 21.4% |
| other SS+ | 10 | 29.4% | 16 | 15.8% | 9 | 11.4% | 3 | 5.3% |

| | | | | | | | | |
|----------------|----|-----|-----|-------|----|-------|----|------|
| other SS- | | | 24 | 23.8% | 19 | 24.0% | 20 | 357% |
| New XP | 0 | 0 | 1 | 1% | 2 | 2.5% | 0 | 0 |
| retreatment XP | | | | | 1 | 1.3% | 4 | 7.2% |
| Total | 34 | 100 | 101 | 100 | 79 | 100% | 56 | 100% |

Table to Chart 3. Kazakhstan, Karaganda Prison system. Sputum smear conversion at the end of the initial treatment period in absolute and proportional figures for 2007, Q2-Q4 and 2008, Q1 for different categories of SS+ TB cases.

| | Q3 | | | Q4 | | | Q1 | | | Q2 | | |
|-----------|------------------|-----------|------|------------------|-----------|------|------------------|-----------|----|------------------|-----------|------|
| | Absolute numbers | | | absolute numbers | | | absolute numbers | | | Absolute numbers | | |
| | cohort | Converted | % | Cohort | converted | % | cohort | converted | % | Cohort | converted | % |
| New | 6 | 5 | 83.3 | 8 | 7 | 87.5 | 5 | 4 | 80 | 11 | 7 | 63.6 |
| Relapse | 33 | 28 | 84.8 | 33 | 24 | 72.7 | 10 | 7 | 70 | 30 | 19 | 63.3 |
| Other SS+ | 15 | 3 | 20 | 12 | 4 | 33.3 | 5 | 3 | 60 | 16 | 8 | 50 |

Table to Charts 4, 5. Kazakhstan. Karaganda Prison system. Treatment outcomes for new SS+, 2007, Q1-Q4

| | Q1 | | Q2 | | Q3 | | Q4 | |
|--------------------|----|------|----|-----|----|------|----|------|
| | N | % | N | % | N | % | N | % |
| Notified | 6 | | 10 | | 6 | | 8 | |
| Evaluated | 6 | 100 | 10 | 100 | 6 | 100 | 8 | 100 |
| Cured | 5 | 83.3 | 5 | 50 | 4 | 66.6 | 3 | 37.5 |
| Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Death | 0 | 0 | 2 | 20 | 0 | 0 | 1 | 12.5 |
| Failure | 1 | 16.7 | 1 | 10 | 1 | 16.7 | 1 | 12.5 |
| Default | 0 | 0 | 1 | 10 | 0 | 0 | 0 | 0 |
| transfer out | 0 | 0 | 1 | 10 | 1 | 16.7 | 3 | 37.5 |
| transfer to IV Cat | | | | | | | | |
| | 6 | 100 | 10 | 100 | 6 | 100 | 8 | 100 |

Table to Chart 6. Kazakhstan and Karaganda prison system. Notification rate per 100,000 prison average yearly population for new SS+ PTB cases <2002-2008>

| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|------------------|--------|--------|------|------|-------|-------|-------|
| Rep Kazakhstan | 2316.2 | 1936.7 | 1573 | 1391 | 771.3 | 750.5 | 767.6 |
| Karaganda oblast | 2743.9 | 1997.2 | 1679 | 1714 | 786 | 831 | 581.1 |

Table to Chart 7. Kazakhstan\Karaganda oblast Case notification (Absolute numbers) by age and gender <2004-2008>

| | | 0-14 | | 15-24 | | 25-34 | | 35-44 | | 45-54 | | 55-64 | | 65- | |
|------|-------|------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-----|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| 2004 | Q1 | | | 2 | | 6 | | 4 | | | | 1 | | | |
| | Q2 | | | 10 | | 15 | | 9 | | 1 | | | | | |
| | Q3 | | | 10 | | 7 | 3 | 8 | | | | 1 | | | |
| | Q4 | | | 7 | | 12 | 3 | 3 | | 2 | | | | | |
| | total | | | 29 | | 40 | 6 | 24 | | 3 | | 2 | | | |
| 2005 | Q1 | | | 9 | 1 | 8 | 1 | 4 | | 1 | | | | | |

| | 0-14 | | 15-24 | | 25-34 | | 35-44 | | 45-54 | | 55-64 | | 65- | | |
|-------------|--------------|---|-------|-----------|----------|-----------|----------|-----------|----------|----------|-------|----------|-----|----------|--|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| | Q2 | | | 12 | | 12 | | 3 | 3 | | | | | | |
| | Q3 | | | 3 | | 12 | | 4 | 1 | | | | | | |
| | Q4 | | | 9 | | 8 | | 4 | | 1 | | | | | |
| | total | | | 33 | 1 | 40 | 1 | 15 | 4 | 2 | | | | | |
| 2006 | Q1 | | | 2 | | 7 | | 4 | | | | | | | |
| | Q2 | | | 1 | | 10 | 1 | 2 | | 1 | | | | | |
| | Q3 | | | 1 | | 9 | | 2 | | 1 | | | | | |
| | Q4 | | | 1 | | 5 | | 4 | 1 | 1 | | 1 | | | |
| | total | | | 5 | | 31 | 1 | 12 | 1 | 3 | | 1 | | | |
| 2007 | Q1 | | | 4 | | 1 | 1 | | | | | | | | |
| | Q2 | | | 1 | | 3 | | 3 | | 3 | | | | | |
| | Q3 | | | 1 | | 3 | | 2 | | | | | | | |
| | Q4 | | | | | | 1 | 4 | 1 | 1 | | | | 1 | |
| | total | | | 6 | | 7 | 2 | 9 | 1 | 4 | | | | 1 | |
| 2008 | Q1 | | | 2 | | 2 | | 1 | | | | | | | |
| | Q2 | | | 1 | | 7 | | 2 | | 1 | | | | | |
| | Q3 | | | 2 | | 2 | | 2 | | 1 | | | | | |
| | Q4 | | | 2 | | | 1 | | | | | | | | |
| | total | | | 7 | | 11 | 1 | 5 | | 2 | | | | | |

Kyrgyzstan—Q1 2008—Timur Aptekar**ANNUAL PROGRESS SUMMARY**

1. The main emphasis in the activities of CAR TB Control Partnership in Kyrgyzstan in the 5th year of the project were directed towards increasing political support for TB control and strengthening integration between TB and PHC services in the Kyrgyz Republic.
2. Two Health Reform Summits were held in 2008. Preliminary meetings were conducted with donors and international organizations. The MOH reported about the progress on Health Reforms in Kyrgyzstan. Positive dynamics in TB epidemiology were noted in the report.
3. The Coordinating Council meeting was held in July. The TWGs made their reports and their 2008 work plans were discussed.

QUARTERLY PROGRESS SUMMARY:

4. All Thematic Working Groups (TWG's) demonstrated active work. There were eight TWG meetings in Q1 2009. Their work is sustainable because National Partners lead the TWG process of the work in collaboration with international agencies and local organizations in Kyrgyzstan.
5. The Project HOPE Regional TB Technical Director visited Bishkek. A field visit to Alamedin rayon in Chui oblast was done and several meetings with the TB authorities were conducted.

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL:

6. Operational Research on National Health Accounts (NHA) sub-accounts for Tuberculosis (TB) in Kyrgyzstan started in 2008. The first step was to develop a methodology. Project HOPE together with the Imperial College and NHA team in WHO HQ, the methodology was developed and adapted to the Kyrgyz context. The methodology includes the following issues:
 - Boundaries of TB sub-accounts and definitions of TB expenditures
 - Classifications (Financing sources, Financing Agencies, Providers, Functions)
 - Data sources
 - TB sub-accounts tables
7. On 22-25 April 2008, the workshop "Development of NHA sub-accounts for HIV/AIDS and TB in Kyrgyzstan" was carried out with the technical support from Abt Associates, WHO-EURO, Imperial College and the Center for Health System Development (Kyrgyzstan) with financial support from the Capacity project (USAID) and Project HOPE (USAID). At this workshop, Project HOPE presented the methodology to an audience of TB specialists, the MOH and Mandatory Health Insurance Fund (MHIF) specialists, financing specialists, etc. The specialists participated in discussions and provided comments. Based on these comments the methodology has been updated and now it is being finalized.
8. In the second part of the year, Project HOPE started the process of data gathering for the NHA study: (i) state financial reports for public funds; (ii) provider survey at PHC level in Bishkek and Osh cities, Chui and Osh Oblasts; and (iii) donor survey to identify and outline external funding data.
9. The data were analyzed and the NHA sub-accounts report has been distributed among all interested parties, both international and local. Comments were recently provided by the local partners and they are being incorporated into the report. When finalized, the report will be widely published.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL:**Integration between TB services and PHC network:**

10. Four meetings of the TWG on DOTS were held. Modified check-lists for detection, registration, treatment of TB cases in the PHC and TB facilities and the questionnaire for patients were considered and adopted at the meetings. Indicators were modified to improve monitoring and evaluation performance. The National TB Guideline was revised; training materials for TB service

coordinators were developed. Rules aimed at improving observed treatment and sputum collection were issued in the Kyrgyz language for practical use.

11. Project HOPE took part in the meeting of the Directors Counsel (DC) which was devoted to the results of the monitoring performed in Naryn and Talas oblasts. As a result of the discussion about the existing problems, the members of the DC issued recommendations to solve identified problems. The schedule for submission of Oblast TB Center (OTBC) reports in 2009 was developed by the DC in order to improve implementation of the DOTS program. The OTBC leadership will report on the work fulfilled in the light of implementation of monitoring results.
12. During 14 monitoring trips, 48 PHC and TB facilities in all oblasts of the republic were visited. After the visits of National Center of Physiatry (NCPH) and Project HOPE staff, some positive progress in the activities of TB coordinators of Jalalabat, Batken, Osh and Chui oblasts and Bishkek city TB Centers was noted. In Talas and Naryn oblasts, due to some poor work by the rayon TB specialists, the DOTS program implementation has been impeded. As a result of the monitoring, materials were prepared for DC to work out decisions to overcome previously encountered problems.
13. The following problems still exist in Kyrgyzstan: a) there is insufficient feedback with rayon Family Medical Centers (FMC) with regards to timely decision-making for eliminating problems detected; b) high turnover of staff in both TB and PHC facilities. Monitoring visits were followed by meetings with managers of facilities focused on showing the ways to overcome problems identified. Project HOPE specialists provided on-the-job training for PHC and TB staff on shortcomings detected.
14. Three monitoring visits to Chui, Jalalabat and Bishkek health facilities were made by the team composed of Project HOPE, NCPH and TB Center staff. The team visited 11 PHC and TB facilities. Improved work of the oblast and city specialists of the TB Service Monitoring and Information Centers was noted. Monitoring is performed on a regular basis; problems identified are brought to the attention of the DC with stakeholders involved. Nonetheless, the staff turnover remains an issue, impacting the quality of work. The on-the-job training was provided during monitoring in Chui oblast and Bishkek city. At these trainings, the stages of TB diagnostic algorithm were explained in detail.
15. One TWG meeting was held, where a summary was provided of all activities completed in 2008. It was noted that all objectives had been achieved: the National TB Guideline was reviewed, training materials for TB service coordinators were revised and the modified check-lists for detection, registration, treatment of TB cases in the PHC and TB facilities were considered and adopted. The TWG work plan for 2009 was approved.

Strengthening the Laboratory Network:

16. In Kyrgyzstan, positive smear microscopy among TB suspects was 9.2%, which indicates proper referral procedures by PHC.
17. During the 5th year of the project, 11 PHC and TB facilities in Talas, Naryn, Jalalabat, Issyk-Kul, Batken, Chui oblasts and Bishkek city were monitored. As a result of the monitoring in TB facilities, major problems were identified in culture examination:
 - Laboratories of the TB Centers in Talas and Batken oblasts have not started culture examinations due to a lack of thermostats in the laboratories.
 - The Naryn Oblast TB Center stopped inoculation of cultures at the moment of monitoring due to power supply interruption, which caused damage of the laboratory centrifuge, coagulator and thermostat. It is impossible to carry out inoculation without these devices.
 - The Jalalabat oblast TB Center stopped inoculation due to a lack of resources for transportation of cultures to the NCPH for DST (drug susceptibility testing).
18. To conduct culture diagnosis of TB, the National TB Program (NTP) is seeking additional sources of financing from KfW and Global Fund for te equipment repair, provision of essential laboratory equipment, and transportation of cultures from the oblasts to the NCPH.

19. During the year, 3 meetings of the TWG on laboratory were conducted. They were devoted to the problems identified during monitoring. The Sanitary Epidemiological Station (SES) representatives were invited to the TWG meeting to discuss the questions related to conditions at laboratories which are performing TB diagnosis and follow-up. As a result of the meetings, the rules for transportation of cultures from the oblast TB centers to NCPH for DST were written. These rules were delivered to SES for formal consideration and future approval. Also, an order has been received from SES, which states that assessment of the sanitation and epidemiological conditions in laboratories, performing bacterioscopy diagnosis of TB, is to be performed following the Kyrgyzstan MOH Order # 202 dated 22.04.2006. The order was developed by the NCPH with the assistance of Project HOPE specialists.
 20. TWG activities included working with check-lists for culture laboratories. Comments of the Regional Laboratory Specialist on the first version of the check-lists were received. The working version was tested during monitoring and showed its functionality.
 21. NTP authorities decided to choose another Supra-National Laboratory. An agreement on cooperation was signed with IML Gauting.
 22. Advanced training on bacterioscopy diagnosis of TB was performed. Trainees were oblast and city laboratory coordinators, as well as the laboratory personnel from the penitentiary system. A five-day training was conducted using the program provided by the Regional Laboratory Specialist.
 23. Training on identification of drug susceptibility of *M. tuberculosis* using the proportions method was conducted for laboratory specialists of Kyrgyzstan, and 6 TB Center specialists from Bishkek, Jalalabat, Chui and NCPH were trained. In general, according to the results of the post-tests, all specialists showed a good grasp of the proposed material and well acquired practical skills in DST using the proportional method. This training will enable the implementation of DST investigations at culture laboratories. If a qualification test is successfully passed by the specialists, it will allow implementing of DST at the Oblast and City TB Centers. This, in turn, will significantly reduce the workload of the NRL and shorten the time for obtaining the DST results.
 24. During the year, research was conducted on "Identification of drug resistance to first line drugs in Bishkek". An abstract and poster of this research were prepared with the assistance of the regional specialists for the Tashkent Conference on drug resistant TB Challenges. The abstract contained a description of the method for DST performance in the Bishkek pilot project.
 25. From November 2008 until March 2009, culture investigation materials developed by the Project HOPE Regional Laboratory Specialist were adapted for training of the lab specialists in Kyrgyzstan.
 26. Two culture trainings were provided for lab specialists from the NRL and oblast TB centers in collaboration with the Global Fund project. Fifteen laboratory specialists were trained. This is a very important stage in the laboratory component development, because diagnosis of TB by culture examination has not been performed at oblast TB centers for many years.
 27. From November 2008 until March 2009, the Project HOPE Laboratory Specialist was involved in a ten-day culture training for laboratory staff in Kazakhstan. This indicates cross-fertilization within CAR by Project HOPE national teams.
- Strengthening Human Resource Capacity:**
28. Project HOPE, in collaboration with the Kyrgyz State Medical Institute for Continuous Education (KSMI CE) and the NCPH, conducted 26 trainings. 348 persons were trained: 145 PHC health providers - on DOTS strategy, 163 head nurses, nurses and drug store managers – on Logistics Management Information System (LMIS), 22 nurses– on counseling TB patients, 18 specialists of TB services – on laboratory practices. Thus, technical and methodological assistance to health care in provision of all health providers with knowledge on NTP implementation is going on.
 29. Within the activities of the TWG on Education, the TWG members are accomplishing standardization and updating of the training program on NTP implementation in line with the existing regulations and formal recommendations.

30. One training session on the DOTS strategy was held for nurses. Twelve nurses from the Bishkek Family Medical Centers were trained.
31. A TOT on "Counseling TB patients" utilizing counseling flipcharts was held in cooperation with the Regional Specialist on Social Mobilization on 24-27 February 2009 in Bishkek. In total, 23 nurses from Chui oblast and Bishkek city TB facilities were trained. The objective of the training was to increase adherence of TB patients to treatment through an active and qualitative counseling of TB patients by nurses.

Creating Rational Drug Management Systems:

32. Project HOPE assisted the NTP in arranging the GDF Monitoring Mission (12-16 January 2009) related to the GDF grant to the Kyrgyz Republic for the 1st Term, 2nd year of adult and 1st Term, 1st year of pediatric formulations of anti-TB drugs. During the visit, fulfillment of the recommendations made at the previous GDF mission (September 2007) were evaluated, drug needs were calculated for the next year and the request for GDF support was prepared. Registration of anti-TB drugs remains one of the unresolved matters. The main impediment is the lack of a full package of documents for anti-TB drugs (GDF, IDA). In September 2008, a new Decree of the Government of Kyrgyzstan "On amendments and additions to Kyrgyzstan Government Decree N 459 of 10 October 2007 on approval of the Provision on the order of accepting and distributing humanitarian aid in Kyrgyzstan" was issued. In accordance with this Decree, all drugs imported in the country as humanitarian aid must be registered and authorized for use in the medical practice throughout Kyrgyzstan. During the visit, a joint action plan for facilitating registration of the anti-TB drugs procured for the NTP was developed with KR MOH, Drug Registration Agency (DRA), WHO Liaison, EURO WHO and other partners. In general, the GDF mission has appraised the TB drug management activities as satisfactory.
33. The National TB Control Guidelines (NTP Manual) were revised in 2008. Now, Logistic Management Information System (LMIS) chapters are included into the revised draft.
34. The JSI Consultant and Project HOPE Regional Specialist visited the country. During the visit, the following objectives were achieved: the LMIS Training was observed and the LMIS Roll-out Plan was analyzed. The report recommended implementation of LMIS nationwide and making minor changes in the training program.
35. The LMIS training program was developed and used for training sessions of TB doctors and nurses nationwide. The LMIS training was also incorporated into curricula for DOTS training.
36. The LMIS training has been completed nationwide. This is an important step towards strengthening the TB drug management system in Kyrgyzstan. From the feedback received, these trainings appeared to be a success and were adopted well.
37. As a final stage of the LMIS implementation in CAR, the Regional Workshop (23-28 February 2009) was conducted with the JSI specialists' involvement. The countries stated the main problems and achievements when implementing LMIS in the region and further plans were set for strengthening the TB drug management system in CAR.
38. A multi-center study on "The frequency of serious adverse reactions to the first-line TB drugs in Kyrgyzstan" was carried out. The study was presented at the 39th International Union Against Tuberculosis and Lung Disease (IUATLD) World Conference in Paris, France, 17-20 October 2008. A draft of the article has been written and suggested for publication in the "Notes from the field" section in the IUATLD.
39. Since 2005, the TWG on drug management has been operating as the structure assuring participation of all key decision makers for availability of anti-TB drugs at all levels. The TWG on drug management held 4 meetings in Y5.
40. Due to the technical assistance of Project HOPE to the NTP in the execution of joint actions, communication between all partners and manufacturers of anti-TB drugs (GDF) has improved. Currently, marketing authorization is being processed in DRA. Streptomycin and Ethanbutol from Svizera were registered. As for the pediatric anti-TB drugs from SANDOZ SA, formal permission

from the KR MOH to use them under the NTP for the treatment of TB children and further registration of those drugs in the country has been obtained.

41. LMIS training was conducted in Kara-Balta for the rayon level in Chui oblast from 3-5 February, 2009 and for PHC senior nurses on 6 February 2009. The LMIS training was conducted in Bishkek city for TB coordinators on 16-18 March 2009 and for PHC senior nurses on 19 March. All attendees passed the tests successfully and received the certificates.
42. One five-day monitoring visit was made to Jalalabat oblast. During the visit, on-the job trainings on utilization of LMIS forms were provided.

III. COMMUNITY ADVOCACY AND MOBILIZATION:

43. The Project HOPE Small Grants program, aimed at raising attention to TB and involving NGOs in IEC work for TB control, was organized and implemented. The grantee, "Ai-Ken_Muras", with the project, "For the World without TB!" They conducted 2 main activities under the motto «We are against TB» in Jalalabat city and Suzak rayon markets. 6000 booklets and posters containing information about TB were issued in three languages: Kyrgyz, Russian and Uzbek. Workshops about TB were conducted with the leaders of the community of youth groups community (mahalli), and religious leaders, who subsequently talked about TB with their parishioners and residents. The following local mass media were involved in the events: NURTV, EITR, "Jololobat Tangi", oblast newspaper "Akyikat". During the project implementation, 5 telecasts were prepared and broadcast, 4 articles were published in the "Akyikat" newspaper (5,000 copies).
44. The IEC/BCC/Small Grants Coordinator took part in the Regional BCC workshop entitled "Monitoring and Evaluation of IEC" held in Tashkent 9-12 July 2008 and the TOT "On counseling TB patients" held in Taldykorgan, Kazakhstan 20-24 January 2009. The result was improved skills for working with the mass media and the implementation of information campaign about TB challenges in the community.
45. There were 6 meetings of the TWG, at which the following were considered: administrative questions; draft information materials issued by the National Society of the Red Crescent (NSRC), ICRC, MSF; a draft manual for health providers for counseling TB patients; and a one-month-action plan for World TB Day.
46. A Round Table meeting entitled "Integration of TB Services and PHC Network: Achievements, Challenges, and the Ways to Overcome" was held with the Project HOPE TB specialist in Batken and Issyk-Kul oblasts. Basic notions about TB in line with the DOTS strategy were highlighted for the local administration staff. The meeting was attended by representatives of the oblast, rayon and city administration, sanitation and epidemiology and TB services, the education department, and oblast mass media, NCPH, and Directors of oblast and rayon PHC and TB services. The attendees recognized that the Round Table resulted in their better understanding of goals and objectives of the NTP. All participants of the meeting emphasized the necessity of holding such meetings. The oblast TB companies promised to arrange for broadcasting of the Public Service Announcements (PSA) on TB free of charge. This will, in turn, increase the commitment of local authorities as well as awareness of TB among the general population and health providers.
47. Project HOPE TB and IEC specialists conducted 4 workshops for the community leaders (persons in charge of neighborhoods, houses in the city) in all rayon administrations of Bishkek city. The workshops were attended by 180 people.
48. Project HOPE IEC and TB Specialists were actively involved in editing booklets and brochures issued by the NSRC. As a result of this, key messages about TB were correctly formulated to be in line with the DOTS strategy. This edition has been printed with corrections.
49. Project HOPE and NSRC handed over a PSA about TB to the local TV channels.
50. The SIAR Consulting Agency, whose employees were previously trained at the workshop, carried out a KAP study for identifying needs in TB information among health providers, TB patients and the population. The study showed increased awareness of all categories of citizens about TB

compared to 2005. IEC work needs to be continued and extended to improve knowledge, attitudes and practices in the TB field.

51. To increase social mobilization, Round Tables devoted to improving TB services and social support for needy TB patients at the rayon level were held together with the ZdravPlus Project in Chui oblast's Jail rayon and Kara-Balta town, where the TB epidemiological situation had become critical (case notification rate – 169.5 and mortality rate – 25.4 per 100,000 population).
52. There were 3 meetings of the TWG on IEC, at which the manual developed by Project HOPE for counseling TB patients was considered, amended, and approved. The action plan for World TB Day (WTBD) and actions for the current year were discussed at the meetings.
53. The World TB Day events conducted by Project HOPE in collaboration with other organizations raised interest and drew attention of the governmental and non-governmental organizations to TB challenges. This makes it possible to create close cooperation in TB control at all levels of the community. Different events give impetus to the development of an improved attitude to TB challenges, not only among patients and their relatives, but among the entire population and risk groups.

In the framework of the WTBD the following events took place:

- A press-conference was held on 26 March 2009 with the involvement of the MOH representative, the NCPH Deputy Director General, the Head of the WHO representative office in Kyrgyzstan, USAID Health Programs Specialists, Project HOPE TB Program Manager, Chief of the MSF Mission in Kyrgyzstan, and ICRC Medical Delegate.
- A contest of posters among adult patients and drawings among children about TB was arranged.
- The contest of children's drawings about TB was organized together with the Global Fund and the NSRC at the Children's Art School;
- The IEC workshop/contest about TB was conducted in the Medical Academy together with the Global Fund and the NSRC.
- The IEC work was conducted among vulnerable groups of the population in the Octyabrskiy rayon of Bishkek city, together with the Department for Social Support of the Octyabrskiy rayon and the SF «Podary nadezhdu» ("Give hope").
- The exhibition of photos "TB in prisons" was arranged with the MSF and exhibited in the Bishkek Humanitarian University and the Kyrgyz Technical University.
- IEC workshops were held for the law enforcement bodies of the Bishkek city Department of Interior (Bishkek city and rayon Police Departments) with the involvement of ICRC, MSF, the NSRC, and the Bishkek TB Center.
- A month devoted to TB control in the Jail rayon was conducted in collaboration with ZdravPlus under the pilot project "Improved TB Services and Social Support."

PRISONS

54. Project HOPE organized the participation of six specialists of the GUIN medical unit in the workshop "Tuberculosis Control in Prisons of Central Asian Countries", which was held on 9-13 June in Astana, Kazakhstan. The purpose was to increase the quality of TB control activities in the penitentiary system.
55. Project HOPE took part in the organization of the workshop on TB at the GUIN medical unit. The workshop was devoted to the Health Care Workers' Day. The Project HOPE TB Program Manager, Timur Aptekar made a speech about further partnership in the TB control field.
56. Project HOPE organized and provided on-the-job training for the staff of the GUIN medical unit in Colony 27 aimed at increasing the quality of TB control in the penitentiary system.
57. On 29 July 2008, Project HOPE took part in the regular meeting of the Interdepartmental Coordinating Council for Health Care and Social Support (ICCHC SS) of the KR MOJ Penal and Executive System. Based on the results of a prison health care sector conditions assessment, recommendations for elaboration of proposals, related to the ongoing reform, were discussed.

58. Project HOPE together with MSF and ICRC organized and provided on-the-job training on LMIS, where 10 GUIN health workers were trained.
59. Project HOPE specialists and GUIN physicians discussed the issues of the modification of the LMIS forms, taking into account the penitentiary system peculiarities.

MDR-TB

60. The MDR-TB TWG conducted 4 meetings, at which the coordinators representing Chui oblast, Bishkek city, Correctional Colonies 27 and 31, Pre-trial detection chamber 1, and the Out-of-town Clinic of NCPH reported about the DR-TB patients receiving DOTS+ treatment. As a result of the report, recommendations for management of the patients receiving drug resistant TB treatment were developed. Also, questions of treatment continuation between NCPH, GUIN, PHC and TB Centers in oblasts were discussed.
61. Per the MSF initiative, the work over the guideline on Poly-Drug Resistant TB (PDR-TB) has begun.
62. One TWG meeting was held to consider the issues of the definition of PDR-TB types and registration of PDR-TB cases.

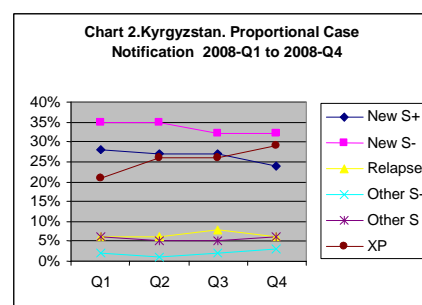
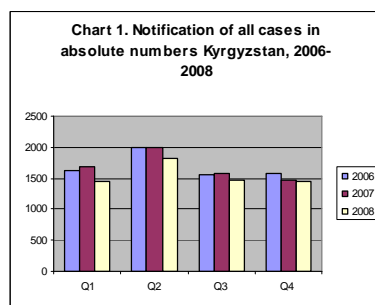
TB/HIV

63. There were 5 meetings of the TWG on TB/HIV.
- As a result of the meetings, the following work was done by the members of the TWG:
- Protocols for TB/HIV management were reviewed in line with the recent WHO recommendations
 - A presentation on TB/HIV training materials for nurses was prepared
 - To improve the efficiency of TWG work, the TWG membership was enlarged. It now includes representatives of state and international organizations
64. One meeting of the TWG on TB/HIV was held. The TWG members were involved in the completion of the application for the GFATM Round 9 funding. Draft rules for TB/HIV co-infection management as well as indicators, procedures and check-lists for monitoring and assessment of TB/HIV management were developed. Joint work on designing the billboard on TB/HIV prevention has been started with the National Red Cross and Red Crescent Societies.

Epidemiological analysis

65. The Epidemiological situation in Kyrgyzstan over quarters is remaining stable. Only small fluctuations can be seen in the data. TB case detection still needs further improvement. In Q4 2008, new SS+ cases amounted to only 43% of new pulmonary cases. 45% of pulmonary cases (new and re-treatment) were smear-positive. The proportion of extra-pulmonary (XP) cases was still high at 29% (see Chart 2 and Table 1).
66. Most of the standard indicators remained stable, showing little change during the last 4 quarters. The treatment success rate of new SS+ cases during the four cohorts (Q1 2007 – Q4 2007) remained stable, around 84-88%. The sputum smear conversion rate in the same period was around 91-92% (Chart 4, Table 3). In the following two quarters, the smear conversion rate for new SS+ cases remained in the previous range (Chart 3, Table 2). The death rate decreased from 3.5% to 3.2% among new SS+ cases registered for treatment in Q3 2007 – Q4 2007, (Chart 5). In Q4 2007, other unfavorable outcomes also showed a reduction compared to the previous quarter.
67. The high rate of XP TB could be related to over-diagnosis. This problem has been brought to the attention of the National TB Program and will be addressed at the Directors Counsel involving all Oblast TB Program Directors.

Tables and Graphs



№1. Kyrgyzstan. Absolute and proportional case notifications for 5 TB categories from 2008 - Q1 to 2008 - Q4

| | Q1 | | Q2 | | Q3 | | Q4 | |
|------------------|------|------|------|------|------|------|------|------|
| New S + | 407 | 28% | 490 | 27% | 399 | 27% | 351 | 24% |
| New S - | 510 | 35% | 636 | 35% | 474 | 32% | 465 | 32% |
| Relapse | 94 | 6% | 112 | 6% | 111 | 8% | 81 | 6% |
| Other S + | 34 | 2% | 23 | 1% | 31 | 2% | 37 | 3% |
| Other S - | 93 | 6% | 84 | 5% | 75 | 5% | 90 | 6% |
| XP | 310 | 21% | 479 | 26% | 379 | 26% | 414 | 29% |
| Total | 1448 | 100% | 1824 | 100% | 1469 | 100% | 1438 | 100% |

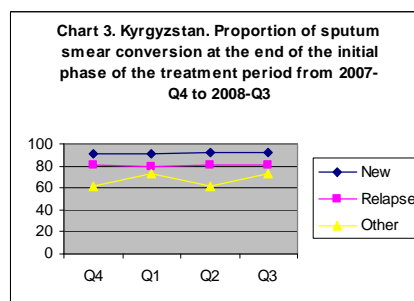


Table 2. Kyrgyzstan. Sputum smear conversion at the end of the initial treatment period in absolute and proportional figures for Q4 2007 to Q3 2008 for different categories of smear positive TB cases

| | Q4 | | | Q1 | | | Q2 | | | Q3 | | |
|----------------|-----------------|--------|----|-----------------|--------|----|-----------------|--------|----|-----------------|--------|----|
| | Absolute number | | | Absolute number | | | Absolute number | | | Absolute number | | |
| | Cohor | Conver | % | Cohor | Conver | % | Cohor | Conver | % | Cohor | Conver | % |
| New | 345 | 314 | 91 | 403 | 366 | 91 | 488 | 450 | 92 | 399 | 366 | 92 |
| Relapse | 110 | 89 | 81 | 94 | 74 | 79 | 111 | 90 | 81 | 111 | 90 | 81 |
| Other | 38 | 23 | 61 | 37 | 27 | 73 | 26 | 16 | 62 | 37 | 27 | 73 |

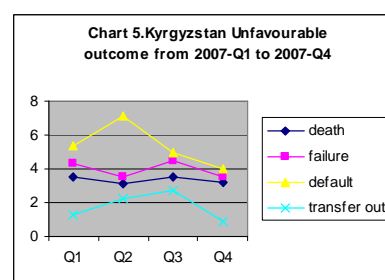
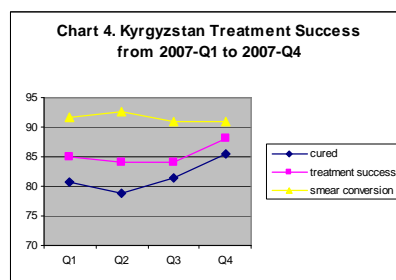


Table 3. Kyrgyzstan. Treatment outcome from 2007-Q1 to 2007-Q4.

| | Q1 | | Q2 | | Q3 | | Q4 | |
|---------------------|-----|------|-----|------|-----|------|-----|------|
| | N | % | N | % | N | % | N | % |
| Notified | 462 | | 509 | | 403 | | 346 | |
| Evaluated | 460 | 99.6 | 509 | 100 | 401 | 99.5 | 346 | 100 |
| Cured | 373 | 81.1 | 401 | 78.8 | 327 | 81.6 | 296 | 85.6 |
| Completed | 20 | 4.4 | 27 | 5.3 | 10 | 2.5 | 9 | 2.6 |
| Death | 16 | 3.4 | 16 | 3.1 | 14 | 3.5 | 11 | 3.3 |
| Failure | 20 | 4.4 | 18 | 3.5 | 18 | 4.5 | 12 | 3.5 |
| Default | 25 | 5.4 | 36 | 7.1 | 20 | 5.0 | 14 | 4.1 |
| Transfer out | 6 | 1.3 | 11 | 2.2 | 11 | 2.8 | 3 | 0.9 |
| | | 100 | | 100 | | 100 | | 100 |

Tajikistan—Q1 2008—Alexei Korobitsyn**QUARTERLY SUMMARY**

1. The annual and quarterly summaries provide a general overview of TB control activities in Tajikistan.
2. Project HOPE continued to participate in MOH Coordination Council meetings on TB chaired by the First Deputy Minister of Health.
3. The first Rational Drug Use Survey was conducted in the country and the survey results were presented at the 39th Annual IUALTD World Conference in 2008 in Paris, France.
4. The workshop “Pharmaco-vigilance system of anti-TB medicines in frame of DOTS” was organized on 2-3 September 2009 by Project HOPE-Tajikistan, in cooperation with John Snow Inc. (JSI), and with the support of USAID.
5. Project HOPE continued to organize meetings of the Interagency Coordination Council with participation of national, non-governmental and international organizations working on TB in Tajikistan.
6. The second KAP survey was organized in the country in September-December 2008 jointly with MOH and WHO. The goal of the survey was to assess the level of knowledge on TB among TB patients, medical staff and the general population, as well as the effectiveness of ACSM activities in the country.
7. Project HOPE facilitated and assisted in preparation of the national TB applications to GFATM, including RCC, R8, and R6 second phase.
8. The preparation and celebration of World TB Day on 24 March 2009 was conducted jointly with a number of national and international organizations (MOH, NTP, Republican Healthy Life Style Center, WHO, UNDP, ZdravPlus, American Red Cross, National Red Crescent Society and Aga Khan Foundation). A joint plan was developed at the IEC/BCC Thematic Working Group (TWG) meetings on TB Communication, which included: Round Table meetings for medical staff, distribution of hygienic kits to TB patients, a concert in Dushanbe, a training and contest for journalists, a contest on the best poster, and TB Public Service Announcements (PSA) broadcast on the bill-boards.
9. The Program conducted two USAID closing events where information on grant implementation, successes and lessons learned were presented. The project was positively evaluated by the MOH and partners.

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

10. An Interagency Coordination meeting was conducted on 19 December 2008 for national and international partners working in the TB field in Tajikistan. Partners presented the activities implemented by their program in the current quarter and the organizations’ plans.
11. Project HOPE actively participated in the work of the TWG’s on drug management, IEC/BCC and laboratory that became effective tools for the provision of technical advice to decision-makers and for coordination. Also, Project HOPE was involved in the work of the TWG on TB/HIV that was created by the CAPACITY Project funded by USAID and the TWG on TB in prison created by CARITAS Luxembourg.
12. Staff participated in a TWG meeting on the development of the new country TB program that should be presented to the government by the end of June 2009. Participants of the meeting provided ideas on areas that should be included in the TB program, overall content of the program, the situation with MDR TB and the plans for implementation of this component, as well as ideas for improving the TB situation - particularly in the Vose rayon.
13. During seven coordination meetings held in the capital as well as in regions, Project HOPE specialists discussed numerous issues related to program implementation, current problems and

actions to improve the situation. Such meetings have a positive influence on the quality of program management and implementation by sustaining attention to the program.

14. Project HOPE facilitated preparation and submission by the CCM of a revised application for the RCC Bridge Funding mechanism and submitted it to CCM for review, approval, and further submission to GFATM under RCC Wave 5. The application supported continuation of activities which began within the framework of the Round 3 GFATM TB grant and focused on training, monitoring and IEC/BCC components. The proposal was approved by GFATM.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL

Integration of TB Control within a Reformed Health System

15. Project HOPE continued to emphasize the important role of PHC service involvement in the DOTS program. Monitoring teams regularly visited PHC level facilities and provided the facilities' authorities, as well as oblast and district chief doctors, with reports that include findings of the monitoring and recommendations for better coordination and cooperation among PHC and TB services.

Strengthening the TB laboratory Network

16. Laboratory specialists participated in routine monitoring missions conducted by NTP with the participation and support of Project HOPE. Monitoring revealed substantial improvement in the quality of microscopy (smear sample preparation, staining and slide examination by microscopy). However, certain weaknesses still exist: in the Kulyab region there is no laboratory coordinator, there are errors in smear preparation and recoding and reporting in selected laboratories in Dushanbe and Nurek. The high turnover of laboratory staff continues to be a key problem. All findings were discussed with respective health authorities, and recommendations for possible solutions were provided.
17. Project HOPE laboratory specialists conducted monthly monitoring of the reference laboratory activities. In 2008, 514 culture investigations were done for new SS+ cases and 365 for re-treatment cases. DST was done for 280 new and 217 re-treatment cases. The primary MDR rate is 8.2%, and the re-treatment MDR rate is 42.9%.
18. In Q4 2008, External Quality Assurance (EQA) was done in 21 out of 27 laboratories of USAID-supported rayons. 771 slides were selected for blinded rechecking. One highly false positive result, three highly false negative results, one low false positive and three low false negative results were identified. In 2 laboratories there were mistakes in the bacilli count in the smear. Compared with the previous quarters, the number of slides selected for EQA increased (Q3- 13, Q4- 21), but the quality of work decreased (in Q3 mistakes were found in 30.8 %, in Q4- 42.9 %). The main reason for this situation is the high turnover of trained laboratory specialists. Project HOPE staff raised this issue in meetings with the RTBC chief and the rayon chief doctors.
19. In Year 5 of the Project, 2060 slides were selected from 27 laboratories for EQA from USAID-supported rayons. Out of 27 laboratories 17 made mistakes (62.9 %). Six highly false positive results, three highly false negative results, five low false positive and five low false negative results were identified, and in 5 laboratories there were mistakes in the bacilli count in the smear.
20. In Year 5, two TWG meetings on the laboratory component were conducted in April and August 2009. Specialists from the NTP and various international organizations (Project SINO, UNDP, Project HOPE and American Red Cross) discussed activities that should be included in the RCC project and GF R8 proposal; results of implementation of the Drug Resistance Survey in Dushanbe and Rudaki; and protocol for implementation of blinded method of rechecking for EQA in microscopy laboratories.
21. All laboratories in USAID-supported rayons received laboratory reagents purchased with GFATM support. Project HOPE organized this procurement as the Principal Recipient of the Round 3 GFATM grant. PSF is the sub-recipient responsible for procurement.

Strengthen Human Resources Capacity

22. Project HOPE continued building local human capacity through various trainings. All trainings were carried out with the involvement of NTP trainers. In Y5 of the projects, the following training activities were conducted: cohort analyses training (15 specialists); and seminar for journalists from Dushanbe city (8 participants).

Creating Rational Drug Management System

23. In Year 5, Project HOPE conducted several activities related to the functioning of the Logistic Management Information System (LMIS) for the first-line TB drugs in the country. Project HOPE, along with partner John Snow Incorporated (JSI), conducted an evaluation of the LMIS system's functionality. In total, 64 facilities in 59 rayons/cities, four oblast TB centers and the republican TB hospital were visited. The main findings showed that, in general, the system is functioning, but there are problems with timely completion and submission of quarterly information on drug stocks to the upper level of the NTP structure; incorrect calculations of drug needs; untimely submissions of drug orders; lack or shortage of mono-component anti-TB drugs; and, in some places, a lack of separate locations for drug stocks. All findings and recommendations were presented at the TWG meeting.
24. Representatives from the MOH, NTP and Project HOPE/Tajikistan office participated in the regional LMIS workshop organized in collaboration with JSI, Inc. in 23- 28 February 2009. The Tajikistan team presented implementation and evaluation of the LMIS in the country. Participants received additional knowledge on different areas of LMIS and gained skills on planning and calculating needs for second line anti-TB drugs, as well as management of electronic databases.
25. In Year 5, the JSI consultant, J. Bates, visited the country in December 2008-January 2009 to assess the implementation of the LMIS system in Tajikistan. Together with the Project HOPE specialists, he made visits to Sughd and Khatlon oblasts.
26. Project HOPE specialists in collaboration with JSI consultants conducted a training on Pharmacovigilance systems for first line anti-TB drugs in September 2008. The workshop brought together 21 trainees, among them policy makers, TB specialists, TB drug coordinators and others working in TB and medicines safety issues. Participants gained new insights into anti-TB drugs, safety and quality issues, and worked with the developing of a reporting system for anti-TB medicines in Tajikistan. Taking into consideration the scale of upcoming work to establish a pharmacovigilance system of anti-TB medicines and the importance of this problem for the Republic of Tajikistan, the participants of the workshop prepared a resolution with recommendations for implementation of a pharmacovigilance system for the country. A second workshop was organized in Sughd oblast for 24 participants (chiefs of DOTS centers and drug management coordinators) with cost-sharing from the GFATM R3 grant.
27. The project developed and printed 300 copies of posters and 1,000 copies of brochures for TB doctors and PHC doctors responsible for the treatment of TB patients. The information in these materials includes the side effects of anti-TB drugs, adjunctive therapy when side effects appear, and the plans for treatment renewal.
28. A Rational Drug Use study was conducted in 2007 and a report was produced. Results from the study were presented at the 39th Annual IUALTD World Conference in Paris, France in 2008.
29. The Project HOPE drug specialists provided technical assistance to the State Drug Expertise Centre in the registration of TB drugs: six TB drug formulations (HRZE, RH 150/75, E 400, RH 150/150, Pirazinamid 400 and S 1.0) were registered in the country. Assistance was also provided to the NTP in the collection of expired TB drugs from TB and PHC facilities and handing over those drugs to the State Drug Expertise Centre for disposal.
30. In January 2009, a GDF monitoring mission visited the country. The aim of the mission was to assess TB drug management in Tajikistan and estimate drug needs for the next year. Project HOPE provided technical and logistical assistance to the mission. The estimates were used for the order to GDF through direct procurement using GFATM financing. Also the GDF mission conducted a five-day workshop "Pharmaceutical management in TB programs" for national, oblast and rayon medical staff and partners (Project HOPE, PIU/ UNDP, Project SINO). The workshops covered

areas related to the selection of drugs for MDR treatment, needs calculation for second line drugs, procurement of second line drugs, and their use and quality assurance.

31. In Year 5, two TWG meetings on drug management were held. These meetings serve as a tool for the provision of technical expertise to policy-makers. TWG members discussed the issues related to drug stocks at all levels, provision of drugs, calculation of country drug needs for the next year, drug management activities for the RCC proposal, and results from the LMIS evaluation.
32. The NTP and Project HOPE drug specialists participated in monitoring visits. All visits were conducted with active participation of republican, oblast and city coordinators (in the case of Dushanbe) on drug management. There have been improvements in the filing of recording and reporting documentation, and the timely provision of quarterly reports regarding drug stocks at the rayon level. The problems with control of treatment during the ambulatory phase and chemoprophylaxis for children under 6 years still exist. As usual, during monitoring visits drug management specialists provided technical assistance and on-the-job training to rayon coordinators.

Improve Program Management, Supervision and Surveillance

33. In Year 5, thirteen monitoring visits were conducted. During the year, the national monitoring team conducted several independent monitoring visits to Khatlon oblast. Seven visits were conducted by the oblast monitoring team in the Kulyab region in USAID-supported districts (Farkhor, Vose, Shurobod, Muminobod, Teimur-Malik, Hamadoni, Baldjuvan, Jerkala). Monitoring visits in Dushanbe were carried out by the city monitoring team. The monitoring visit to Machedon hospital was carried out together with specialists of PIU/ UNDP. Project HOPE's specialists assisted the NTP staff in carrying out monitoring visits in USAID-supported rayons – Dushanbe, Rudaki, Nurek.
34. Project HOPE continued to emphasize problems which still exist in the Monitoring and Evaluation system in the country: limited involvement of PHC services in TB detection, prioritization of radiological methods in TB detection, deviations from standart treatment protocols, and the mostly unobserved treatment during the ambulatory phase. The oblast monitoring teams do not carry out independent monitoring regularly. Monitoring at the district level happens occasionally. In selected districts, recording/reporting data are not verified, and primary documentation is missing. The analysis of TB statistical data is performed on a limited scale at the district level which influences the program quality in general.
35. In Year 5, three cohort analysis workshops were carried out for 21 TB coordinators from USAID-supported rayons. In addition, Project HOPE specialists provided continuous technical assistance to Project SINO in organizing a cohort analysis workshop for 26 coordinators from rayons of the republican subordination. In Q1 2008, Project HOPE conducted the cohort analysis training for fifteen TB specialists from Dushanbe polyclinics. This training was conducted following the findings from the monitoring visit in Q4 2008. The Project HOPE TB Coordinator made a presentation and provided analysis of the program's functionality. By the end of the training, participants made resolutions for solving problems and improving program implementation.
36. Project HOPE paid special attention to further development of the country monitoring system. The proposed improvements, including strengthening of oblast and rayon level activities through the supportive supervision model. In relation to this, the Project specialists worked on the adaptation of WHO training materials on supportive supervision at the rayon level and conducted the first training for thirteen TB coordinators from the Kurgan-tyube region (funded by the GFATM Bridge Funding mechanism).

III. COMMUNITY ADVOCACY AND MOBILIZATION

37. The TWG on IEC/BCC meets on a regular basis and serves as an effective tool for coordination in the IEC field. This year the representative from the AIDS Foundation East West was included in the TWG. In Q2-4 2008 the TWG members discussed actions to be included in GFATM R8 proposal and the newly developing National TB Program for years 2010-2015. Four TWG

meetings were held in Q1 2009 and were dedicated to the development of the activity plan for celebration of World TB Day.

38. In July 2008, Project HOPE, with the technical support of the Regional office and Johns Hopkins University, conducted a regional training on Monitoring and Evaluation of IEC/ BCC activities in the TB field. Thirteen specialists from national TB programs and the Project HOPE CAR offices participated in the training, and commented on and finalized the KAP survey questionnaires for different target groups.
39. 75 members of the Treatment Support Group (TSG) continued their activities in Kulyab city and region, Vose and Rudaki districts. Coordinators conduct monitoring and provided information about newly identified TB cases, and defaulters. During monitoring they also deliver information on TB to patients' families. Due to their work, 27 patients, who had previously interrupted their DOT, resumed treatment.
40. Project HOPE continued successful collaboration with Republican and Oblasts' Healthy Life Style centers on community leaders' training on TB issues. The trainings were conducted in Dushanbe, Kulyab city, Kulyab region, Rudaki and Vose. Community leaders conducted informational sessions for the general population, reaching 2,170 people.
41. On 16 March 2009, a workshop for 21 journalists from all across the country was held. The workshop was organized in cooperation with the MOH Press-center, NTP and Independent Journalists School "Tajikistan- XXI century". The workshop was co-funded by USAID and the GFATM Round 6 grant. The agenda included: a special session on journalists' ethics in regard to coverage of TB issues, the role of journalists in proper delivery of information on TB among the population, a practical overview of archival articles on TB, etc. The special presentation on TB legislative regulation was made by Jumaboi Sanginov – a delegate of Majlisi Oli of the Parliament, Chief of the National Democratic Party of RT. On the second day of the workshops, a press-conference on TB issues was held and 30 journalists received comprehensive answers from the U.S. Ambassador, Deputy Minister of Health, Chief of Republican TB centre, Chief MOH TB specialist, Deputy-Chief of the journalists society, and managers of Project HOPE and PIU/UNDP. Media coverage of this workshop was included into the news summary, broadcast by central TV and radio stations, and published in central and oblast newspapers and on the web-sites Asia Plus and BBC.
42. Activities devoted to World TB Day were organized in cooperation with various governmental structures as well as with local and international NGOs. The activities supported by the USAID grant included:
 - The Press-centre of the MOH, with support of Project HOPE, announced a competition on the best article on TB in print media. Journalists from all regions of the country submitted 19 articles. The jury, consisting of the Deputy Minister of Health, the Chief TB specialist, the Chief of RTBC, the Chief of the MOH press-centre, representatives from Project HOPE, PIU/UNDP and the Chief of the Journalists Union in Tajikistan selected six laureates to receive awards and monetary prizes, out of which 3 were special prizes.
 - With the support of Project HOPE, TB centers in Dushanbe, Kurgan-tyube, Kulyab and GBAO conducted Round tables with participation of TB and PHC service workers. TB coordinators made presentations on results of TB program implementation in their respective areas and expressed gratitude to the staff for their work and input into the program. The health workers who had the best indicators on program implementation during 2008 were awarded by gifts (sphygmomanometers). The USAID funded ZdravPlus Project co-funded this activity. In Dushanbe, a Round table also incorporated the activity for the USAID grant closing. The Deputy Director of USAID/Tajikistan participated in the event. Project HOPE specialists gave presentations on different components of the USAID program. The results and achievements of the five-year grant implementation were highlighted in the presentation.
 - Jointly with the RTBC, Project HOPE distributed 1,000 hygienic kits for TB patients, according to the list provided by the hospitals' administration.

- - Project HOPE conducted an IEC event in the Dushanbe, as part of the IEC Campaign “*I can stop TB*” at Kokhi Jomi cinema-hall. The event was attended by around 750 visitors, mostly young people, and included a concert and quiz on TB. Prizes with World TB day symbols were given to the winners of the quiz. The US Ambassador, Deputy Minister of Health, Project HOPE TB Manager and PIU/ UNDP Manager gave welcoming speeches and opened the events. The USAID Deputy Country representative, representatives from the MOH, Youth Committee, UNDP, WHO, ZdravPlus Project and National Red Crescent Society participated in the event. The event included a performance of popular musicians, singers and dancers. During the event, booklets and a special issue of a newspaper, prepared by the republican HLSC with USAID support, were distributed.
 - During one week, the PSAs on TB were shown on four large screens in different parts of Dushanbe city (5,600 displays in total - 7 days x 200 displays each day x 4 screens).
43. In Year 5, the project conducted two trainings on counseling skills for medical staff from TB hospitals: the republican TB hospital and oblast TB hospital in Kulyab. 33 participants received information on counseling skills and were trained on the use of the counseling flipcharts.
44. In Year 5, a second KAP survey was organized jointly with WHO to assess the level of knowledge on TB among TB patients, medical staff and the general population as well as how it influenced behavior change practice of those target groups. The comparative analysis of the KAP survey results from 2005 and 2008 showed the extent to which the behavior change communication (BCC) work has been effective, as well as which approaches still need improvement or revision. The questionnaires were designed, field interviews conducted, and data was collected and analyzed. With the support of Project HOPE’s technical staff, the external consultant made an analysis of the data from the KAP study and developed a report on the study. Project HOPE distributed the report among national partners for their review and comments. The study results were presented to the MOH in January 2009. After the report is finalized, it will be printed and distributed among local and international partners working in the TB field in Tajikistan.
45. In Year 5, Project HOPE, with USAID and GFATM financial support, printed and distributed 2,000 booklets for patients, 10,000 booklets for the general population, and 5,000 copies of “Rules for Sputum Collection”. In the distribution of the IEC materials, the following partner organizations have been involved: HLSC, Mercy Corps, and the Red Cross and Red Crescent Society.

Incentives and Enablers Program

46. In Q1 2009, Project HOPE prepared a new proposal for continuation of the food program for the period 1 April-30 September 2009.
47. In Year 5, the Incentives and Enablers Program conducted food distribution and monitoring in seven districts. The total amount of food distributed in Dushanbe, Rudaki, Konibodom, Khujand, Kulyab and Kulyab rayon, Vose and Mastoch was: wheat flour=907,059 MT, vegetable oil=33,864 MT, salt=11,334 MT and peas=75,510 MT.
48. In Q1 2008, the Take Home Ration and Institutional Feeding distribution were conducted in Dushanbe, Rudaki, Sugd and Khatlon Oblast. The total amount of food distributed was as follows: wheat flour=132,769 MT, vegetable oil=4,988 MT, salt=1,543 MT and peas=13,337 MT.
49. In Year 5, jointly with WFP, Project HOPE investigated cases of incorrect registration of TB patients and registration of non-patients. The Project HOPE Food Program Coordinator conducted a monitoring visit to Kulyab. It was decided that the program staff will verify 100% of the addresses of TB patients who are newly enrolled into the nutritional support program in Kulyab city, Kulyab district, Khudjand city, Rudaki and Vosse districts. Given the present number of TB patients registered with nutritional support and the distances in Dushanbe, 70% of patients will be assessed, whereas in Kanibadam and Mastchoh districts 40-50% will be assessed. Address provision of the food support is being strengthened and monitored. During regular monitoring missions, the members of the monitoring team will verify diagnosis of the TB patients enrolled in the nutritional support program in a current quarter.

50. Project HOPE and World Food Program (WFP) specialists worked on operational research “Food impact on treatment outcomes of TB patients in Tajikistan”. The program collected information regarding the patients registered from 2004 to 2006 and completed questionnaires for all of them. 387 questionnaires from Khudjand were entered into the Epi-Info Program and analyzed.

CHARTS

Charts 1 and 2 reflect data from 66 DOTS rayons. Chart 3 reflects data from 66 rayons where smear conversion results are available. Charts 4 and 5 reflect treatment outcomes of the patients from all country.

CHART 1

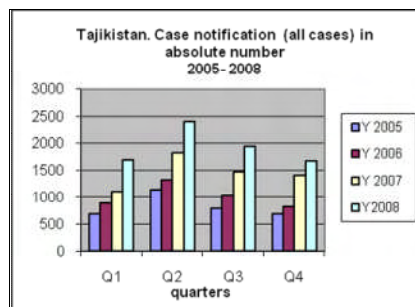


CHART 2

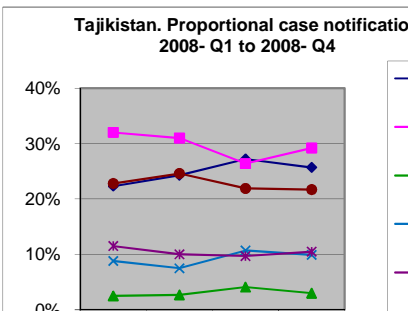


Chart 1 reflects an increasing number of all cases. While in 2005, the absolute number of all new cases (SS+, SS- and XP) reported within DOTS covered area was 3,299 patients, the respective number for 2006 is 4,515, for 2007- 5,686 and in 2008 it reached 5,976¹. This could be explained by an improvement in TB detection, increasing of population awareness regarding TB, as well as to the availability of access to free treatment.

Chart 2 The fraction of new sputum smear positive cases remained stable in 2008 at 22.5% - 25.7%. The same group of patients (new SS+) among all newly detected pulmonary TB patients comprised 41.2- 50.8% (target=65%). Underperformance is related to qualified staff shortages due to high staff turnover and prioritization of radiological means of TB patients' detection, unobserved sputum collection procedures, and irregular EQA, which leads to false negative case registration.

Table 1. Absolute and proportional case notifications for 6 categories, 2008.

| | Q1 2008 | | Q2 2008 | | Q3 2008 | | Q4 2008 | |
|-----------|---------|-------|---------|-------|---------|-------|---------|-------|
| New SS+ | 376 | 22.5% | 587 | 24.3% | 528 | 27.2% | 430 | 25.7% |
| New SS- | 539 | 32.1% | 749 | 31.0% | 511 | 26.4% | 488 | 29.2% |
| Relapse | 42 | 2.5% | 66 | 2.7% | 79 | 4.1% | 50 | 3.0% |
| Other SS+ | 149 | 8.9% | 181 | 7.5% | 208 | 10.7% | 165 | 9.9% |
| Other SS- | 187 | 11.1% | 241 | 10.0% | 189 | 9.7% | 175 | 10.5% |
| XP | 385 | 22.9% | 594 | 24.6% | 427 | 21.9% | 362 | 21.7% |
| Total | 1678 | 100% | 2418 | 100% | 1942 | 100% | 1670 | 100% |

Table 1 shows a breakdown of all TB cases registered in 2008 by various categories. The percentage of extra-pulmonary cases still is high (22.6%) and even more among new cases (29.6% in 2008, 28.7% in 2007). Project HOPE will continue to assist the NTP in strengthening links between PHC and TB services in order to strengthen involvement of PHC in TB case-finding, adherence to the bacteriological methods of diagnosis and diagnostic algorithm protocol.

¹ 2005-2007 data source: WHO TB Global Reports; 2008 data source: NTP

Table 2. Sputum smear conversion at the end of the initial treatment period in absolute and proportional figures for Q3 2007 to Q2 2008 for different categories of smear positive TB cases.

| | Q3 2007 | | | Q4 2007 | | | Q1 2008 | | | Q2 2008 | | |
|---------|------------------|------------|------|------------------|------------|------|------------------|------------|------|------------------|------------|------|
| | Absolute numbers | | | Absolute numbers | | | Absolute numbers | | | Absolute numbers | | |
| | Cohort | Conversion | % | Cohort | Conversion | % | Cohort | Conversion | % | Cohort | Conversion | % |
| New | 572 | 499 | 87.2 | 384 | 326 | 84.9 | 384 | 329 | 85.7 | 616 | 538 | 87.3 |
| Relapse | 58 | 49 | 84.5 | 37 | 30 | 81.1 | 39 | 28 | 71.8 | 63 | 43 | 68.3 |
| Other | 258 | 179 | 69.4 | 170 | 130 | 76.5 | 147 | 103 | 70.1 | 169 | 134 | 79.3 |

CHART 3

CHART 4

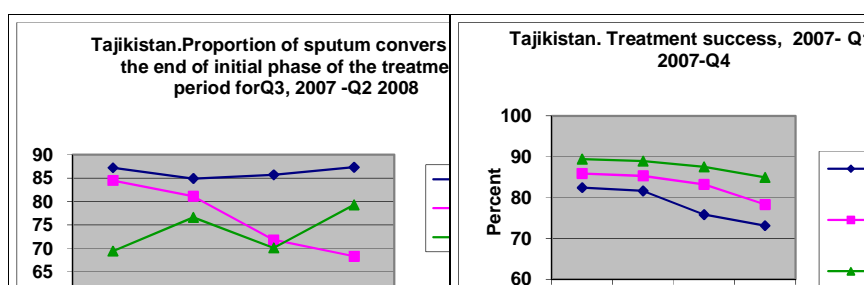


Chart 3 reflects good results of smear conversion among new cases. It could reflect the good adherence to treatment in the intensive phase. However, there are few regions where the conversion rate is low: Kurgan-tube (57.1%), and Ganji (25%).

Table 3. Treatment outcome of new pulmonary SS+ cases, Q1 2007 – Q4 2007

| | Q1 2007 | | Q2 2007 | | Q3 2007 | | Q4 2007 | |
|--------------|---------|------|---------|------|---------|------|---------|------|
| | N | % | N | % | N | % | N | % |
| Notified | 423 | | 633 | | 558 | | 384 | |
| Evaluated | 423 | | 633 | | 552* | | 382** | |
| Cured | 350 | 82.7 | 516 | 81.4 | 424 | 75.8 | 280 | 73.2 |
| Completed | 16 | 3.8 | 25 | 3.9 | 41 | 7.3 | 20 | 5.2 |
| Death | 19 | 4.5 | 26 | 4.1 | 21 | 3.8 | 24 | 6.3 |
| Failure | 21 | 5.0 | 36 | 5.7 | 30 | 5.4 | 17 | 4.5 |
| Default | 17 | 4.0 | 28 | 4.4 | 32 | 5.7 | 34 | 8.9 |
| Transfer out | 0 | 0 | 2 | 0.3 | 4 | 0.7 | 7 | 1.8 |

* One patient had TB diagnosis taken off; five cases were missing from the register at time of evaluation

** One patient had TB diagnosis taken off; one patient did not start treatment

Chart 4 shows that cure and treatment success rates are in the range of 82.7%-73.1% and 85.9%-78.3% respectively. Compared to 2007, these indicators, as well as smear conversion rates, have somewhat decreased. Smear conversion rate has decreased as well, however to a lesser extent. One of the possible reasons for this trend is the negative impact of rapid enrollment of the new districts (21) by the DOTS strategy in 2007. Recently started programs normally have less effective performance

compared to the established ones. Among other possible reasons can be high primary MDR TB rate, suboptimal DOT in ambulatory phase, or strict verification of TB statistical data during the monitoring missions.

CHART 5

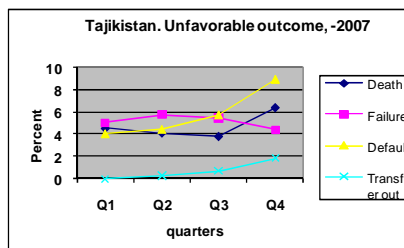


CHART 6

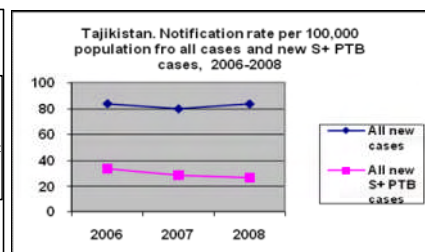


Chart 5 shows unfavorable treatment outcomes. Annual results were as follows: “default” – 5.6%, “failed” – 5.2%, “death” – 4.5%. The death rate varies by regions and was worse in rural areas that tend to be especially poor. Analysis of death cases reveals late detection due to patients’ limited access to health services. The failure rate varies between 4.4 and 5.7%. At the same time, in some rayons rather high figures were documented: Tajikabad 33.3% (Q1 2007), Shaartuz-33.3%, Pendjikent-22.2%, Mastchoh 15.4% (Q2-3 2007). Cases of incorrect registration were detected during numerous routine monitoring visits.

The default rate during the year varied from 4.0% to 8.9%. The increase could be justified, again, by the negative impact of rapid expansion of the new districts (21) of the DOTS strategy in 2007, continuous insufficient DOT on the ambulatory phase of the treatment, illegal charges for TB treatment along with over prescription of the symptomatic drugs, which according to the recently conducted study leads to additional income loss and stimulates defaults and, finally, incomplete coverage of the country by the food support program.

Table 4. Notification rate in DOTS rayons per 100,000 population for all new cases and new SS+ pulmonary cases for the period of 2006-2008

| | 2006 | 2007 | 2008 |
|---------------|------|------|------|
| All new cases | 79.3 | 77.8 | 83.7 |
| New SS+ cases | 32 | 28 | 26.9 |

CHART 7

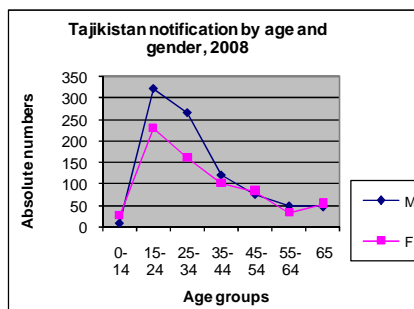


Chart 7 shows the age and sex structure of the disease. The most affected group in absolute numbers is young women and men, ages 15 – 24.

Turkmenistan – Q1 2009 - Batyr Kochumov**QUARTERLY PROGRESS SUMMARY**

1. During the period from April 2008 to March 2009, Project HOPE-Turkmenistan fulfilled the majority of the year 5 plans.
2. USAID approved additional funds in the amount of 475,000 USD for enhancing the laboratory component of the TB Program at the national level and in the Balkan Velayat, and to strengthen the quality of DOTS implementation in Turkmenistan.
3. Project HOPE, jointly with other partners, provided assistance to the NTP in submitting the application for GFATM Round 8 and also began work on Round 9 in late March 2009.
4. A prikaz for implementation of LMIS in Balkan Velayat was issued by the MOHMIT and the pilot implementation of LMIS was started.
5. Project HOPE regularly assisted the Tuberculosis Prevention Centre (TBPC) in communication with the Global Drug Facility (GDF) by evaluating the current drug stock and estimating the quantity of TB drugs needed for Project HOPE/USAID sites and other velayats, developing drug distribution lists, and analyzing remaining stock and re-distribution of drugs as needed.

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

6. In Year 5 of the program, Project HOPE provided support to the NTP in developing and writing an application for GFATM Round 8 funding , mainly focusing on the drug management and social mobilization components. In collaboration with USAID, Project HOPE provided the Proposal Writing Committee with its notes on the application. In March 2009, the work on the proposal for Round 9 was started. Due to limited access to draft proposal, contributions from Project HOPE in writing the application was limited.
7. Round Table meetings were supported on a regular basis in Balkan Velayat and Ashgabat City.
8. Project HOPE assisted the NTP in successful negotiations with the GDF in order to add needed TB drugs to 2009 GDF grant, and to procure a specific portion of the supply with a longer shelf life. However, it is important to note that the GDF is not going to provide TB drugs to Turkmenistan beyond 2009. Further TB drugs provision is expected from GFATM if the R9 proposal is approved. If not, then the issue of TB drugs supply will have to be addressed by the MOHMIT.
9. In relation to the visit of the Regional TB Technical Director, S. Gamtsemlidze, meetings were held with the following parties:
 - B. Djumayev, Director of the TBPC
 - M. Durdyeva, Head of the TB Faculty
 - A. Seyitmedova, Deputy Director of the TBPC
 - A. Mosniaga, Team Leader of the GOPA/EPOS/KfW Tuberculosis Control Program in South Caucasus, who was invited with the support of WHO for rendering assistance in writing the GFATM Round 9 TB application for Turkmenistan

Ongoing work and future collaboration of Project HOPE Turkmenistan with the NTP and coordination of activities were discussed at these meetings.

II. BUILDING HUMAN SYSTEM CAPACITY FOR TB CONTROL**Integration of TB Control within a reformed Health System**

10. In order to improve the link with the Primary Health Care (PHC) system, in Year 5 of the program, Project HOPE provided DOTS trainings for PHC nurses, LMIS trainings for PHC personnel, and supported monitoring of PHC facilities in our pilot areas.

Strengthening TB Laboratory Network

11. In Year 5 of the program, twenty binocular microscopes were provided to the MOHMIT and were distributed to etrap smear microscopy labs in the country.

12. During monitoring visits to the etraps of Balkan velayat, it was noted that the quality of slide preparation was not adequate and in some cases untrained persons were involved in sputum smear preparation. To address this issue, Project HOPE supported conducting basic training on smear microscopy for laboratory specialists in the Balkan Velayat TB hospital. Nine lab specialists took part in the training, which was provided by the Deputy Director of the TBPC, who is a leading lab specialist of the NTP.
13. Due to a shortage of slides at the TBPC and the velayat TB hospitals, Project HOPE purchased 5,400 slides and transferred them to the TBPC for further distribution. Because there are currently two years worth of supplies (including slides) being processed through customs, this should not be a recurring issue in the near future.
14. The Central Bacteriological Laboratory of the TBPC, with support of the WHO Country Office in Turkmenistan, successfully passed their tests and received a certificate on being a National Reference Laboratory from the Supranational Reference Laboratory in Bilthoven, Netherlands.
15. In Q1 2009, the Regional Lab Specialist, Marija Joncevska, visited Turkmenistan from 26 February – 6 March 2009. During the visit, questions about the renovation and equipping of the bacteriological lab of the TBPC and Balkan Velayat TB hospital laboratory were discussed. M. Joncevska visited the laboratory of the Balkan Velayat TB Hospital, accompanied by the Deputy Director of the NTP, A. Seyitmedova, to discuss issues of reconstruction at the site and coordination with the Head Doctor of the Balkan Velayat TB Hospital. She also visited the Bacteriological lab of the TBPC, reviewed equipment plans and discussed GenoType MDRTB plus test equipment, which was received from the Supranational Lab. M. Joncevska noted that the percentage of positive cultures grown from AFB+ specimens was insufficient. This can be improved by culture and DST trainings, as planned in the next quarter.
16. Laboratory reagents and consumables for all smear microscopy centers across the country were received during Q1 2009. At present, the equipment and consumables procured are passing through customs clearance procedures.

Strengthening Human Resource capacity

17. In Year 5, DOTS trainings for PHC providers were completed in Balkan Velayat as planned. In total, 224 doctors and nurses were trained in DOTS in the velayat.
18. Project HOPE personnel took part in training on ESCM, and in monitoring of program implementation, both of which were conducted by the CDC. The first steps in program implementation were evaluated positively.
19. The Training Center at the TB Faculty of the State Medical Institute was renovated.
20. Three used computers were handed over to the TBPCs internet library, TBPC lab and the Press Center of the MOHMIT.
21. Project HOPE provided financial and logistical support for a DOTS training for teachers of medical colleges, conducted by the staff of the TB Faculty from 6-7 January 2009. Immediately following that (8-14 January), Project HOPE conducted a TOT for the same participants, which was facilitated by Project HOPE master trainers from Uzbekistan. The TOT was conducted with the purpose of allowing the participants to effectively share their newly-gained DOTS knowledge/skills with their students and will generally strengthen the human resources development.

Creating Rational Drug Management System

22. In Year 5, the prikaz for printing the LMIS manual and recording/reporting forms, as well as on pilot implementation of LMIS in Balkan Velayat was obtained from the MOHMIT. The above-mentioned manual and forms were subsequently printed and the implementation of LMIS started in Balkan Velayat in Q4 2008. This activity was greatly delayed as activities were not allowed to be conducted until the prikaz was approved and signed.

23. Two updated LMIS trainings were provided to 34 specialists, who were involved in drug management in Balkan Velayat at the velayat and etrap levels. Upon completion of the trainings, LMIS manuals and recording/reporting forms were distributed.
24. Regular assistance was provided to the NTP in communication with the GDF. An agreement was reached to add a necessary supply of streptomycin, injection water and syringes to the 2009 grant, and also to change the expected RH 150/75 into the version with a longer shelf life.
25. For some of the drugs (Z400, RH 150/75 and RH 150/150) which expired in June and July 2008 the Drugs Registration Office of the MOHMIT issued a statement that the drugs are still valid, based on their analysis. These drugs were used in Q3 and Q4 2008, and a withdrawal of their use was started in Q1 2009.
26. Assistance was provided by GDF to begin registration of TB drugs, .
27. In January 2009, a preliminary assessment of LMIS implementation was done in Balkan Velayat, jointly with the local person responsible for drug management. Recording/reporting documentation were assessed using check-lists in eight out of eleven etrap hospital drug stores and in seven out of nine TB units. At all facilities, all five TB drugs were in place and the records and reports corresponded to the existing amounts. One etrap did not send their report in time, and in one etrap there were mistakes in documentation, which were corrected during the visit.
28. The results of the preliminary assessment were presented at the regional workshop in Bishkek, "DOTS Drugs LMIS Central Level Data Management". Project HOPE Turkmenistan did its best to send the Drug Management specialists of the NTP to the workshop, as was planned initially, on the very last day before departure the participation of local specialists was cancelled due to staff inavailability. The materials of the seminar were presented to the Director of the TBPC and to the sites, along with new computerized methods of data management. It is planned to present and discuss them at the next TWG meeting as well.
29. In Q1 2009, assistance was provided to the NTP in customs clearance of drugs received, and in preparation of the drug distribution lists.
30. Monitoring visits were conducted in the pilot regions to assess drug status. Evidence of an absence of any TB drugs was not detected, but sometimes buffer stock levels were insufficient. For example, at the end of Q1, the Mary velayat drug store only had enough Streptomycin for 2 months (all other drugs were in sufficient amount). The local Head Doctor and NTP Director were informed and they will follow up on the issue.

Improve Program management, Supervision, and Surveillance

31. In Year 5, according to the MOHMIT prikaz, regular supervisory trips were done jointly with the NTP staff to TB facilities of Ashgabat and Mary Cities and Balkan Velayat. Results of the supervision and recommendations were reported to the local and NTP officials, and were discussed at the Round Table meetings.
32. To facilitate the implementation of TB-ESCM in Turkmenistan, Project HOPE purchased seven computer sets and printers, and transferred them to the TB hospitals of the five velayats, the TBPC and the TB Faculty of the State Medical Institute of Turkmenistan.
33. In Q1 2009, a Round Table meeting was held in the Balkan Velayat with the participation of the Head Doctor of the TB Hospital of Balkan Velayat, managers, and TB specialists of etrap hospitals. An epidemiological update for Balkan Velayat, along with a quarterly analysis of detection and treatment of TB patients for Q1 2009, was presented by Project HOPE specialists. The meeting emphasized the need to strengthen TB detection practices among family physicians, particularly following the diagnostic algorithm and careful collection of sputum samples. TB specialists were advised to collaborate closely with PHC personnel.

III. COMMUNITY ADVOCACY AND MOBILIZATION

34. During Year 5 of the program, TB awareness was promoted through the dissemination of information to the population at large. This was done via distribution of informational materials and mass media, specifically:
- Informational pamphlets were developed for patients and for the general population. A total of 26,400 copies were distributed.
 - The Public Service Announcement (PSA) video clip was broadcast on TV from July to December 2008 on the national channel, *Altyn Asyr*, in the *Health* program.
35. The capacity of health providers and communities was strengthened through the following activities:
- TBPC personnel received advanced training on accessing Internet resources (conducted in collaboration with the Internet Access and Training Program (IATP/IREX/USAID)).
 - Four groups of community leaders were trained to be TB activists in Mary and Balkanabat, through two-day trainings conducted jointly with the Press Center of MOHMIT.
36. The improvement of patient-provider communication was supported through a TOT on counseling skills for nurses. Twenty one TB specialists from all velayats were trained.
37. Following the TOT on counseling skills, seven cascade trainings were conducted on counseling skills for nurses in collaboration with the Press Center of the MOHMIT. The trainings were conducted in Balkanabat, Mary and Ashgabat Cities (two additional trainings were carried out during the previous quarter). The participants of the trainings were DOTS nurses, as well as nurses of velayat TB hospitals and family nurses. The total number of nurses who were trained during all seven trainings is 143. To support these counseling skills, the counseling flipchart was printed (400 copies in Russian, 400 copies in Turkmen), and is currently being distributed.
38. World TB Day activities were planned and implemented in collaboration with the Press Center and other partners. Planning took place at a TWG meeting, which resulted in the following activities being planned and implemented:
- A workshop for journalists was conducted in collaboration with Press Center of the MOHMIT. Fifteen representatives of the local mass media (newspapers, magazines, radio, the Press Center of the MOHMIT) participated in it. The workshop covered the role of journalists in TB prevention and control, and aimed to increase the level of journalists' awareness about TB and the commitment to adequate TB media coverage in society.
 - A conference for students was conducted in the Training Center of the TB Faculty, in collaboration with TB Faculty of TSMI. The conference drew 60 participants.
 - A health education action, for children who are on dispensary observation in a special school, was conducted in collaboration with the Press Center of MOHMIT and the Ministry of Education. Seventy children participated in the event where Project HOPE provided prizes to the participants of a quiz contest.
 - A one-day workshop for military paramedical professionals was conducted in collaboration with the Press Center of the MOHMIT and the Ministry of Defense. The sixty participants were educated on TB control issues.
 - A scientific-practical conference devoted to the World TB Day was conducted for medical workers in collaboration with the MOHMIT. The conference participants consisted of international and local partners of Project HOPE, as well as TB specialists from all over the country. The U.S. Charge d'Affaires, a.i. Richard Miles was present at the conference.
 - Informational brochures entitled "I can stop TB!" were printed and distributed among the general population with financial support from ZdravPlus/USAID (2,218 in Turkmen language; 1,204 in Russian language).

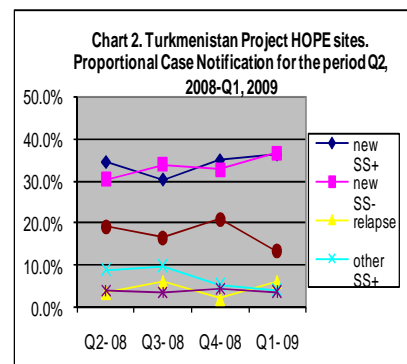
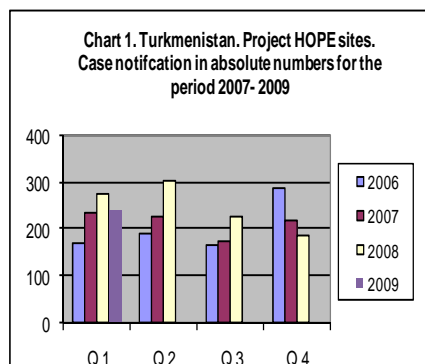
39. Project HOPE's WTBD activities were covered by the State Information Agency Turkmen Press in main newspapers including "Neutral Turkmenistan" and "Turkmenistan", as well as fully covered on the state information website www.turkmenistan.gov.tm: "Turkmenistan: Golden Age"

Other Activities

40. Two employees from Project HOPE Turkmenistan attended the 39th Annual Conference of the IUATLD which took place in Paris on 16-20 October 2008.
41. A WHO CAR conference on MDR-TB, which was held in Tashkent on 10-12 November 2008, was attended by the representatives from Project HOPE-Turkmenistan. A poster presentation was given on Project HOPE activities in Turkmenistan.
42. Two employees from Project HOPE staff attended the Project HOPE regional meeting in Tashkent, on 13 November 2008.

Analysis of Epidemiological Development

43. In Project HOPE pilot sites, the notification of all cases has increased during the reported quarter, whereas, proportional case notification figures remain relatively stable. In Q1 2009, no major changes were observed in comparison with the Q4 2008 (slight increase of New SS+, New SS- cases and relapses, decrease of Other SS+, Other SS- and XP). New SS+ cases amounted to 50% of new pulmonary cases. 54% of pulmonary cases (new and re-treatment) were smear-positive. In Q1 2009 the proportion of extra-pulmonary (XP) cases has decreased to 13% from its previous quarter value of 21% and relapse increased from 2% to 6% (see Chart 2 and Table 1).
44. Most of the standard indicators remained stable with small changes during the last 4 quarters. The treatment success rate of New SS+ cases during the four cohorts (Q1– Q4 2007) remained stable, around 74-82%. The sputum smear conversion rate among new cases in the period Q4 2007 – Q3 2008 was in the range of 86-89% while the relapse and other SS+ cases showed significant fluctuations in the ranges of 55-93% and 37-74%, respectively (Chart 3, Table 2). The unfavorable treatment outcomes of the New SS+ cases also fluctuated in the cohorts of Q1 – Q4 2007. The respective ranges were: Treatment failure – 7-11%, default – 6-9%, death – 3-8%, transfer out – 0-5% (Chart 5); these visible fluctuations can be explained by small numbers of observed cases, leading to considerable changes when expressed in proportions.



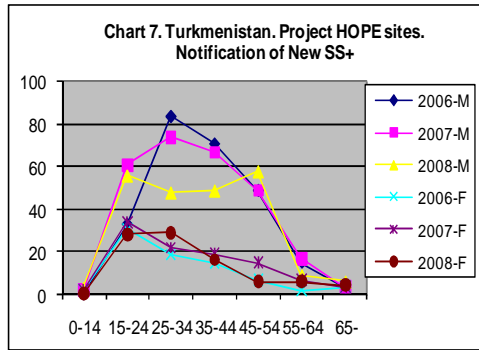
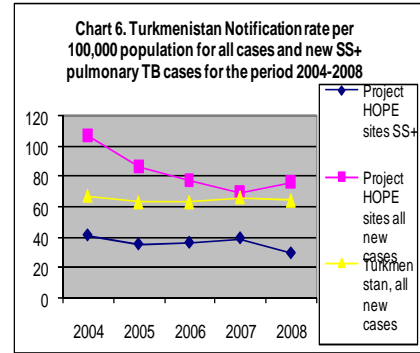
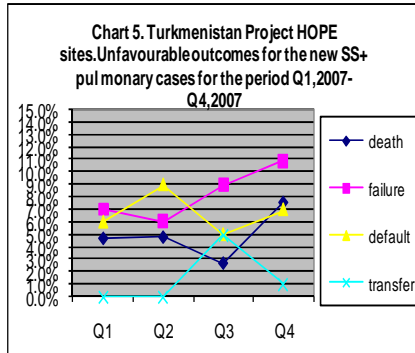
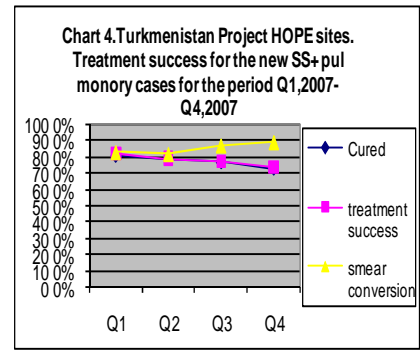
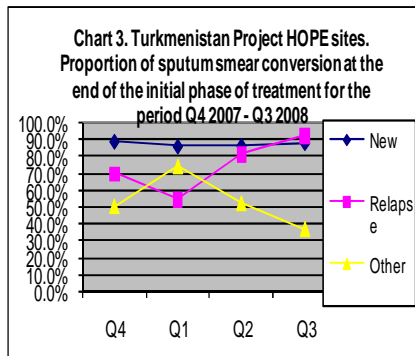


Table for the chart # 2

Turkmenistan Project HOPE sites. Absolute and proportional case notifications for 6 types of TB cases for the period Q2 2008 – Q1 2009

| | Q2 2008 | | Q3 2008 | | Q4 2008 | | Q1 2009 | |
|-----------|---------|--------|---------|--------|---------|-------|---------|-------|
| new SS+ | 105 | 34.4% | 68 | 30.2% | 65 | 34.8% | 88 | 36.2% |
| new SS- | 92 | 30.2% | 76 | 33.8% | 61 | 32.6% | 89 | 36.6% |
| relapse | 11 | 3.6% | 14 | 6.2% | 4 | 2.1% | 15 | 6.2% |
| other SS+ | 27 | 8.9% | 22 | 9.8% | 10 | 5.3% | 10 | 4.1% |
| other SS- | 12 | 3.9% | 8 | 3.6% | 8 | 4.3% | 9 | 3.7% |
| XP | 58 | 19.0% | 37 | 16.4% | 39 | 20.9% | 32 | 13.2% |
| Total | 305 | 100.0% | 225 | 100.0% | 187 | 100% | 243 | 100% |

Table for the chart #3

Turkmenistan. Project HOPE sites. Sputum smear conversion at the end of the initial treatment period in absolute and proportional figures for the period Q4 2007 – Q3 2008

| | Q4 | | | Q1 | | | Q2 | | | Q3 | | |
|---------|------------------|-----------|-------|------------------|-----------|-------|------------------|-----------|-------|------------------|-----------|-------|
| | absolute numbers | | | absolute numbers | | | absolute numbers | | | absolute numbers | | |
| | cohort | converted | % | cohort | converted | % | cohort | converted | % | cohort | converted | % |
| New | 92 | 82 | 89.1% | 80 | 69 | 86.3% | 105 | 91 | 86.7% | 68 | 60 | 88.2% |
| Relapse | 10 | 7 | 70.0% | 11 | 6 | 54.5% | 11 | 9 | 81.8% | 14 | 13 | 92.9% |
| Other | 16 | 8 | 50.0% | 23 | 17 | 73.9% | 27 | 14 | 51.9% | 22 | 8 | 36.4% |

Uzbekistan – Q1 2009 – Artur Nivazov**QUARTERLY PROGRESS SUMMARY**

1. The end of the Q1 2009 also marks the end of the 5th project year for the Project HOPE Consortium. Details on the achievements for each of the main objectives during the quarter of report will be provided in the sections below. Each section will be preceded by a short update on overall developments during Year 5.
2. Thematic Working Group (TWG) and round table meetings were conducted during the year.
3. Project HOPE representatives participated in the International Conference “Drug-resistant Tuberculosis – Challenges for TB Control”, in Tashkent, on 11-12 November 2008. The Conference was organized by WHO and KfW.
4. During the Year 5, LMIS implementation continued in collaboration with JSI partners. Trainings on drug management and trainers’ meetings were conducted. A study evaluating LMIS implementation was conducted in eight oblasts during the reporting period. Results of this study were presented to the MOH and the Drug Policy Center. In addition, the ways for improving LMIS implementation and a plan for future actions were defined.
5. A poster presentation based on the article “Drug prescribing practices for tuberculosis in Uzbekistan”, which was based on results of operational research on “Rational drug use”, was presented at the IUATLD World Conference in Paris in October 2008.
6. A series of trainings on “Management of a TB program” were conducted for rayon and oblast level health managers.
7. Project HOPE, in collaboration with JHU, conducted a workshop “Social Mobilization in TB Control”, in order to train leading specialists on providing information to Mahalla leaders about TB prevention.
8. A Public Service Announcement (PSA), developed with the input of the TWG, was broadcast during three months (August-October) on 22 regional channels of non-governmental television and in Tashkent. The purpose of the PSA is to increase the awareness and knowledge of the population about TB symptoms in order to improve care seeking behavior.
9. The National Association of Electronic Mass Media organized the National Festival of Social Video Spots, where Project HOPE was awarded a special prize for the best video spot, “Informing the population on TB Prevention”.
10. A cycle of seminars on counseling for TB nurses was completed. During the year, TOTs on “Counseling skills” were conducted throughout the country. Also seminars on “Counseling skills” were conducted by trained trainers, under the supervision of Project HOPE specialists. As a result, TB nurses are providing TB information to patients on a regular basis and in a consistent manner. A toolkit, including the patient counseling flipchart, containing key messages on TB for use by nurses was printed and disseminated during the reporting period.

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

11. The cycle of seminars “Management of TB program” for health managers at the rayon and oblast levels were conducted in eleven oblasts: Andijan, Namangan, Fergana, Khorezm, Bukhara, Samarkand, Syrdarya, Tashkent, Djizzak oblasts, Tashkent city and Karakalpakstan. These training sessions were developed in order to improve understanding of TB program management.
12. During the year, two roundtables were conducted in Samarkand oblast. Health managers, TB specialists and PHC doctors attended the roundtables to discuss the performance of the TB program, to evaluate the results of monitoring visits, and to identify ways for improving the LMIS system.
13. TWG meetings were conducted according to needs. During Year 5, such meetings took place on IEC/BCC, MDR-TB, laboratory and TB-HIV. The meetings were generally well attended and productive.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL**Integration of TB control within a Reformed Health System**

14. A series of seminars on EpiInfo were completed during Year 5. Specialists from the Tashkent Medical Academy and the National TB Institute were trained. Seminar participants gained skills on analyzing epidemiological data with the help of EpiInfo software.

Strengthening laboratory network

15. During Year 5, the TWG meetings on laboratory service were conducted with the participation of specialists of the National Reference Laboratory, Republican DOTS center, the Global Fund Primary Implementing Unit (PIU) and Project HOPE. Issues regarding the standard approach to supervision of a laboratory system were discussed.
16. During Year 5, 28 monitoring visits were conducted in Sirdarya, Fergana, Namangan, Andijan, Khorezm, Samarkand, Jizzak, Tashkent oblast, Tashkent city and the Autonomous Republic of Karakalpakstan. 164 laboratories were visited, 95 in TB facilities and 69 in general health facilities. Visits were carried out jointly by Project HOPE staff and counterparts from the DOTS Center and the National Reference Laboratory.
17. The Regional Laboratory Specialist conducted regular site visits. During the visits, the meetings with the Manager of the Global Fund and the head of the Reference Laboratory were held. Issues of conducting trainings on culture investigations were discussed.
18. The Project HOPE TB Specialist participated in an assessment of the regional lab of Fergana oblast TB dispensary and its preparedness to conduct culture investigations. The assessment was conducted by the Republican DOTS Center in the oblasts, where the interregional microbiology laboratories might be created.
19. Seven monitoring visits were conducted in laboratories of Andijan, Namangan, Fergana, Syrdarya, Tashkent, Samarkand oblasts, and Karakalpakstan. Thirty seven laboratories were visited: 23 in TB facilities and 14 in general health facilities. These visits were carried out jointly by Project HOPE staff and counterparts from the DOTS Center and the National Reference Laboratory. During these visits, the following problems were identified: weekly internal quality assurance was not conducted in ten (27%) out of 37 facilities visited; the quality standards of smear staining were not followed in thirteen (35.1%) of 37 microscopy laboratories; and lenses and other parts of microscopes were damaged because of lack of technical service and disregard of safety measures in two (5.4%) of 37 laboratories. These problems were identified in Tashkent, Andijan oblast and Karakalpakstan. The main cause of the problems is that the oblast lab coordinator does not conduct supervision on a regular basis due to a lack of funds for conducting supervision. The Oblast health department and DOTS Center were informed and recommendations regarding conducting regular supervisory visits were made. Also, on-the-job-trainings were conducted for lab specialists at these sites, in order to improve their skills in slide preparation. Heads of Rayon health departments were informed about the lack of maintenance of microscopes and given recommendations on how to improve the maintenance.
20. In PHC laboratories, an average of 2.3% of suspect cases turned out to be smear positive. The indicator is low because of the problem with definition during the selection process of patients who were referred for sputum analyses. Doctors should follow the existing Prikazes (on DOTS and non DOTS). In order to improve this, trainings on TB program management have been conducted. There is also a need for revision of the existing TB Prikazes. The average number of slides examined per TB suspect case was 1.9 instead of three. An average weekly workload per lab technician was fourteen slides. Of all diagnostic samples, 11.8% were saliva. The results of 129 slides that were rechecked were all confirmed (68 negatives and 61 positives); three grading errors were identified.
21. The results of 40 out of 46 (87%) slides rechecked were confirmed; six grading errors were identified. The technique of smear preparation met the standards on sample quality in 60.9% of smears (25 out of 41). Mostly these mistakes are committed by new laboratory specialists who were not being trained. To solve this problem, the supervision needs to be conducted on a regular basis by the Oblast DOTS Center laboratory specialist.

Strengthen Human Resource Capacity

22. The last seminar on "Management of a TB program" for rayon health managers was conducted in Bukhara oblast. Fifteen managers were trained. Participants discussed the goals and objectives of the TB program, program indicators, supervision system at the rayon and oblast levels, TB/HIV, and

- MDR-TB. They gained epidemiological analysis skills, knowledge on management styles, as well as skills in defining and solving problems. The knowledge and skills gained will help them to develop a TB program in their rayons.
23. During Year 5, a series of seminars on “Infection control for TB programs” was completed. The last seminar was conducted in Bukhara oblast for TB doctors. In total, twenty TB doctors were trained. Participants were familiarized with the infection control guidelines, and received knowledge on infection control measures. During the seminars, participants developed plans on infection control for their own facilities. The seminar was developed on the basis of WHO materials, which were published in 2004-2007. Participants perceived the seminar as highly relevant to their daily work.
 24. A series of seminars on counseling skills were completed. Project HOPE specialists conducted these seminars countrywide. During the reporting quarter, in collaboration with the GFATM PIU, two TOTs were conducted on “Counseling skills” for head TB nurses. Trained nurses also conducted two seminars on counseling for TB nurses from similar regions, under the supervision of the Project HOPE specialist. During the seminars, nurses received knowledge and developed in patient education skills as it pertains to providing TB information. In total, 54 nurses were trained.
 25. An annual meeting of NTP trainers-doctors was conducted. Eighteen trainers and two clinical coordinators from around the country participated in the training. The head of the Chair for Phthysiatrists, N. Parpieva, and the Deputy Chief doctor of the National Center for Phthysiatry and Pulmonology, V. Belotserkovets, were invited as trainers on the issues of TB/HIV. The goals of the training were to improve the knowledge of National TB Program trainers on “TB/HIV co-infection”, “Control of TB infection”, to develop of package of training materials on TB/HIV, and control of TB infection for doctors and medical nurses. As a result, the participants of the TOT worked out unified programs, presentations, situational exercises, themes for group discussions, brainstorming and role plays in Russian and Uzbek languages on the issues of TB/HIV co-infection, which will be utilized in training courses for TB doctors, epidemiologists and infectious disease physicians as well as for TB and general health care nurses. All the participants received training certificates and the kits containing training tools.
 26. Two specialists from Project HOPE/Uzbekistan conducted a TOT for the National TB Program of Turkmenistan in January 2009. The Seminar for Trainers (TOT) for the Turkmen National TB Program, including presentations, small group tasks, individual tasks, case studies and testing questionnaires, was developed by the Project HOPE/Uzbekistan team. A total of fourteen specialists from medical colleges were trained; they received skills and improved knowledge on clinical training.
 27. A series of seminars on “MDR-TB” for TB doctors was held in Samarkand oblast, Tashkent city and Karakalpakstan. 52 TB doctors were trained. Participants in the trainings were acquainted with MDR-TB epidemiology in the world and in Uzbekistan, as well as with the prikaz of the MOH #180 and the organization of the fight against MDR-TB in Uzbekistan. The participants acquired knowledge on diagnosis of MDR-TB, treatment adherence and cohort analysis. The pre-test results were 25% and post-test was 74%

Creating Rational Drug Management Systems

28. During Year 5, an assessment to evaluate the LMIS system functionality and the effectiveness of seminars on LMIS, was completed in ten oblasts. The main findings of the study were presented during a workshop for oblast drug coordinators and were discussed with them and the National drug management coordinator. Recommendations were provided to the NTP coordinator and the MOH Drug Policy Center of Uzbekistan.
29. During Year 5, JSI consultants visited Uzbekistan to: 1) analyze LMIS Data collected from the field; 2) develop a manual for quantification of second line TB drugs; 3) Automate and install Pipeline software for the LMIS; and 4) organize a workshop for oblast drug coordinators. During the visits, meetings with the Deputy Minister of the MOH, representatives of the Drug Policy Center, and the National DOTS Center were held. The LMIS now covers the whole country and all oblasts prepare standard reporting forms.
30. During the last year, JSI consultants created an electronic data base for reporting the LMIS data to the central level. Also, a spread sheet and a manual for quantification of 2nd line TB drug needs were

developed and handed over to the national team. Pipeline software was installed on the computers of the Republican DOTS center.

31. A series of seminars on LMIS for drug specialists at the rayon level, including PHC facilities, was finished in 11 oblasts. The national trainers conducted these seminars under the supervision of Project HOPE and the Republican DOTS center specialists. Chief Nurses and nurses responsible for DOT from PHC facilities, chief nurses from rayon health departments and drug specialists from rayon and oblast TB dispensaries participated.
32. A series of Drug management seminars for Rayon TB coordinators was finished during the last year of the project. Seminars were conducted for Rayon TB coordinators from Samarkand, Djizak, Navoi, Fergana, Andijan, and Namangan oblasts. During the seminars, participants acquired practical skills on the calculation of drug needs, preparation of quarterly reports, use of FDCs (Fixed-dose combination TB drugs), and completing the reporting and recording forms. Results of the pre- and post-tests showed that the knowledge of participants on drug management increased, on average, from 59% to 91%.
33. The operational research study on Rational Drug Use has been finalized. The preliminary results were presented as a poster at the IUATLD World Conference in Paris in October 2008. Also, the article "Drug prescribing practices for TB in Uzbekistan", based on the results of the "Rational drug use", operational study has been prepared.
34. A regional seminar "LMIS within the framework of the National TB program" was conducted in Bishkek. The participants representing the five Central Asian countries discussed the issues of implementation, LMIS system improvements and shared their experience of system implementation in their countries. The participants also acquired skills to work with the consumption database in preparation for the 2009 TB drug forecast.
35. Nine monitoring visits were conducted in TB facilities as well as in PHC facilities. Problems were identified in Namangan, Djizak oblasts, Karakalpakstan, and Tashkent city. In 95% of all facilities visited, treatment regimens and dosages prescribed were correct. Achievement: In 100% of facilities visited, the drug storage conditions were correct. 32 Rayon TB dispensaries were visited.
36. Problems identified were discussed with the responsible persons at the oblast and/or rayon levels. The problems in the field of drug management were:
 - -13% (4 out of 32 TB dispensaries) were not using standardized reporting and recording forms on LMIS at the rayon level, due to the fact that the Oblast drug coordinator does not conduct supervisory visits on a regular basis;
 - 13% (4 out of 32 TB dispensaries) had discrepancies between drug stock and the register book in the Rayon TB dispensary;
 - 14% (12 out of 87 PHC facilities) of PHC reports were not correct because of personal turnover in those PHC facilities and only a one-time training session had been conducted.

Improve Program Management, Supervision and Evaluation of Treatment Outcomes

37. Staff members of the Oblast DOTS Centers were included in the supervision teams. They conducted supervision visits in collaboration with the Project HOPE staff members in order to improve their skills and to jointly find the solutions to the problems identified.
38. Project HOPE monitoring visits were carried out according to the work plan. Together with the counterparts from the DOTS Center, Project HOPE staff conducted monitoring visits in 126 Rayon's in Andijan, Fergana, Namangan, Syrdarya, Samarqand, Tashkent, Djizak and Khorezm Oblasts, Tashkent City and the Autonomous Republic of Karakalpakstan. During Q1 2009, Project HOPE carried out 17 monitoring visits, including seven laboratory monitoring visits. In collaboration with the counterparts from the DOTS Center, Project HOPE staff conducted monitoring visits in 68 rayon's in Andijan, Namangan, Samarqand, Fergana, Djizak, Syrdarya Oblasts, Karakalpakstan and Tashkent City. Visits outside the six pilot Oblasts for the USAID grant were financed through the GFATM project.
39. The work to adapt the check-lists for monitoring at the National level continues. At present, a process of finalizing new check-lists continues. The check-lists will be replaced with the new ones during the

next quarter.

MDR-TB management

40. Project HOPE, in collaboration with JSI specialists, developed and adapted a manual on needs quantification for 2nd line TB drugs, which was handed over to the national team to use for next year's procurement of 2nd line drugs for the country.
41. Project HOPE specialists participated in the meetings, which were organized by the Republican DOTS Center (RDC) for discussing of the DOTS-Plus program and expansion of the program in the country. The meetings were attended by representatives from the MOH, RDC, GFATM and other organizations.
42. In Q1 2009, Project HOPE conducted a series of seminars for TB doctors on MDR-TB. The seminars were conducted in Tashkent city, Samarkand oblast and Karakalpakstan. Details of the seminars are discussed in paragraph #27.
43. The DST survey and the study of the relationship between primary MDR and treatment failure/relapse continued. The Project HOPE team has been conducting this study with National Partners. Analysis of the data is on-going.

TB/HIV management

44. Project HOPE, in collaboration with the CAPACITY project, has been involved in the preparation of an IEC manual for community leaders.
45. A training meeting was conducted with 18 NTP doctor-trainers and 2 clinical coordinators from across Uzbekistan. The focus of the training was on training and developing materials related to TB/HIV co-infection and control of TB infections. For additional details, please see paragraph 25.

III. RAISING AWARENESS ABOUT TB AMONG HEALTH PROVIDERS AND COMMUNITIES

46. The training courses, "Fight Against TB: Utilization of the Media Capacities" were conducted in collaboration with the International Center for Retraining of Journalists. In a joint effort, a contest of the journalists was held to identify the best coverage of TB in the media. The purpose of the contest is to involve the media and the public in the issues of TB treatment and prevention, to increase public awareness of TB and to reduce stigma. During the year, the press articles, video and audio materials provided by the journalists were assessed. The materials were assessed in four nomination areas: radio, TV, press and internet. To sum up the results of the contest a final conference was held in Q1 2009. The participants of the Conference were the MOH of Uzbekistan, National Institute for Phthysiatry and Pulmonology, GFATM PIU, Republic DOTS Center, Tashkent Medical Academy, and international organizations. The contest winners were awarded with diplomas and prizes.
47. Work involving Mahallas in social mobilization activities was started. Project HOPE, in collaboration with JHU, organized a workshop "Social Mobilization in TB Control" in order to train specialists to provide information to Mahalla leaders about TB prevention. As a result, a plan to work with the general population was developed. It includes the providing seminars, creating PSAs and audio spots with key information on TB, conducting meetings with Mahalla leaders, developing flipcharts on TB for the population, etc. The plan is to involve the Mahalla leaders of Samarkand oblast to disseminate the information on TB among the population.
48. Regular meetings of the TWG were held where the preliminary plans for joint activities with the partners were discussed. TWG members approved the video-spot created by the Society of the Red Crescent. During the TWG meetings held in Q1 2009, the following issues were discussed: activities devoted to World TB Day, basic information for the scenario of the PSA on TB treatment and stigma reduction, and approval of the text for the general population informational leaflet for general population. A decision was made to hold a large-scale event on World TB Day (WTBD) together with the partners.
49. A cycle of seminars on counseling of TB hospital nurses was completed. TOT's on "Counseling skills" were conducted throughout the country. Also, seminars on "Counseling skills" were conducted by the national trainers, under the supervision of Project HOPE specialists. As a result, TB nurses are providing TB information to patients on a regular basis and in a consistent manner. A toolkit

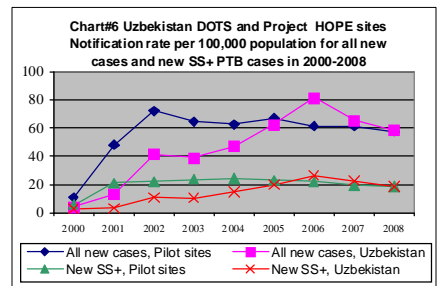
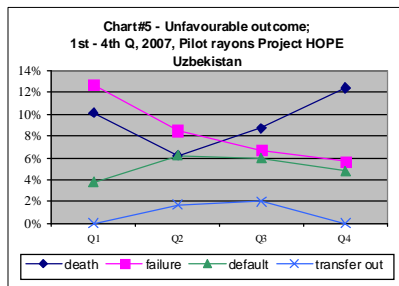
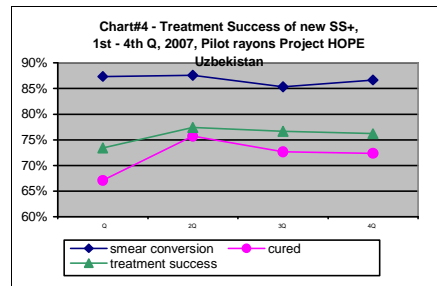
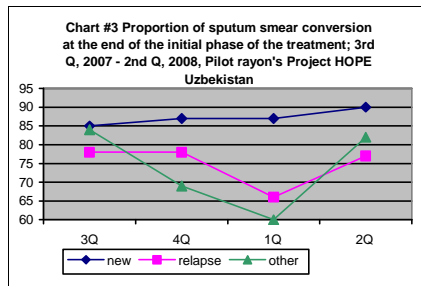
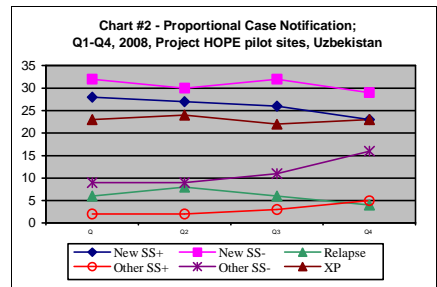
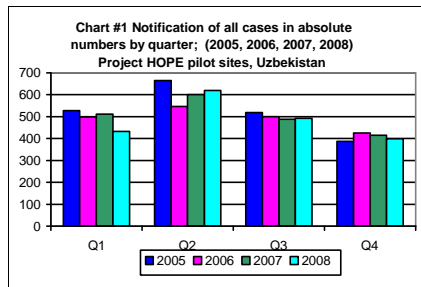
- containing key messages on TB for use by nurses was printed and disseminated during the reporting period.
50. Project HOPE began to work with the youth on TB issues. This activity is conducted in collaboration with SISF (Social Initiatives Support Fund). Young volunteers of SISF participated in WTBD events. Also, it is planned to conduct a TOT for volunteers, regarding supervision of seminars and the development of information materials. All these activities will be conducted next quarter.
 51. The National Association of Electronic Mass Media organized the National Festival of Social Video Spots, where Project HOPE was awarded a special prize for the best PSA "Informing the population on TB Prevention". Creative groups of nongovernmental electronic Mass Media, representatives of international organizations and diplomatic corps attended the festival.
 52. In collaboration with the GFATM project, two TOTs on counseling were conducted for chief nurses from Oblast TB hospitals of Kashkadarya and Surkhandarya oblasts. During the TOT sessions, the nurses were acquainted with educational methods which are recommended for conducting seminars on counseling. Two seminars on counseling were conducted by the trained nurses for TB hospital nurses from their Oblasts. During the seminars, participants received knowledge and developed skills on counseling TB patients during the hospital based phase of treatment.
 53. On 24 March, activities dedicated to WTBD were conducted in collaboration with GFATM, RDC, WHO, Red Crescent Society and Social Initiatives Support Fund (SISF). A display of art work created by children who have been hospitalized for TB treatment, for the contest "Children for the world without TB" was organized in collaboration with partners in one of the capital's first-rate parks. In the context of the display, a competition on chalk drawing on the asphalt was held. This activity on social mobilization is an annual event and has been widely covered by mass media. Sports and interactive games were organized with the usage of basic information on TB. Children ages 10-16 participated in the competition. Popular announcers and musicians (twelve singers) participated in the event this year. During their performances, they delivered basic messages on TB: "We can Stop TB", "TB is curable!", "Treatment of TB is free of charge", etc. A number of student-volunteers participated in the event of 24 March.
 54. A press conference dedicated to WTBD was conducted in the National press centre in Tashkent city on 27 March 2008. It was conducted by the International Journalist Retraining Centre in cooperation with the Republic DOTS Centre of the MOH with support from Project HOPE. Representatives from the MOH, donor and partner organizations participated in the press conference.
 55. Together with WHO and the National Association of Electronic Media, a seminar devoted to the WTBD was organized for 18 professional journalists on 12-14 March. The purpose of the seminar was to train the journalists on the delivery of messages and information to the general public on the treatment and prevention of TB. Taking into account the high level of stigma in the general population that causes the delayed diagnosis and increased level of deaths, such activities need to be held on a regular basis.
 56. During the practical group exercises the journalists learned about the following methods of highlighting TB issues: author programs, interviews with TB specialists, and a talk-show. During the seminar the journalists developed materials based on the City TB Dispensary and Tashkent polyclinic, as mentioned in paragraph #28. Also, a Round Table meeting was held for them with the participation of the representatives of the National Center for Phthysiatry and Pulmonology, GFATM PIU, Republic DOTS Center, WHO, SRC, and MSF.
 57. A KAP survey has been conducted to evaluate the impact of IEC activities conducted by the TB project, comparing the results to the KAP survey results conducted in 2005. The study focuses on TB doctors, nurses and TB patients of TB service and PHC in pilot rayon's of Samarkand oblast. Currently the draft report of the KAP survey is ready. It is planned to finalize it in the next quarter. Based on the KAP survey report, recommendations will be given to NTP for further planning to work with TB patients.

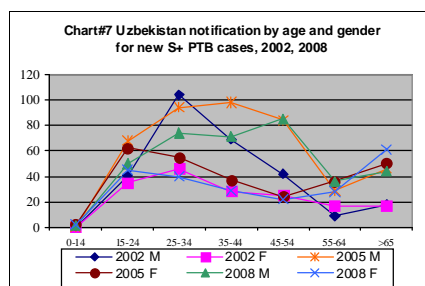
ANALYSIS OF EPIDEMIOLOGICAL DEVELOPMENTS:

58. Major trends observed in 2008 include a decrease in the proportion of new smear positives and an increase in the proportion of re-treatment (other) smear negative cases (Chart 2, Table 1). In Q3 2007

– Q2 2008 smear conversion rates for new SS+ cases were in the range of 85 - 90%. In Q2 2008, both the relapse and other SS+ cases showed increased conversion rates (Table 2, Chart 3). New SS+ cases amounted to only 44% of new pulmonary cases. 41% of pulmonary cases (new and re-treatment) were smear-positive. Proportion of XP cases is still high at 23% (see Chart 2 and Table 1).

59. In 4 quarters of 2007, the treatment success rate for new SS+ cases remained stable between 73 and 76% (Chart 4); the defaulter rate stayed in the range of 4-6%. (Chart 5, Table 3). The failure rate showed a two-fold decrease in 2007. But the death rate increased two times in two quarters and reached 12.5%. 38% (5 cases out of 13) of deaths were attributed to other diseases (including 25% of deaths in persons co-infected with HIV).



**Table 1**

Absolute and proportional case notifications for 6 TB categories from Q1-Q4 2008 (Pilot rayons, Project HOPE, Uzbekistan)

| | Q1 | | Q2 | | Q3 | | Q4 | |
|------------------|-----|------|-----|------|-----|------|-----|------|
| New SS+ | 134 | 28% | 186 | 27% | 150 | 26% | 118 | 23% |
| New SS- | 157 | 32% | 209 | 30% | 180 | 32% | 147 | 29% |
| Relapse | 29 | 6% | 57 | 8% | 35 | 6% | 18 | 4% |
| Other SS+ | 9 | 2% | 17 | 2% | 17 | 3% | 26 | 5% |
| Other SS- | 45 | 9% | 61 | 9% | 61 | 11% | 83 | 16% |
| XP | 113 | 23% | 167 | 24% | 127 | 22% | 116 | 23% |
| Total | 487 | 100% | 697 | 100% | 570 | 100% | 508 | 100% |

Table 2

Absolute and proportional sputum smear conversion at the end of the intensive phase from Q3 2007 - Q2 2008 for different categories of smear positive TB cases

(Pilot rayons, Project HOPE, Uzbekistan)

| | Q3 | | | Q4 | | | Q1 | | | Q2 | | |
|----------------|------------------|-----------|----|------------------|-----------|----|------------------|-----------|----|------------------|-----------|----|
| | absolute numbers | | | absolute numbers | | | absolute numbers | | | absolute numbers | | |
| | cohort | converted | % | cohort | converted | % | cohort | converted | % | cohort | converted | % |
| New | 150 | 128 | 85 | 105 | 91 | 87 | 134 | 117 | 87 | 186 | 168 | 90 |
| Relapse | 32 | 25 | 78 | 27 | 21 | 78 | 29 | 19 | 66 | 57 | 44 | 77 |
| Other | 53 | 38 | 72 | 13 | 9 | 69 | 15 | 9 | 60 | 34 | 28 | 82 |

Table 3

Treatment outcomes for new smear positive cases from Q1-Q4 2007 (Pilot rayons, Project HOPE, Uzbekistan)

| Outcome | Quarter | | Q1 | | Q2 | | Q3 | | Q4 | |
|---------------------|---------|------|-----|------|-----|------|------|------|----|---|
| | N | % | N | % | N | % | N | % | N | % |
| notified | 158 | | 177 | | 150 | | 105* | | | |
| evaluated | 158 | | 177 | | 150 | | 104 | | | |
| cured | 106 | 67.1 | 134 | 75.7 | 109 | 72.7 | 76 | 73.1 | | |
| completed | 10 | 6.3 | 3 | 1.7 | 6 | 4.0 | 4 | 3.8 | | |
| death | 16 | 10.1 | 11 | 6.2 | 13 | 8.7 | 13 | 12.5 | | |
| failure | 20 | 12.7 | 15 | 8.5 | 10 | 6.6 | 6 | 5.8 | | |
| default | 6 | 3.8 | 11 | 6.2 | 9 | 6.0 | 5 | 4.8 | | |
| transfer out | 0 | 0 | 3 | 1.7 | 3 | 2.0 | 0 | 0 | | |
| | | 100 | | 100 | | 100 | | 100 | | |

*- 1 case was canceled

Table 4

Notification rate per 100,000 populations for all new cases and new SS+ PTB cases in Project HOPE pilot sites and in Uzbekistan DOTS areas.

| Site | Year | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|--|
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | |
| All new cases, Project HOPE pilot sites | 11.0 | 48.3 | 72.2 | 64.7 | 62.6 | 67.0 | 61.2 | 61.5 | 57.5 | |
| All new cases, Uzbekistan DOTS | 4.4 | 13.2 | 41.8 | 39.2 | 47.1 | 62.8 | 81.8 | 65.4 | 58.3 | |
| New SS+, Project HOPE pilot sites | 5.9 | 21.2 | 22.4 | 23.5 | 24.4 | 23.1 | 22.4 | 19.3 | 18.7 | |
| New SS+, Uzbekistan DORS | 2.8 | 3.4 | 10.8 | 10.5 | 14.9 | 19.8 | 26.3 | 22.7 | 18.7 | |