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2012 ANNUAL PROJECT REPORT

United Nations Development Programme Tajikistan

Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform in the Republic of Tajikistan

1 January 2012 – 31 December 2012



На фото (слева вправо): успешно вылеченная МЛУ-ТБ больная и волонтер, контролировавшая ее лечение

Project ID:	00072835
Duration:	Oct 1, 2009- Sep 30, 2011 (Phase I) Oct 1, 2011 – Sep 30, 2013 (Phase II)
Component (CPAP):	Reducing burden of HIV/AIDS, Tuberculosis, Malaria
Total Budget 2012:	USD 4,667,089
Total Expense 2012:	USD 4,459,348
Implementing Partners/Responsible parties: Republican TB Control Center, Republican Clinic TB Hospital, WHO, WFP, DPA/MoJ, PGI, Project HOPE, AKF, RCST and local civil	

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Acronyms

ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired Immune Deficiency Syndrome
BSL	Bio-Safety Laboratory
DOT	Directed Observed Therapy
DOTS	Short Course TB Therapy under Direct Observation
DPA	Department of Penitentiary Affairs
HIV	Human Immune Deficiency
EQA	External Education Assessment
GBAO	Gorno-Badakhshan Autonomous Oblast
GFATM	Global Fund to combat AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
KNCV	Tuberculosis Foundation, Netherlands
MDG	Millennium Development Goal
MDR TB	Multi-Drug Resistant Tuberculosis
MDR/RIF	Multi-drug resistance to rifampicin
MGIT	Mycobacteria Growth Indicator Tube
MoH	Ministry of Health
MoJ	Ministry of Justice
NDS	National Development Strategy
NTP	National Tuberculosis Program
PAL	Practical Approach to Lung-Disease
PHC	Primary Health Care
PLWH	People living with HIV/AIDS
PPM	Public Private Mix
PRS	Poverty Reduction Strategy
QHCP	Quality Health Care Project
RCPT	Republican Centre for Tuberculosis Patients
SLD	Second Line anti-TB Drugs
SNRL	Supra National Reference Laboratories
TB	Tuberculosis
ToR	Terms of Reference
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WHO	World Health Organization
WFP	World Food Program

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Summary

This is annual 2012 report on progress of activities implemented by the UNDP under the project “Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform, Phase 2”, funded by Round 8 of the TB Grant of the Global Fund to fight AIDS, TB and Malaria. The report covers the period of 1 January to 31 December 2012. It provides information on progress of the aforementioned project as well as achievement of indicators of the National TB Program, TB epidemiology and analysis in the country. It also includes detailed description of all activities conducted under each project objectives, lessons learnt and response actions to improve program implementation.

For the last five years the Republican TB Control Center with its regional and district centers are key partner of UNDP in project implementation. The UNDP also collaborates with the Republican TB Clinic Hospital Machiton, Department of Penitentiary Affairs under the Ministry of Justice, Post Graduate Medical Institute and several international and local non-government organizations for implementation of the different components of the program.

In this reporting period, the UNDP efforts were focused to improve capacity and management of sub-recipients, regular meetings with discussions of implementation issues, technical and counseling supported regular meetings with discussing implementation issues, technical and counseling support by different components of the NTP.

The project achieved considerable successes in 2012, total summary performance of all outputs is rated 129%, and ten top indicators performance rated over 100%. All planned activities were implemented with annual delivery rate over 90% of the budgeted funds.

Some of key project achievements include high treatment success rates including the penitentiary system, MDR-TB management, HIV testing of TB patients and community DOTS and MDR-TB project. It is worth to mention the great achievements in strengthening laboratory network including EQA certificate issued to the National Reference Laboratory staff. Another good achievement is completion of construction of level 3 Bio-Safety Laboratory in Dushanbe. With UNDP initiative, capacity assessment of the Ministry of Health and its readiness to take over PR-ship for implementation of GF grants was conducted and draft transition plan is provided.

At the same time, during project implementation, the UNDP faced some challenges, a key of which include lack of qualified professionals as a sequence of insufficient funding of health sector and accordingly low motivation of the health personnel as well as lack of electricity in the regions for 8-9 months complicating the implementation of planned activities. These factors impeded achieving targets, especially timely detection of TB patients, and are beyond control of the principal recipient. The UNDP, however, was engaged in dialogues with the Government and proactively participated in discussions and decisions to resolve issues for the successful achievement of goals and targets of the National TB Control Programme.

I. Context

Tajikistan is a high TB burden country in the Euro Region. According to the latest WHO estimations (2011) the prevalence rate including HIV is 382 per 100,000 population and incidence rate including HIV is 206 per 100,000 population. Tuberculosis control was included in the National Development Strategy (NDS) and the Poverty Reduction Strategy (PRS) of Tajikistan for 2007-2015 as one of the development priorities. In 2009 the Government of Tajikistan endorsed the third National TB Control Programme for 2010-2015. These strategies

are successfully implemented with support of the Government of Tajikistan and donor agencies.

The Global Fund is a key donor for TB control in Tajikistan. UNDP was proposed as Principal Recipient of TB grants of the Rounds 6 and 8 by the Tajik National Coordination Committee to fight AIDS, TB and Malaria and since 2007 acts as PR for the mentioned grants. Presently the country implements the Phase 2 of the GFATM Round 8 TB grant with duration of 1 October 2011 to 30 September 2013.

The main goal of the project is to reduce the burden of TB in the Republic of Tajikistan by 2015 in line with the MDGs and Stop TB Partnership targets, aiming at strengthening TB prevention and control programme in the framework of health system reform. Impacts and outcome indicators, related to MDG, will measure the effectiveness of the project that are:

- to reach 70% of case detection rate of all estimated TB cases
- to exceed 85% treatment success rate
- to reduce incidence rate of TB cases to 60/100,000 population and
- to reduce mortality rate to 7 per 100,000.

To achieve these goals and outcomes the project seven objectives have been identified as following:

- 1) ensuring high quality DOTS expansion and enhancement actions;
- 2) addressing TB/HIV, MDR and other challenges of the National TB Program (NTP);
- 3) practical approach to lung disease;
- 4) engaging all care providers in the NTP;
- 5) empowering people with TB and communities;
- 6) operational research; and
- 7) health system strengthening cross cutting issues.

In March-April, the GF and UNDP had negotiation related to program activities and budget and in the result some activities and budget were amended. It also included the restructuring of the PIU structure and resulted in 32% reduction of the PIU project staff.

The project activities were conducted in collaboration of partners and sub-recipients of the grant including UN agencies, government and non-government organizations: RTBC, RTCH/Machiton, DPA, WHO, WFP, PGI, Aga Khan Foundation, RCST, NGOs Nakukor, Gender & Development, Najibullo, AntiSPID and Farodis.

II. Results summary and implementation review

A. Project Results and Impact Summary

In general in 2012 the project made considerable achievements in performance of targets and indicators. The summary indicator performance achievement is rated 129% as well as ten top indicator performances over 100%. Details of each indicator performance are shown in the table 1 below.

Table 1: Progress of Indicators in 2012

Service Delivery Areas	Indicators	2012 Targets	Achieved in 2012	Achievement rate
Identification of infectious cases	Number of new smear positive TB cases detected under DOTS	3280	2041	62%
	Number of new TB cases detected in the penitentiary sector	200	148	74%
Timely detection and quality treatment of cases	Number of new smear positive TB cases successfully treated (cured + completed)	85% (2195/2583)	79.6% (1732/2174)	94%
	Number and percentage of new TB cases in the penitentiary sector successfully treated under DOTS	73% (135/186)	73.3% (102/139)	100%
Improving diagnosis Improving diagnosis	Number and % of microscopy and bacteriology laboratories that perform adequate EQA	95% (87/92)	88 % (81/92)	93%
	Confirmation rate by sputum smear among new pulmonary TB cases (proportion of SS+ new pulmonary TB cases /new pulmonary TB cases) cases	54% 1394/2583	51.6% (2041/3952)	96%
Patient support	Number of TB patients received incentives	14900	16596	111%
TB/HIV	Number of TB service providers trained in provision of HIV counseling and testing among TB patients	20	38	190%
	Number and percentage of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients	70% 5670/8100	(88%) 6129/6929	126%
MDR-TB	Number of bacteriological confirmed MDR TB cases notified and under the treatment	260	525	202%
	Number of TB service providers trained in the management of drug-resistant TB	24	63	263%
PAL (Practical Approach to Lung Health)	Number of doctors trained on PAL	30	39	130%
ACSM	Percentage of individuals with correct knowledge about TB (such as mode of transmission, curability, and duration of treatment, etc)	48	45	94%

HSS (Health System Strengthening)	Number of medical staff trained in integrated and standardized case management of the patients with HIV/AIDS, TB, and Malaria at the PHC level	45	87	193%
Treatment success rate co-managed by the community	Treatment success rate among new smear positive TB patients co-managed by the Community and health workers	85,3% (350/298)	96% (47/49)	113%

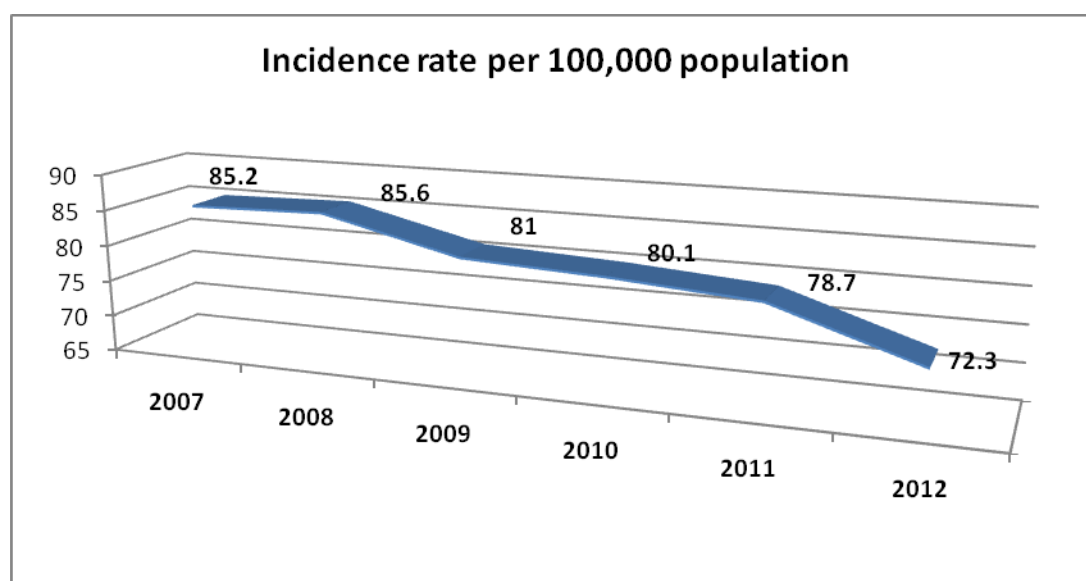
One of the basic objectives of the program is timely diagnosis and detection of new communicable forms of tuberculosis. As it is shown from the table, the indicators on case detection is low and do not reach the WHO targets. It is mostly related to the general health system problems, namely insufficient funding for health sector, low motivation of health workers resulting in high turnover of qualified staff, inadequate and long lasting health reforms, insufficient integration with the primary health care service. Limitation of electricity during 8-9 months also complicates the case detection of TB patients, especially in relate to the labs operation. Despite UNDP efforts to carry out lots of activities focused in improving diagnosis services, training of specialists and strengthening health sector, these risk factors remained beyond the UNDP control.

Detailed description of activities implementation within project indicators in 2012 is provided in Section III of the report.

TB Epidemiology in Tajikistan

In 2012 in total 6929 TB patients were detected, of which 3010 (43,8%) are females and 3919 males (56,2%). The total number of the registered new cases is 5484, among which 2041 or 37% are new positive cases. TB incidence rate in the last years showed a reducing trend with 72.3 in 2012 and 78.7 in 2011 per 100,000 population.

Diagram 1: TB Incidence Rate in 2007 to 2012



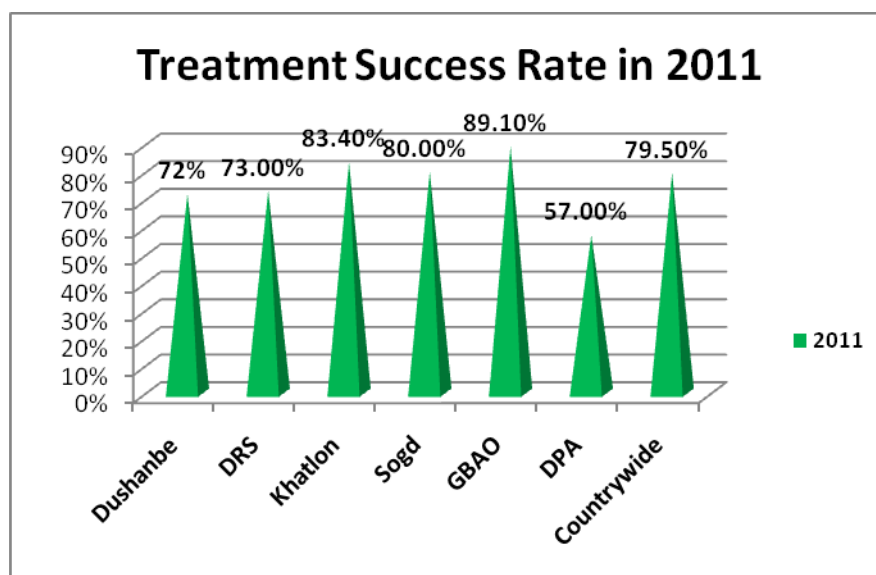
The number of males among new detected infectious TB forms is higher, which probably could be explained by the fact that the number of male migrants is considerably higher than females. The majority part of TB patients in Tajikistan is the most able bodied young people of ages between 15 and 34 while in the developed countries TB affects the people >60.

In 2012 one of the good indicators was successful treatment outcomes of new positive cases. Successful treatment rates of the registered sputum smear positive patients enrolled in treatment is stable for the last two years and vary between 79-80%. High rates have been observed in Khatlon and GBAO. All results of the successful treatments shown in the diagram 2 below.

Table 2. Distribution of new positive TB patients by gender and age categories

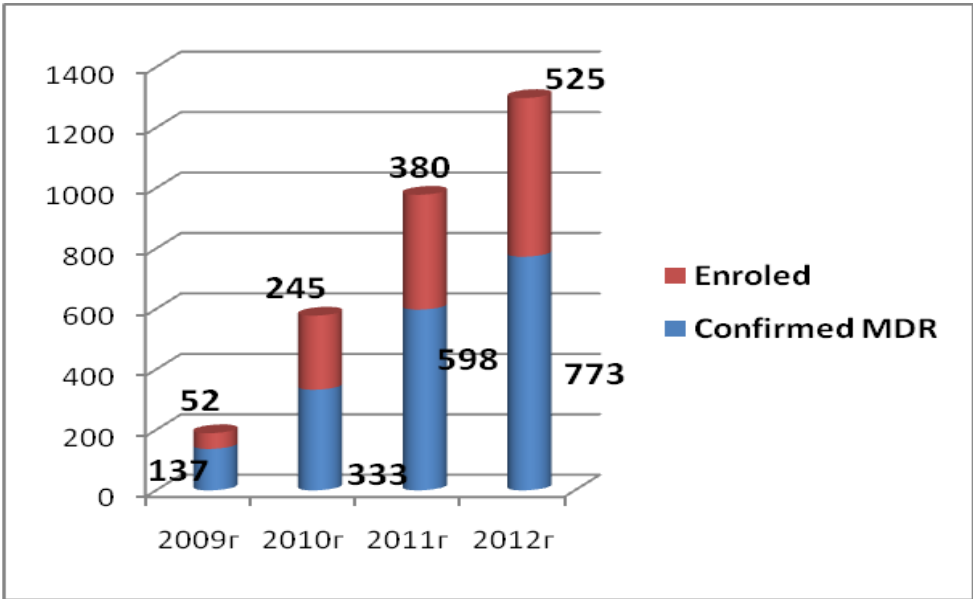
Name of Regions	Gender			Age						
	M	F	Total	0-14	15-24	25-34	35-44	45-54	55-64	> 65
Dushanbe	65	40	105	1	28	28	20	11	14	3
RRP	208	185	393	6	131	101	37	48	34	36
Kulyab	215	192	407	3	121	117	58	45	31	32
Kyrgan-tyube	258	264	522	8	155	164	61	39	37	58
Sogd	292	221	513	6	128	123	71	68	50	67
GBAO	16	24	40	-	12	7	10	6	2	3
DPA	60	1	61	-	14	23	17	6	1	-
Total in RT	1,114	927	2,041	24	589	563	274	223	169	199

Diagram 2: Results of treatment success rates of patients enrolled to treatment in 2011



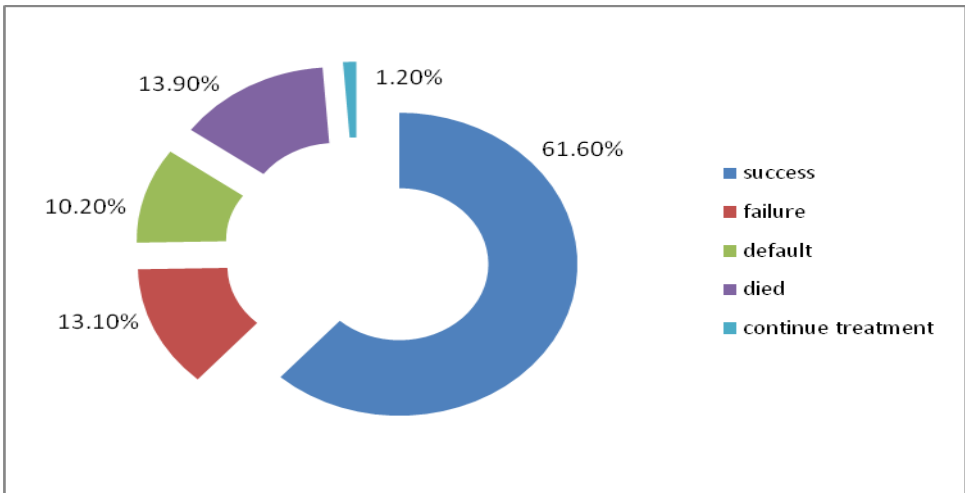
In 2012 the total number of MDR-TB pilots was increased and reached 19 including penitentiary systems. In 2012 the number of confirmed MDR-TB cases was 773 and 525 among confirmed patients were enrolled to treatment including 11 children. Cumulatively over the program period (2009-2012) this number reached 1213 cases. The diagram 3 below shows detection and registration of drug resistance TB cases in the period 2009 -2012.

Diagram 3. Detection and registration of MDR-TB in 2009 to 2012



The results of the 1st cohort of MDR-TB patients registered in 2010 become available in 2012. Treatment success rate of this cohort is 61,6%, that is higher than NTP target (52%), 1,2% patients continue treatment, 13,1% failed where there is a probability of extensively drug resistance, 10,2% cases were defaulters and about 14% were fatal at the drug therapy period. Compare to 2011 the confirmation rate of MDR among new cases has increased for 12% and case detection among failure after Category 2 reduced to 13 %, that is explained by the improved rapid diagnosis of MDR using up-to-date technology- computerized equipment GeneXpert.

Diagram 4. Treatment outcomes of MDR TB patients enrolled in 2011



B. Implementation Strategy Review

Same as the previous years, in 2012 the UNDP strengthened activities focused on development of capacity of the Ministry of Health structures. In total, in 2012 over 400 specialists of PHC and TB centers were trained inside the country as well as outside in Russian and Germany. International consultants were invited for technical assistance in MDR-TB, drug management and monitoring and evaluation. In 2012, a number of technical documents were developed and approved including the National M&E Plan, standard operational procedures on laboratory activities as well as microscopy and culture testing for laboratory network of Tajikistan. UNDP involved international and local consultants on different program components including international laboratory consultants on long term basis, GLC consultant for monitoring and evaluation of MDR-TB project, and other short term consultancy missions including for assessment of drug management in the NTP.

It is worth to mention the UNDP initiative to develop an exit strategy and plan for transferring PR-ship to the government health structures. In particular, an international consultant was involved in assessment of capacity and readiness of the MoH to take over the PR-ship role, draft action plan was developed. The Ministry of Health assigned a working group headed by the Deputy Health Minister that will be working on requirements of the strategy.

One should be noted that the RTBC is the main sub-recipient and the key partner in implementing GF TB grants for the last five years. During this time considerable achievements in the NTP performance is shown including financial management. With successful technical support of the UNDP, the RTBC obtained TB Reach grant where the RTBC itself now acts as primary recipient. The UNDP will further provide support in monitoring and supervision of the activities for successful performance of the mentioned grant.

Special attention was given to involvement of civil society organization in implementation of activities focused in TB prevention, diagnosis and treatment in communities through contracting local and international NGOs. Considerable improvements are achieved in this direction including raising awareness of the over 150,000 population in different districts of the country as well as high treatment success rates reaching over 90%.

In this reporting period the UNDP continued implementation of planned activities that contributed to achievement of good results, in general for capacity strengthening, program performance and implementation of the project activities. UNDP specialists continued providing strong technical support to local specialists in implementation of all objectives and components of the program.

III. Detailed project activities review

Objective 1. Ensuring high quality DOTS expansion and enhancement actions

In 2012 the UNDP continued implementation of Phase 2 Round 8 TB grant “Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform” with close collaboration with the NTP. High attention is given to improving new TB case detection, drug management, strengthening TB lab network, integration of TB and PHC, human resource capacity, directly observed treatment and TB patients treatment adherence.

Strengthening TB Laboratory Network: The UNDP proactively continued implementation of activities focused on capacity strengthening of microscopy and bacteriology laboratories. Hence a number of trainings conducted in the reporting period for 55 lab specialist in Zehl Nilson method, fluorescent microscopy, GeneXpert MTB/RIF and culture TB diagnosis for NRL, regional laboratories of Khatlon, Sogd, BGAO regions and DRS districts. One of the important successes achieved by the NTP is a level 3 bio-safety laboratory for testing of difference communicable diseases including TB, AIDS and Malaria. Currently the construction

of the lab is completed, local engineers are trained on how to use the equipment including HVAC installed in this BSL-3. There is no any equivalent to such level laboratory in CAR region. Therefore the NTP further will focus on training of the lab capacity so in future the lab could be a training center and basis for conducting scientific and research activities in the field of communicable diseases. In addition, the UNDP provides technical support through on-the-job training monitoring, coordination of activities with other partners of the NTP. One of the successful results of these activities is issuance of certificates to three lab specialists of TB reference laboratories for testing of drug resistance of FTDs and STDs. Also successful EQA certificate was issued to three lab specialists in Machiton reference lab. With obtaining new technologies on rapid diagnosis of TB cases, the UNDP in collaboration of partners proactively took part in the process of developing SOPs on using the new technologies and methods. In addition, the UNDP provided proactive support in coordination of lab activities including procurement, dissemination of lab consumables. Currently in total 92 microscopy labs and 4 bacteriology labs are operating in the country. GeneXpert equipments are installed in regional labs for diagnosis of MDR-TB patients in pilots. Also within TB and AIDS integration, ELISA systems are installed in the regional TB labs.

Strengthening TB drug management: The UNDP as principal recipient of GF grants made procurement of first line TB drugs for all registered TB patients countrywide and procurement of second line TB drugs for covering MDR-TB patients in 19 pilot districts. The GDF evaluation mission conducted in April 2012 gave positive feedbacks for storage, distribution, reporting at central and regional levels. To improve drug management at the district level, UNDP has organized TB drug management training for over 50 specialists responsible for drug management in Khatlon, Sogd and districts of the republican subordination.

Strengthening NTP capacity: The UNDP continued efforts for strengthening NTP capacity through activities focused on improving infrastructure, training program on all priority components of the program for TB specialists as inside same as outside of the country, providing top-up allowances for key NTP staff, regular consultative and technical support provided by the UNDP specialists, including support in strengthening financial capacity of the NTP. The UNDP also organizes and facilitated various thematic working groups on drug management, MDR-TB, TB/HIV, M&E, prison TB and other program components. With technical and financial support of the UNDP quarterly cohort analysis workshops have been conducted in all regions of the country, new database OPEN MRS was established for monitoring of TB and MDR-TB patients in the country. UNDP specialists provided proactive support in development of TB Reach proposal that in the result the grant amounting over 400,000 USD was approved for RTBC as principal recipient. UNDP specialists further will provide support in monitoring of grant activities. As it was mentioned earlier, the UNDP initiated assessment of capacity of the MoH for readiness to take over PR-ship for independent implementation of GF grants. For these activities the UNDP has involved international and local consultants, respective recommendations provided for implementation of GF requirements and draft action plan provided to the MoH.

Strengthening TB Hospital Infrastructure: In 2012 with support of the UNDP construction of three hospitals was completed: Regional TB Hospital located in Kurgan-tyube city, TB Prison Hospital located in Vahdat District, and level 3 Bio-Safety Laboratory located in Dushanbe. Hand over and official opening ceremony of the hospitals is scheduled in early 2013. Completion of the last TB hospital in Khorog, GBAO is scheduled in May 2013, currently about 70% of works are completed. The total cost of all four constructions is about USD 6,000,000.

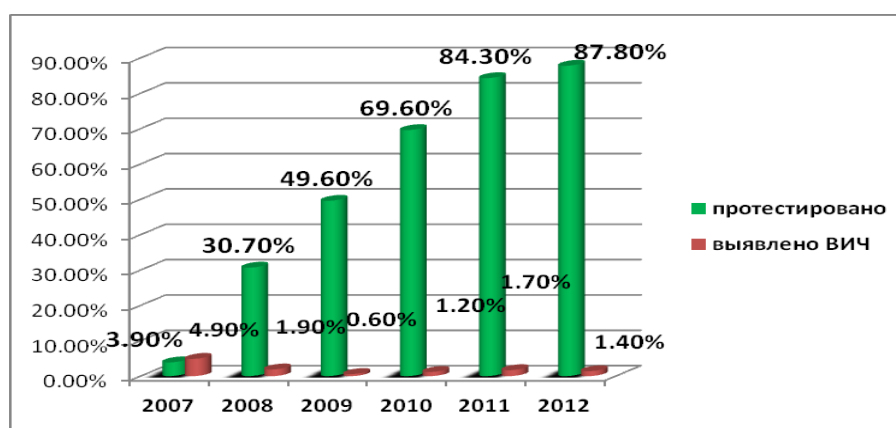
Food support program for TB patients: Aiming at improving treatment adherence of TB patients the UNDP in conjunction with the World Food Program provides food parcels for TB patients and their family members. Each patient, after 2 months of TB treatment receives food parcel (flour, peas, vegetable oil and iodized salt). Hence each patient and his/her family members received three parcels in the course of full treatment period. This practice considerably improved the achievement of high rates in the number of cured and completed

treatment patients. In total in the reporting period 16596 food parcels were delivered to TB patients and 30573 parcels to patients' family members. Family members were covered by WFP funds.

Objective 2. Addressing TB/HIV, MDR and other challenges of the National TB Program

Management of TB/HIV co-infection: TB/HIV co-infection is one of the key priorities of the National TB Program. In the reporting period considerable successes achieved including strengthening integration of two vertical services: HIV/AIDS and TB. Aiming at improving the integration between the services, the UNDP facilitated several round table meetings with participation of representatives of both services. In the meetings both services representatives discussed how to improve joint activities, found better solutions for unifying recording and reporting system. In 2012, over 40 TB service staff was trained in VCT and TB/HIV management trainings. Also UNDP supported the issuance of Prikaz No 193 on Actions for strengthening TB/HIV co-infection management dated 03.05.2012. The efforts brought to considerable improvements achieved in HIV testing of TB patients in comparison of the previous year's reaching 87,8 % in 2012. In total 88 TB/HIV co-infected cases detected and confirmed by AIDS centers. Diagram 5 below shows the growing trend of TB patients testing on HIV for the period 2007-2012.

Diagram 5. Testing of TB patients on HIV and registration of TB/HIV co-infected cases in 2007-2012.



TB in Prison: In 2012 considerable success was achieved in penitentiary system in improving access of prisoners to health services. In the reporting period in total 207 cases were registered of which 147 (71,5 %) are new cases. Nine field central medical commissions to penitentiary facilities were organized and in the result 85 new TB cases detected. In addition with UNDP technical and financial support quarterly and annual cohort analysis of TB results in penitentiary system is conducted. In this reporting period in total 182 TB patients were tested on HIV among which 21 were confirmed as TB/HIV infected. All detected patients had additional testing such as IFA, western blotting, C-cell level and received ARV therapy. In 2012, 2 of 21 were fatal, and the remaining 19 continue receiving treatment. 21 PLWH after having TB negative results are taking Isoniazid therapy.

MDR-TB management: Due to high rate in Tajikistan, MDR-TB is given high priority by the National TB Program and the Ministry of Health. Therefore, with support of GF, the country started the pilot project in 2009. With support of the UNDP, Tajikistan moved to the integrated program management of MDR-TB cases. During three years of progress the project was

implemented in 19 pilots and given positive feedbacks by GLC mission held in April 2012. Molecular diagnosis methods were introduced for rapid detection of MDR-TB patients. With GF support two GeneXpert MTB/RIF were procured and installed in two regional bacteriology laboratories. Since the beginning of the project cumulatively 1213 MDR-Tb patients were enrolled to treatment project. In 2012 in total 773 MDR-TB patients were detected and of this number 536 enrolled for treatment. Treatment success rate in 2012 reached 62% among MDR-TB cohort that started treatment in 2012. It is a good indicator for the region while the target was 52%. In May 2012 the MoH approved MDR-TB Guidelines that was developed by the NTP and UNDP specialists with technical support of the GLC. The Guidelines describe details of detection, diagnosis and treatment of MDR-TB at in-patient and outpatient treatment stages.

Objective 3. Practical Approach to Lung Diseases

Within this objective, the UNDP with collaboration of the World Health Organization and in line of the National Strategy and National Plan conducted a number of activities for PAL implementation in Tajikistan. The Ministry of Health assigned a working group and identified three districts as pilots: Dushanbe, J.Rumi and Penjikent. Training modules were developed and training for TB and PHC staff based on clinic protocols on PAL and TOT modules, in total over 50 specialists from pilots trained. Aiming at improving integration with TB and PHC service PAL workshop was conducted with participation of 130 representatives including heads of Regional Health Departments, PHC managers, directors of Tb and AIDS centers, NCC, MOH and MOJ. In the workshop the project has presented the National PAL Strategy and Plan for Tajikistan, its goal and objectives, targets and outputs and implementation plan.

Objective 4. Engaging all care providers in the NTP

The main goal of this objective was to engage private and family doctors to diagnosis and treatment of TB patients within the health reform progressing in the country in the last two decades. In the reporting period a number of trainings on DOTS principles were conducted by the NTP for family doctors. The Post Graduate Institute was also involved for training of family members in post graduate courses in Sogd, Dushanbe and Khatlon. In total more than 100 family doctors were trained in the reporting period. One should be noted that in 2012 the budget for this activity was considerable reduced thus limiting performance of activities under this objective.

Objective 5. Empowering people with TB and communities

Empowering civil society in TB Control. Aiming at improving awareness raising of the population in TB prevention, diagnosis and treatment, the UNDP contracted seven local and an international organization: INGO Aga Khan Foundation, Red Crescent Society Tajikistan, NGO Nakukor, NGO Jomea va Peshraft, NGO Najibullo, NGO Gender & Development, NGO Farodis, NGO AntiSPID. The organizations carried out IEC activities including TB sessions and small group sessions for risk groups and family members of TB patients, TB campaigns and forums for the general population in twenty districts and regions of the country. One of the key objectives of the NGOs, that is practicing in Tajikistan for the first time, is to support health facilities in providing DOT for outpatients. Considerable successes achieved in this direction including recovery of a MDR-TB patient co-managed by the volunteer and health provider in Kulyab (see photo in the cover). The treatment success rate of patients co-managed with NGO and health facilities reached over 90% in 2012.

World TB Day: On March 24 Tajikistan celebrated World TB Day where UNDP had a significant contribution. The goal of the World TB Day was to attract the attention of the

Government and civil society to TB problem, strengthening collaboration of stakeholders, agencies and organizations in TB activities in Tajikistan. With this goal, a big concert show devoted to WTD was organized in Kokhi Jomi with participation of popular singers. The show also included a contest and quizzes on TB. Numerous articles in papers published on progress of National TB program and TB issues. Big forums and campaigns within TB centers in GBAO, Khatlon and Sogd were organized.

IEC activities and materials: Distribution of IEC materials had a big role in awareness raising of the population on TB prevention, diagnosis and treatment. In 2012 over ten types of IEC materials including brochures, sheets, booklets and posters were disseminated for over 150,000 population. Also in the course of the year quarterly bulletins that describe all news and achievements of TB project were disseminated. The bulletins a key instrument for awareness raising among mass media, local and international partners involved in TB control in the country.

Objectives 6. Operational Researches

In the period of TB project implementation in Phase 1 and 2 in total three researches were conducted, namely: «*Operational Research on In-patient Treatment vs Out-patient treatment*» conducted jointly with the WHO, «*Operational researcher on identification of infection level and morbidity among children*» and «*Research on identification of financing needs for the NTP*». All researched were conducted with involvement of international organizations and consultants. The survey results were presented to the RTBC and the MoH and will be used further in decision making of the MoH and donor organizations. In 2012 the budget of this objective was considerably reduced, therefore no researched conducted.

Objective 7. Health system strengthening cross cutting issues

Establishing OPEN MRS database: The UNDP in collaboration of the WHO have continued activities on establishing a database for monitoring of all MDR-TB patients. Technical support in implementation, monitoring and training of specialists on how to use the database was provided by the specialists of Interactive Research Development, Pakistan that have big and successful experience in this field. The databases was established at the pilot stage in the RTBC, Kulyab city and Kulyab district centers and in 2012 were extended to 6 pilots, namely in Sogd, regional center in Krgan-Tyube, Dushanbe, Rudaki and Penjikent districts TB centers including penitentiary system. In total 23 staff of the centers trained. Further introduction of drug management database is planned.

Cohort Analysis Workshops: The main goal of the workshops is to make an analysis of treatment results at each oblast, discuss each component, including detection, registration drug management, conversion etc. In the reporting period, in total seven cohort analysis workshops conducted at each region. Results and detailed analysis are submitted to the RTBC.

TB management training for PHC specialists: Within this objective basic DOTS and TB management trainings were conducted for the specialists of the primary health care facilities (PHC). The main goal of the trainings is to improve and strengthen integration with PHC in detection of TB patients. In total 45 PHC specialists from different regions were trained in the reporting period.

IV. Implementation challenges

MDR-TB: Tajikistan is a high burden TB and MDR-TB country in WHO Euro Region. Currently UNDP within GF grant provides universal access to diagnosis and treatment of all sensitive TB cases. However, it should be stressed that MDR-TB is at pilot stage yet and currently patients from 18 pilots' districts of the total 66 districts of the country have access to diagnosis and treatment of MDR-TB that is less than 30% of the total population. The estimated number of MDR-TB patients as per WHO is identified as 1020 new MDR-TB cases per annum while only 400 patients per annum have opportunity for diagnosis and treatment with support of the GF as main donor of the MDR-TB management project. The UNDP provides proactive assistance in seeking potential donors to cover the financial gaps for ensuring the universal access of all MDR-TB patients countrywide to diagnosis and treatment, in particular, MDR-TB concept with brief MDR-TB epidemiology overview developed and sent to all donors, embassies and partners of the MoH, it was also presented in the donor meetings.

Lack of funding: Insufficient funding of health sector is a major and topic problem. Moreover, health sector priorities are focused on strengthening infrastructure than based on the end user. Low motivation resulted to high turnover of qualified specialists, in particular TB service staff. The Government undertakes actions for attracting and retaining qualified specialists that is evidenced by increase of salary for health personnel for 30% recently in September 2012. At the same time the MoH applied to the Government for increasing salaries of TB service staff. The document is currently under review of Majlisi Oli (Parliament).

It should be also mentioned that the health sector in Tajikistan is mostly dependant of donor investments. The Global Fund is a main donor of the National TB Control Program and the UNDP undertake actions to change the situation. During several high level meetings with the MoH, MoF the review of budget lines and NTP prioritization were discussed. The MoH made a decision to include 10% of procurement of first line TB drugs from its own funds. Furthermore the MoH will commit to increase allocation for procurement of TB drugs and TB diagnosis. In 2012 the UNDP initiated to develop a document for gradual transition of PR-ship to the MoH and involved international specialist for assessment of capacity and readiness of MoH structures for independent implementation of the grants. Currently a national working groups is assigned as well as draft document developed and presented to the MoH.

Another challenge that considerably impacted to the project performance is limitation of electricity supply, especially in the regions. Lack of electricity during 8-9 months do not allow adequately functioning of laboratories and TB centers thus impacting to diagnosis of TB cases as well as improve computerized monitoring system and databases.

V. Lessons learnt and next steps

As it was mentioned earlier, the Global Fund proposed to institutionalize some activities and one of such activity was management of goods procured with the GF funds. Currently all goods procured with GF grants are managed by SUE Republican Medical Procurement Center established by the EU financial support. During the high level dialogues it was proposed that MoH will take responsibility over warehousing and distribution of 50% of health products. However the assessment conducted by the PSO/UNDP showed that at this stage, the MoH is not ready to take over this load yet as it needs some transition period. Currently the UNDP and MoH jointly work on selection of the optimal model for the transition period.

Despite all difficulties related to the delays with allocation of piece of land by the local authorities, several ad hoc amendments to the construction design, political and weather conditions, problems of power limitations, the project succeeded to complete construction works in three construction sites: TB Prison Hospital in Vahdat, TB Hospital in Kurgan-Tyube and BSL-3 in Dushanbe. It is worth to mention the role of the UNDP that made a lot of efforts in resolving above listed problems including meetings and negotiations with local authorities,

representatives of design institutes, government power supply, water supply, gas supply agencies as well as other involved parties of the constructions. At this moment, the project develops a package of documents for submission to State Expertise and hand over of the facilities. At the same time, construction works are still continued in the Khorog Hospital, and completion is expected in May 2013.

Annex 1. List of Trainings and Specialists Trained

No	Training	Number of Specialists Trained	Region/ District
<i>Training for TB specialists</i>			
1	MDR-TB Management training	63	Kurgan-Tyube, Temurmalik, Dangara, Khujand,
2	Infection Control	56	Kulob, Kurgan-tyube,

			Khujand
3	VCT and TB/HIV Management	38	Dushanbe, Kurgan-Tyube
4	Practical Approach to Lung Diseased	19	Dushanbe
5	TB Drug Management Training for TB	52	Kurgan-tyube, Kulyab, Khujand, Dushanbe
6	Clinic TB Courses for TB specialists	24	Dushanbe
7	Laboratory training	55	Dushanbe, Khatlon, Soghd, GBAO, RRP
<i>Trainings for PHC and other services</i>			
8	Practical Approach to Lung Diseased	20	Rumi District
9	Basic DOTS and TB management for PHC specialists	87	Kurgan-tyube, Dushanbe, Rasht,
10	Basic DOTS training for forced structures	12	Dushanbe
11	Post graduate TB courses for PHC (family doctors	59	Khujand, Tursun-zade, Dushanbe
	Total trained in 2012	485	

Annex 2. Mapping of Case Notification Rate and Location of Laboratories

