

This edition of report on “Mapping the community response to TB in Tajikistan” was developed by the Association “Stop TB Partnership, Tajikistan” in the frame of project “Strengthening the TB response through multi-stakeholder partnerships” supported by Stop TB Partnership, based on a mapping exercise conducted with the contribution of partner organizations in Tajikistan.

The purpose of this report is to provide visibility on current involvement of CSOs (*further referred to as public organizations-officially entitled at the Ministry of Justice of the Republic of Tajikistan*) on TB prevention and care programs as well as to provide recommendations for their meaningful engagement in the fight to end TB. The report serves to promote effective collaboration between all key partners that are involved in the implementation of National Program for the Protection of the Population from TB in the Republic of Tajikistan for the years 2021-2025.

The report was developed by processing information presented by 23 Organizations, including 18 public organizations and 5 international organizations active in TB control in the Republic of Tajikistan.

The report on “Mapping the community response to TB in Tajikistan” contains a *Directory 2024* and *CSOs profiles in Power BI* as its attachment.

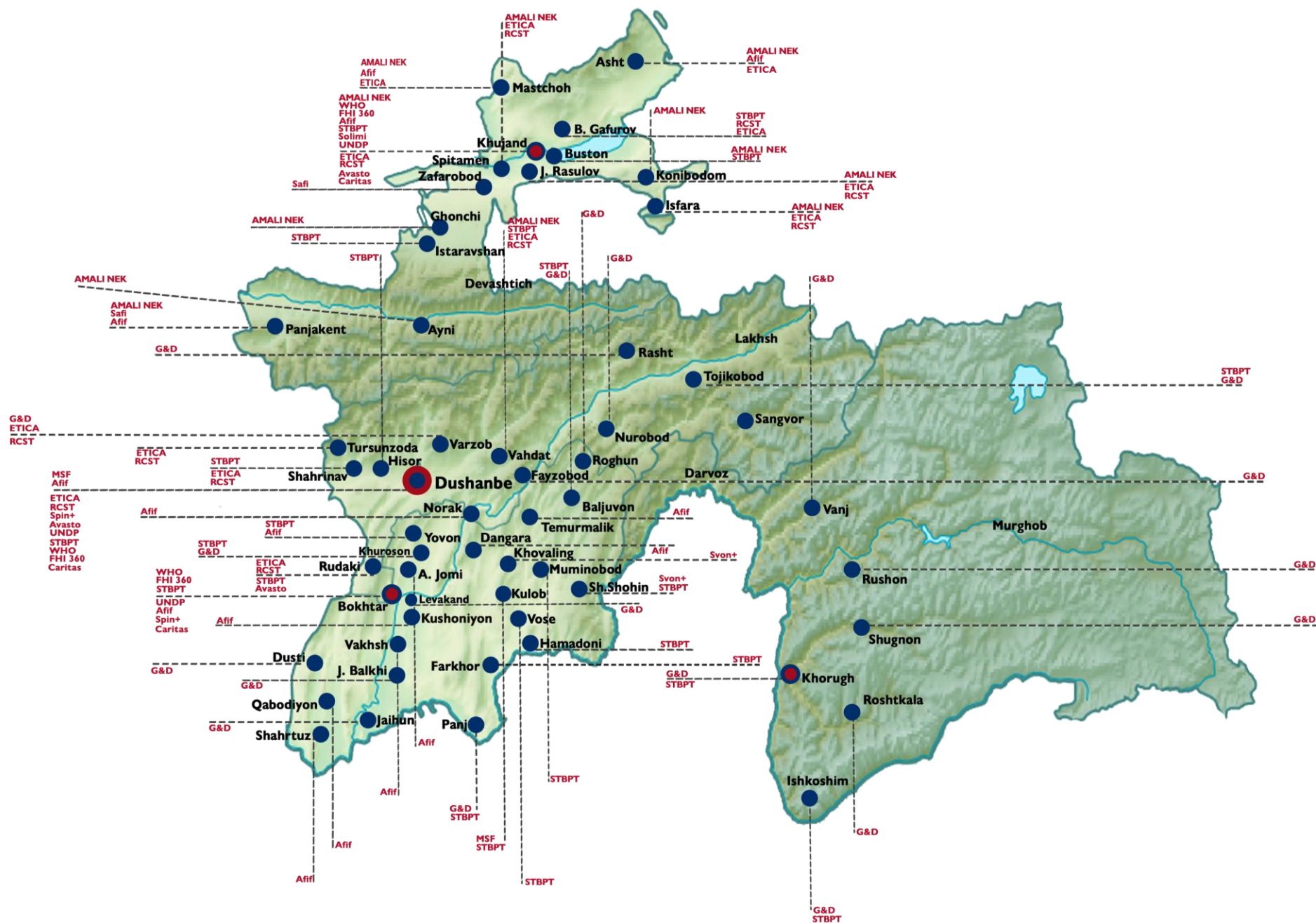
The *Directory 2024* and the *CSOs profiles in Power BI* provide profile of State Institution “Republican Center of Protection of Population from TB with its Regional Centers, and Public Organizations and International Organizations with experience on TB, HIV-TB as well as the list of organizations and institutions providing services on HIV and viral hepatitis. The profile presented in the *Directory* includes information about the key TB partners’ address, contact focal point, goal and tasks, and the direction of the main activity. The *Directory* can be used by those looking for institutional information in the Republic of Tajikistan and seeking project/activity partner organizations and outreach workers or TB support groups.

The ‘Stop TB Partnership Tajikistan’ continues regular mapping exercise and strives to keep the key TB partners’ profiles updated and live with focus on reflecting the civil society engagement as one of the important initiatives.

GRATITUDE

We express our gratitude to all organizations/institutions that have presented information by participating in the survey and contributed to the process of development of the report “Mapping the community response to TB in Tajikistan” and its *Directory*.

Coverage of organizations working on tuberculosis (TB) in the Republic of Tajikistan



ABBREVIATIONS

AI	Artificial Intelligence
CBOs	Community-Based Organizations
CI	Contact Investigation
CLM	Community-Led Monitoring
CSOs	Civil Society Organizations
DRS	Districts of Republican Subordination
DR-TB	Drug Resistant Tuberculosis
EECA	Eastern Europe and Central Asia
ETICA	Elimination of Tuberculosis in Central Asia
FHI	Family Health International
GBAO	Gorno-Badakhshan Autonomous Oblast
GF	Global Fund
INGOs	International Non-Governmental Organizations
KAPs	Key Affected Populations
LON	Local Organization Network
LTBI	Latent Tuberculosis Infection
MDR-TB	Multi-Drug Resistant Tuberculosis
MOHSP	Ministry of Health and Social Protection of Population
MSF	Medicine Sans Frontier
NSP	National Strategic Program
NTP	National Tuberculosis Program
PHC	Primary Health Care
PO	Public Organizations
PSS	Public Systems Strengthening
RCPPTB	Republican Center of Protection of Population from Tuberculosis
RCST	Red Crescent Society of Tajikistan
RT	Republic of Tajikistan
SDGs	Sustainable Development Goals
STPT	Stop TB Partnership Tajikistan
TB	Tuberculosis
JOPs	Joint Operational Plans
TBSG	Tuberculosis Support Group
UNDP	United Nations Development Program
UNHLM	United Nations High-Level Meeting
USAID	United States Agency for International Development
VST	Video-Supported Treatment
WHO	World Health Organization

CONCLUSIONS AND RECOMMENDATIONS FOR STRENGTHENING COMMUNITY SYSTEMS AND RESPONSES TO TB IN TAJIKISTAN

The conclusions and recommendations presented below are made based on analysis of data received from organizations, as well as practices, observations, learnings from recent years and more so, the opportunities, obligations set forth for public organizations and civil society in the key strategic documents, including National Program for the Protection of the Population from TB in the Republic of Tajikistan for the years 2021-2025¹.

Public organizations were actively engaged in the process of discussions and development of the National Program for the Protection of the Population from TB in the Republic of Tajikistan for the years 2021-2025. The public organizations and civil society being integral part of the National Program have undertaken a crucial role to play in achieving national end TB targets. Relative sections of the National Program for the Protection of the Population from TB in the Republic of Tajikistan for the years 2021-2025 (see Annex 1 on pages 17-18) are checklist to be utilized by the public organizations and civil society.

I. TB Case finding

1. All regions of the country should be covered by the organizations' services. While deciding the service coverage of public organizations and the districts distribution, it should be considered that the public organizations should have history of TB work experience in the districts where they will be assigned to work and that they have established links, knowledge on various peculiarities of the districts.
2. Organizations should invest time and resources in conduction of TB screening outside health facilities among TB contacts and key affected populations in collaboration with medical facilities.
3. Organizations work should be designed and implemented in close collaboration with medical facilities (TB center, PHC, Healthy Life-Style Centers etc.).
4. Organizations should support logistical arrangements, teaming up with health care workers, to conduct all available methods of screening for all forms of TB/including LTBI (symptom screening, X-Ray with AI, skin test) in one go during visits to families/outside medical facilities, thus effectively use the available time and resources². While the portable X-Ray devices with AI are distributed (see Annex 2 on page 19) at the city/districts TB centers and so are the skin test tool kits, the public organizations are relevant on logistical part of the utilization of the tools outside the health facilities among TB contacts. Use of portable X-Ray with AI is deemed to be efficient/rational if at least 50-70 X-Ray examinations are conducted per day.
5. While conduction of TB screening among contacts, the organizations should consider three circles of contacts (family members, people frequently visiting the family, people whom the

¹ <https://moh.tj/wp-content/uploads/2017/07/%D0%91%D0%B0%D1%80%D0%BD%D0%BE%D0%BC%D0%B0-%D1%82%D0%BE%D1%87%D0%B8%D0%BA%D0%B8.doc>

² Once the document is approved by FHI 360, the file will be uploaded in the relevant online resources and the link will be added here

person with TB frequently visited) and involve not less than 10 persons in the TB screening³ (see Annex 3, on page 20).

6. While defining number of districts per organization, TB incidence rate (see Annex 4 on pages 21-22) in the districts/cities should be considered in order to avoid burdened work for the organization and to perform quality work.
7. Organizations should consider the number of their outreach workers based on the number of the districts/cities they work in and based on the TB incidence rate.
8. Based on the existing practice in the country, the number of outreach workers of the organizations per district/city should be not less than 5 persons. The outreach workers should be selected amongst persons/residents of the districts where the organization deliver TB services.
9. The personnels of the public organizations as well as their outreach workers should receive TB capacity building trainings and undergo trainings through e-learning systems^{4, 5, 6}.
10. While working out activity budget plan, the expenditure for the movements on organization of TB screening by outreach workers outside medical facilities should be considered.
11. Organize the cross visits between public organizations across the regions in the country for the purpose of exchange of practices to improve further interventions.
12. Provide hard copies of the unified reporting format (a version to be approved in the country in consideration of indicators of NTP, WHO⁷, USAID⁸) to organizations and the organizations should report on the process of their activities in a timely manner so that the organizations' contribution is readily available to present to NTP, MOHSPP, WHO, Donors etc.
13. Organizations should familiarize with *data collection algorithm for four WHO Europe indicators to measure the level of engagement of communities and civil society organizations in TB response included in the new TB Action Plan for the WHO European Region for 2023 – 2030*⁹ which was designed to strengthen community and CSO mobilization in implementing the mechanism of systematic data collection.
14. Organizations should start using electronic tools for data collection and reporting, as soon as electronic forms/systems and tools are made available.
15. Organizations should have response plans and preparedness for emergency situations (e.g. pandemics).

³ https://www.theglobalfund.org/media/12390/oig_gf-oig-22-013_report_ru.pdf

⁴ www.training.tbdiah.org

⁵ <https://ntp.tj/elms/>

⁶ www.teachmetb.net

⁷ <https://apps.who.int/iris/bitstream/handle/10665/361921/72bg06e-AP-TB.pdf>

⁸ <https://www.tbdiah.org/resources/publications/navigating-tuberculosis-indicators-a-guide-for-tb-programs/>

⁹ https://drive.google.com/drive/folders/1_R6eElXV_fxH8PR_CCt57fgT2pzyLPY?usp=drive_link

II. Support for treatment adherence

Video-supported treatment (VST)

1. Expand implementation of Video-supported treatment (VST) through digital platform I LIKE VST which is adapted in Tajikistan (see *Annex 5 on pages 23*). While organizations engage with National TB Program (NTP) in providing trainings on VST for health care providers and people with TB, emphasis should be made on providing counselling, psycho-emotional support and assisting on managing adverse reaction of TB medicines, co-morbidities through a feature provided by the digital platform I LIKE VST as well as offline.
2. Ensure uninterrupted functionality of the VST (correct choice of service provider, correct choice of appropriate devices, etc.) (see *Annex 6 on pages 24-26*).
3. Conduct regular on-job training, taking into account the new VST enrollment of people with TB and involvement of medical staff in the implementation of the VST.
4. Evaluate the effectiveness of Video-supported treatment method and impact on improving treatment outcome at the National level.

OnelImpact Community-Led Monitoring (CLM)

5. Expand implementation of community-led monitoring through digital platform OnelImpact Tajikistan¹⁰.
6. Conduct regular on-job training, taking into account the new enrollment of people and families affected by TB and other involved parties.
7. Expand the OnelImpact CLM dashboard response team, involving a TB specialist(s), psychologist(s) and lawyer(s) for timely and reliable feedback to people who raise issues. Emphasis should be made on providing counselling, psycho-emotional support and assisting on managing adverse reaction of TB medicines, co-morbidities through appropriate feature provided by the digital platform OnelImpact Tajikistan as well as offline.
8. Conduct annual review of OnelImpact CLM dashboard data and develop recommendations and conduct advocacy interventions among relevant decision-makers.
9. Schedule annual joint monitoring and evaluation with representatives of the NTP and other partner organizations to review the achievement and challenges in TB response.

Result-based sponsorship model for people with TB

10. Through a continued collaboration with religious committee, scale up implementation of the "Result-based sponsorship model for people with TB" (see *Annex 7 on page 27*).
11. Imams/religious figures to promote TB information among congregates to raise awareness and promote health behavior change as well as involve entrepreneurs and well-wishing persons in sponsoring people with TB in the community.

¹⁰ Download from PlayMarket:

<https://play.google.com/store/apps/details?id=com.duretechnologies.apps.android.stoptb.tajikistan>

Download from Apple Store: <https://apps.apple.com/us/app/oneimpact-tajikistan/id1173476840>

III. Raising TB profile through multi-stakeholder collaboration

1. Organizations should develop TB Joint Operational Plans (JOP) with State Executive Body (local government) of the districts where they work. The process helps engage with all departments of the local governments on in-depth understanding of TB issues and resolving the issues.
2. Strengthen advocacy with State Executive Body of regions of the country in order to activate and/or include budget line (e.g., allocation for provision of Tuberculin test kits, auxiliary medicines, food and other social privileges) to fulfill their obligations as set/defined in the National Program for the Protection of the Population from TB in the Republic of Tajikistan for the years 2021-2025.
3. Organization(s) implementing social order should achieve making best practice of TB service delivery using the state budget. The case should be used to advocate for increased state budget allocation for public organizations to implement social orders.
4. The country has experience on implementation of social order with the financial support of the State Agency for Social Protection of the Population, this experience needs further financing and scale up by the State Agency for Social Protection of the Population. This would ensure sustainable operation of the public organizations in the TB service delivery contributing to achieve national end TB targets.
5. Organizations should share their observations on advocacy opportunities and suggest potential advocacy and communication interventions (e.g., events, meetings, public communication materials) at the level of regions, districts, Jamoats and villages. The suggestions deemed appropriate should be integrated into Annual Work-plan on implementation of Advocacy and Communication Strategy to end TB in the RT¹¹.
6. Organizations should participate at conduction of an annual survey that aims to monitor public opinion change based on the impact of implementation of Advocacy and Communication Strategy.
7. Public Organizations should support reposting public communication materials that are shared through social media in the frame of Annual Work-plan on implementation of Advocacy and Communication Strategy to end TB in the RT.

¹¹ Once the document is approved by FHI 360, the file will be uploaded in the relevant online resources and the link will be added here

BACKGROUND

Tuberculosis (TB) remains one of the most important public health challenges both globally and in the Eastern Europe and Central Asia (EECA) region. Countries have set ambitious strategic goal to end TB by 2030. However, as of 2020, the priority countries for TB control in the WHO European Region have not made the necessary progress towards meeting their goals.

In order to fulfill the end TB commitments in the region, it is necessary to strengthen the efforts of all parties involved in the fight against TB at the national and international level.

One approach that can be used to end TB is to transform the national TB response system around an integrated, people-centered care model. This model provides for the active involvement of communities affected by TB and civil society organizations (CSOs) representing the interests of the communities in decision-making, planning, implementation and monitoring of TB control measures. The role of communities affected by TB and civil society organizations representing the communities is defined in a number of high-level political and strategic documents, which indicate that increasing their involvement and participation should be a priority at the global and national level.

The elimination of TB is envisaged by the Sustainable Development Goals (SDGs). In addition, the Global Strategy to End TB, the Political Declaration of the 2018 UN High-Level Meeting on TB (UNHLM) Control and the TB Action Plan for the WHO European Region have also highlighted the importance of achieving this goal. However, TB remains a challenge both at the global level and in the WHO European Region, preventing the achievement of regional and global TB control targets despite significant progress over the past two decades.

Ending TB requires targeted action that addresses not only the medical issues associated with TB, but also the behavioral and social issues that contribute to the increasing burden of TB. TB affected communities and civil society organizations play a critical role in ensuring that TB care is people-centered – their services reach vulnerable populations, are accessible closer to where they live, and also take into account the complex social factors and behavioral risks associated with TB.

Ending TB requires overcoming the complex challenges associated with the disease. An effective response to TB requires robust health systems to ensure universal coverage of TB prevention and care services. People-centered, integrated prevention and care services are a key component of TB control in the region, as evidenced by the Political Declaration of the High-Level Meeting on Universal Health Coverage, which was adopted by the UN General Assembly on 26 September 2018.

Political support for the meaningful engagement of CSOs and communities at the global, regional and national levels opens up opportunities for the CSOs. Appropriate commitments should be made at the local level, and as countries determine approaches in national strategic planning, design and implementation of programs, CSOs should be able to influence relevant decisions for the benefit of vulnerable groups, people and communities affected by TB.

COVID-19 Situation: Countries in the EECA region quickly responded to the pandemic by imposing nationwide quarantine restrictions and implementing comprehensive public health

measures to ensure the continued provision of essential health services. Travel bans and restrictions prevented people with TB from seeking medical care, which affected screening activities. A shortage of staff in hospitals due to an influx of people with COVID-19 requiring medical care and sickness of hospital staff have negatively impacted TB care. Health workers had limited opportunities to screen for TB.

TB facilities have been repurposed from TB diagnostics to COVID-19 diagnostics. The above factors have significantly affected program implementation, especially access to diagnosis and treatment for TB and multi-drug-resistant TB (MDR-TB). Although the number of MDR-TB hospitalizations has decreased due to COVID-19, the pandemic has facilitated the transfer of many people with TB to outpatient care.

Active case finding is mainly the responsibility of primary health care centers (PHC). PHC centers are understaffed and health workers have to treat people with many diseases, including TB. As a result, they are limited in resources for contact tracing as a matter of priority. The additional workload for PHC due to COVID-19 means that resources for TB screening have been cut even further. The limited involvement of civil society organizations in contact investigations and increased stigma also contributed to the low number of detected cases. Case finding activities and targets are not tailored to gaps, needs and available resources at the local level (mapping). Limiting active case finding results in an increase in the number of missed TB cases, especially among key and vulnerable populations.

Summarizing this situation, it is necessary to provide additional funding for such unforeseen situations in the implementation of the National TB programs and grants.

Tajikistan is one of 27 countries with an MDR-TB burden. Challenges to ending TB in Tajikistan include: low TB detection rates, a weak information system that does not provide reliable information to decision makers, weak infection control measures in hospitals, and the fact that in the past people with TB were usually treated in hospitals. Hospitals, government systems and community involvement in TB control still need improvement and therefore require increased funding and strengthening. Challenges faced by people with TB, especially during treatment, include the management of adverse drug reactions, the costs people face during treatment and care, and the lack of sufficient social, counselling and psychological support.

Tajikistan has been gradually moving from inpatient and TB treatment to outpatient treatment and care. Outpatient treatment and care includes bringing care/care closer to TB patients and communities, so community-based services are considered central to the national TB control program in the Republic of Tajikistan.

The people-centered care model calls for a focus on the complex needs of people, bringing services closer to where people live, and focusing on outpatient services rather than long-term inpatient care. Innovations in TB care, such as all-oral short regimens, rapid diagnosis with the introduction of innovative technologies, and Video-supported treatment (VST) enabling remote therapy, are facilitating this model.

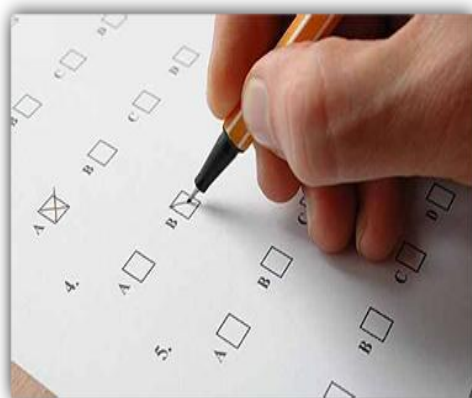
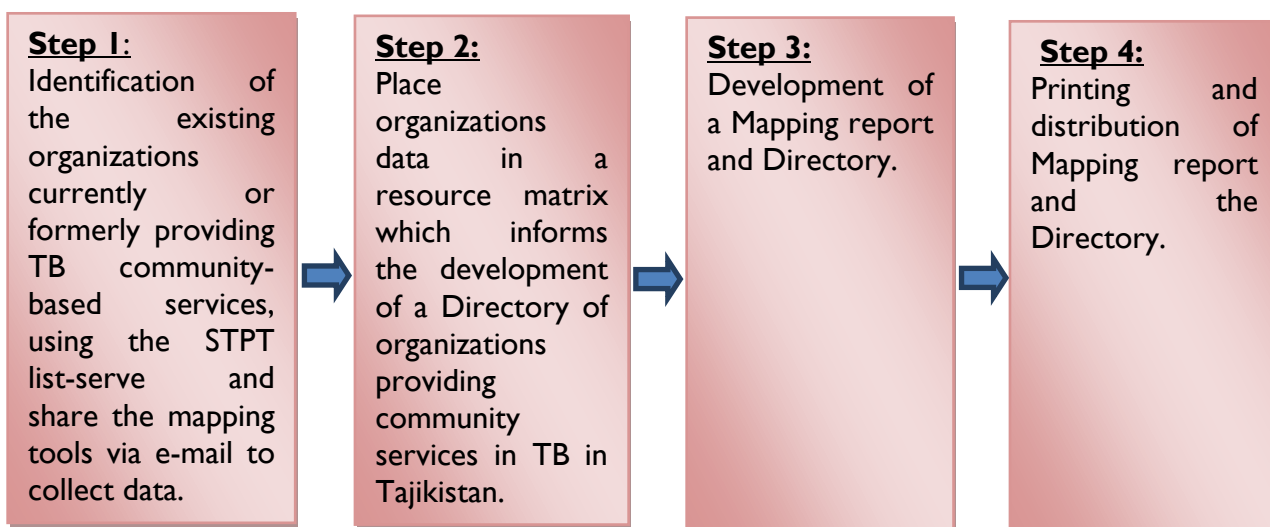


MAPPING: Objectives

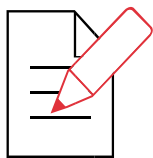
- 1) To create a Directory for the year 2023 and update the STPT service matrix of CSOs.
- 2) To make several “maps” from these directories, including a geographical map of the locations of service providers; a geographical map of where services are available; a conceptual map of vulnerable populations covered; and a conceptual map of service delivery gaps.
- 3) To identify national CSOs network/CBOs (social workers, outreach workers, volunteers) that can be engaged and strengthened.
- 4) To contribute to implementing the community engagement strategy for ongoing communication with the CSOs/partners.

MAPPING: Methodology

The process of mapping exercise includes the following steps:



With mapping tools (adapted from tools developed by Stop TB Partnership), the ‘Stop TB Partnership, Tajikistan’ (STPT) conducted a mapping exercise to plot the community response to TB develop maps of various stakeholders (TB centers, civil society organizations, TB Support Groups). The mapping exercise allowed to understand the geographic, service area and vulnerable population coverage and pinpoint gaps in existing services. It also allows ‘Stop TB Partnership, Tajikistan’ to develop a directory of community services and to identify potential partners to engage with and together plan, support the implementation and monitor community systems and the response.



DATA CATEGORIZATION

The mapping exercise generated the following data:

- Number of organizations providing TB community services and contributing to the community and community system strengthening in Tajikistan.
- Types of services and responses (service areas) provided by identified organizations in the response and subsequent gaps.
- The populations reached by organizations represented and subsequent gaps.
- The geographic areas covered by the identified organizations and subsequent gaps.
- Obstacles and shortcomings in the TB response in Tajikistan.
- Recommendations provided by organizations.



RESULTS

According to the World Bank, by 2013 there were around more than 3,000 public organizations operating in Tajikistan. According to this mapping exercise, only 23 of these organizations have a history of providing assistance to TB

programs.

The majority of the public organizations services for communities is provided through external funding support. For the first time in Tajikistan, domestic funding (with the financial support of the State Agency for Social Protection of the Population) was allocated for public organizations to provide TB services through an authorized social contracting mechanism: a "Standardized package of support services provided at the local community level to improve outcomes of TB treatment and prevention" has been developed and approved by the Decree of the Minister of Health and Social Protection of Population of the Republic of Tajikistan dated December 17, 2021, #1174 and other documents regulating the provision of support services at the local community level to improve the outcome of TB treatment and prevention.

Funding support by United States Agency for International Development (USAID), including for the public organizations TB services, provides opportunity for community systems strengthening and maximize public organization's role, particularly in TB contact investigation and treatment adherence support. The USAID activities being implemented during the period of conduction of this mapping exercise, include USAID ETICA/Abt Associates, Local Organization Network (LON) Activity - "My community free of TB"/Stop TB Partnership, Tajikistan and USAID End TB in Tajikistan Activity/FHI 360.

External funding to TB programs in Tajikistan also includes support by The Global Fund to Fight AIDS, Tuberculosis and Malaria, implemented through United Nations Development Program as primary recipient, and the support by Medecines Sans Frontieres (MSF) - Holland.

In Tajikistan the administrative divisions include 1 area (Dushanbe and the Districts of Republican Subordination/DRS) and 3 regions: Khatlon, Sughd, and Gorno-Badakhshan Autonomous Oblast (GBAO). There are total of 66 cities and districts in these administrative territories.

In total, within the framework of the assigned mapping exercise, 23 completed questionnaires were received from organizations for analysis. Some of the public organizations available in the STPT archive, did not submit questionnaires.

The received data indicates that total number of organizations with experience on TB, TB-HIV-TB services is 23.

Of the 23 organizations, there are 15 organizations having active projects in the territory of Tajikistan, which is 65,21%. The 15 organizations cover 62 districts with services and there is no TB service coverage by the organizations in 4 districts, including Lakhsh (DRS), Darvoz (GBAO), Murghob (GBAO), Devashtich (Sughd region).

Of the 15 organizations having active projects in the territory of Tajikistan:

- 10 are local public organizations,
 - Including 1 Network of TB Support Groups (consisting of people affected by TB)
- 5 are international organizations,
 - Including 2 United Nations organizations/agencies

It should be noted that the 10 local public organizations providing support to TB programs, mainly depend on the support and funding of international organizations and only 1 public organization (PO “Avasto”) has started receiving resource from the government funding.

If we talk about geographical coverage, then we should note the uneven distribution of the activities of public organizations across cities and districts of the country. There are regions where there is insufficient coverage of cities and districts by public organizations (DRS and GBAO). The next moment of uneven coverage is that several public organizations operate in the same regions, including and supporting many TB program areas, while in other regions this activity is limited. The mapping results show a non-systematic approach in the geographical coverage of public organizations in the country.

This situation in many cases depends on additional funding and coordination of community systems, with the goal of equalizing geographical coverage, with increased support for TB activities. Timely planning and sustainable funding are needed to strengthen the community systems to take into account community participation in supporting the outpatient treatment model, introducing innovative methods of organizing treatment, applying new innovative diagnostic methods aimed at use outside health care facilities, with an emphasis on identifying TB among contact persons and vulnerable groups of population, as well as increasing adherence to treatment.

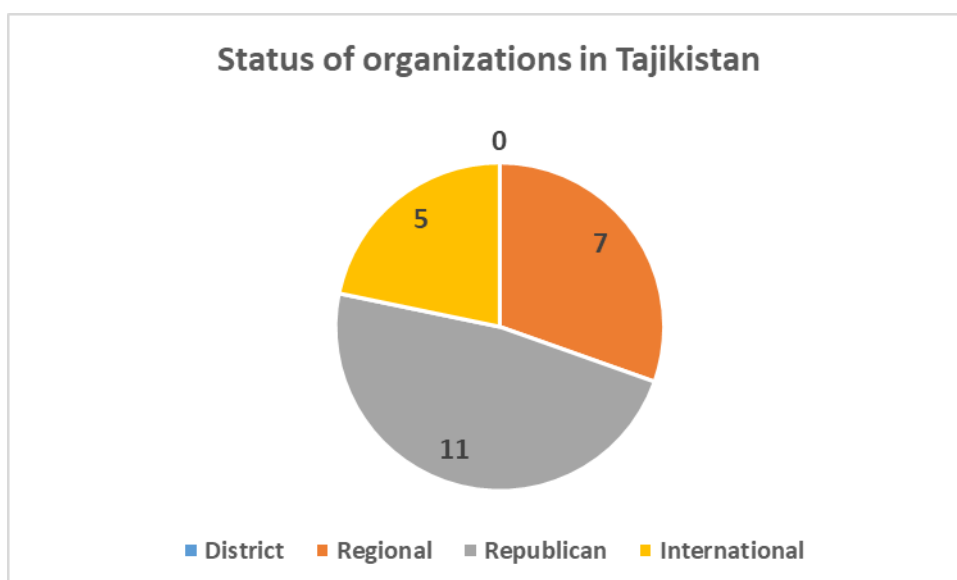


Diagram 1: Status of organizations in the Republic of Tajikistan

More than 50% (52.4%) of all identified organizations are registered as republican organization and 33.3% as regional organization. Public organizations registered at the district level is 0%, which may indicate a lack of community-focused activities, that is due to the lack of investment in the community system. Exception is that in limited areas there are network of volunteers, TB Support Groups that consist of people affected by TB providing patient-level support basically.

As per received data, no public organization with experience on TB service is registered in the Districts of Republican Subordination (DRS) and GBAO.

Basically, local public organizations are supported/funded by the international organizations and their funding directly depends on the duration of the projects of these international organizations. Usually, the projects of international organizations have periods of three to five years duration. After projects are completed, the public organizations are left without programs and support, resulting on TB services interruptions. This kind of financing has its risks. For example, a support program is being introduced and implemented in a certain territory of the country. This implementation shows its effectiveness in reducing TB, however, after the completion of funding, this effective support program ceases its activities, generating negative impression of communities upon the public organizations.

Today there is an urgent need to increase state investment for local public organizations. Many public organizations with experience of effective work in the field of TB are not involved and are not used in strengthening TB programs due to lack of funding. As it was witnessed in 2022, according to Ministry of Justice of the Republic of Tajikistan, most public organizations cease their activities for financial reasons by self-liquidation.

Currently, it is necessary to update the capacity of local public organizations on implementation of innovative tools, involve government agencies in order to sustainably finance and integrate

public organizations services into state national programs so that their experience is used as part of strengthening the implementation of the national TB program to end TB in Tajikistan.

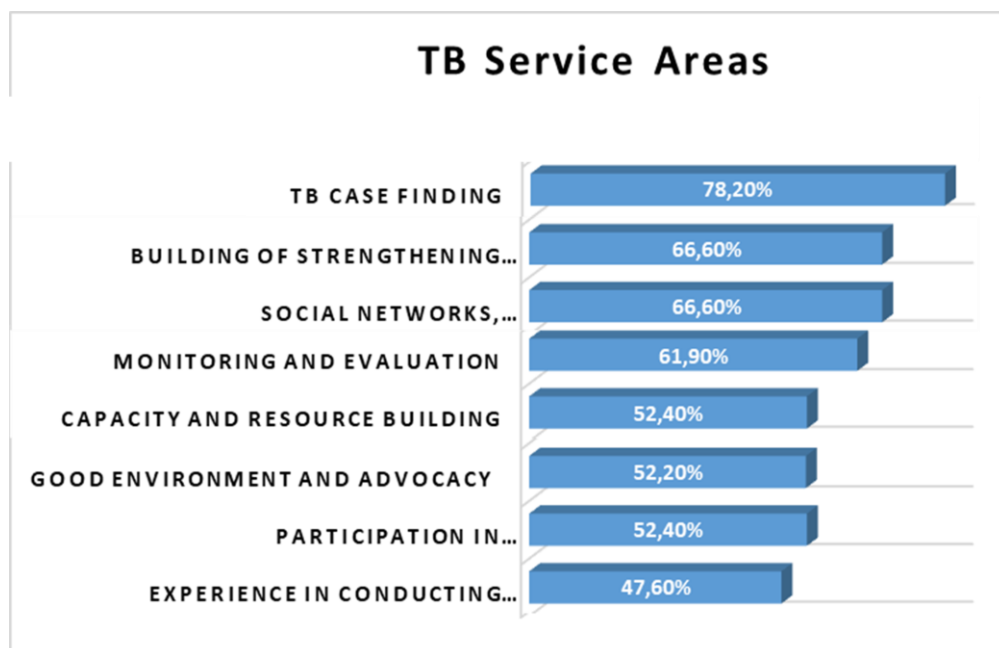


Diagram 2: TB service areas covered by identified organizations

The areas of service provided are the main components of Public Systems Strengthening (PSS). All organizations carry out various activities that correspond to one or more service areas.

As per received data, from 23 organizations mapped, 18 have experience in the area of TB case finding, however with insufficient focus on TB contact investigations.

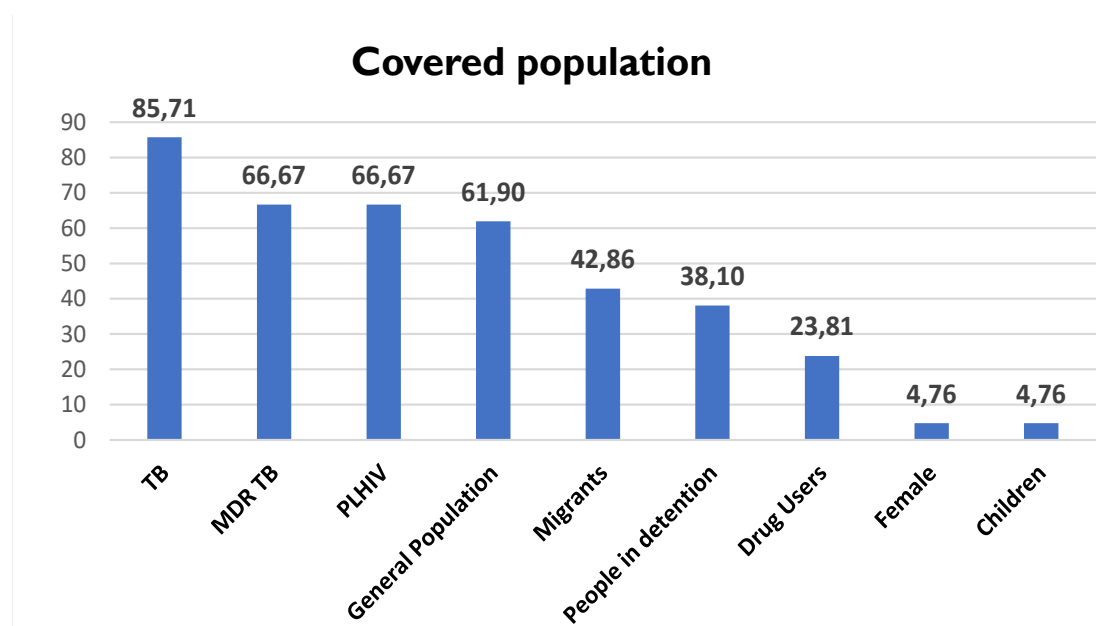


Diagram 3: Population covered by identified organizations

The diagram presents the following data:

- Most of the organizations have worked or are working with people with TB/MDR-TB.
- Nearly 66.7% of organizations work with people living with HIV.
- Other populations identified during the mapping exercise include: women, children, people living in remote and hard-to-reach areas, migrants and prisoners.

Taking into account that many organizations target the general population, it is important to focus resources and efforts on vulnerable populations: Population living in remote and mountainous areas, low-income families, people with disabilities, including people with severe chronic diseases due to TB, in need of palliative care.

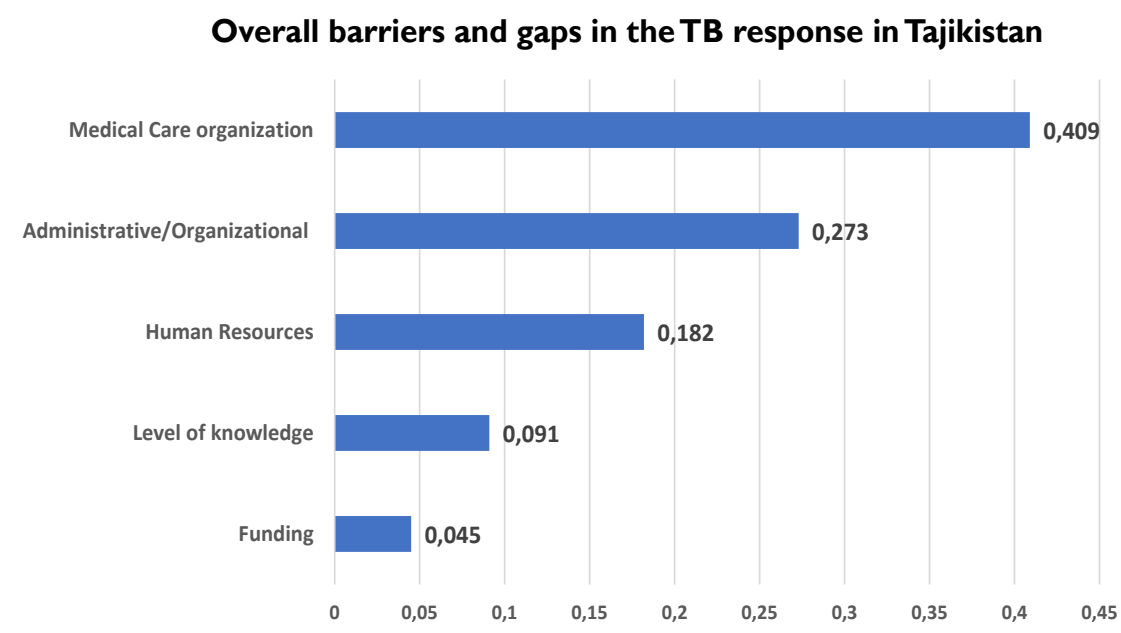


Diagram 4: Overall barriers and gaps in the TB response in Tajikistan

Diagram 5 presents the following data:

- The top barrier cited was on organization of medical care.
- Poor quality of services and the challenges associated with administrative procedures.
- A lack of human resources.
- Also noted as an obstacle is the level of knowledge of personnel involved in TB activities.

ANNEX I: Excerpts on engagement of public organizations and civil society from National Program for the Protection of the Population from TB in the Republic of Tajikistan for the years 2021-2025 (original in Tajik and Russian)

ОТРЫВКИ

из Национальной программы
защиты населения от туберкулеза в Республике Таджикистан
на 2021-2025 годы, касающиеся вовлечению сообществ

ОСНОВНЫЕ ДОСТИЖЕНИЯ И ПРОБЛЕМЫ

§ 1. Достижения и прогресс в области туберкулеза

25. Программа достигла значительных успехов за период предыдущего национального стратегического плана (2015-2020), а именно:

общественные организации активно вовлекались в противотуберкулезной программе, в особенности в поддержке амбулаторного лечения. Опыт в реализации туберкулезных мероприятий имеют на сегодняшний день 16 местных общественных организаций. Однако их вовлеченность ограничена, и они работают на пилотном уровне в нескольких районах или джамоатах (административные подразделения) в течение ограниченного времени. Следовательно, имеется высокая потребность в расширении деятельности общественных организаций и усилении роли гражданского общества в борьбе с туберкулезом;

тесная работа службы туберкулеза и гражданского общества явилась предпосылкой для официальной регистрации ассоциации партнерства «Остановим туберкулез в Таджикистане», учредителями которой выступают шесть общественных организаций и более 80 членов из числа представителей государственных и негосударственных учреждений и более 20 влиятельных бизнесменов, артистов и журналистов;

§ 4. Предоставление комплексной помощи всем больным туберкулезом через модели, ориентированные на пациента

72. Несмотря на улучшенное вовлечение сообществ и организаций гражданского общества существует необходимость в усилении их роли в туберкулезной программе, налаживания связи между лидерами общин и общественных организаций с больными туберкулезом, местными исполнительными органами государственной власти, госструктурами, службами туберкулеза и первичной медико-санитарной помощи. Республиканский центр защиты населения от туберкулеза планирует продолжить и усилить практику сотрудничества с местными общественными организациями в оказании поддержки в приверженности больных, с привлечением лидеров общин, сети волонтеров, путем налаживания сотрудничества между сообществами, службами туберкулеза и первичной медико-санитарной помощи и местными исполнительными органами государственной власти (хукуматы и джамоаты), включая оказание социальной и психологической помощи больным и обеспечения некоторых льгот в течение их длительного лечения. Также будет продолжена адвокация с местными исполнительными органами государственной власти районов по изданию приказов и постановлений, где расписаны обязанности каждой службы и организации в проведении пациент-ориентированных мероприятий. Такой документ уже издан местными исполнительными органами государственной власти некоторых районов республиканского подчинения и Согдийской области. Организации гражданского общества могут привлечены для мероприятий по адвокации и мониторинга исполнению приказов и постановлений.

73. Усиление роли национальных общественных организаций и гражданского общества в реализации задач национальной противотуберкулезной программы могут играть важную роль в поддержке больных и их приверженности к лечению используя подходы вовлечения семьи больных и сообществ, в обследовании контактов, особенно среди групп высокого риска, повышении уровня информированности, решении вопросов стигмы, прав больных и гендерных вопросов и т.д. На практике общественные организации и активисты оказывали помощь в раннем выявлении случаев, а также поддержке приверженности путем внедрения и использования инновационных методов, разработанных с учетом потребностей индивидуальных больных. Одним из самых эффективных подходов является вовлечение вылеченных больных в поддержку больных, в особенности организации и проведения групп поддержки больных. Несмотря на то, что сотрудничество между общественными организациями, государственным сектором и государственными учреждениями так или иначе формируется в соответствии с местами реализации проектов по туберкулезу в Таджикистане, имеется необходимость в усилении координации и коммуникации между программой и другими медицинскими и социальными программами (например, социальным компонентом Министерства здравоохранения и социальной защиты населения Республики Таджикистан). Необходимо более широко использовать механизм национального диалога и разработку дорожной карты по усилению взаимодействия гражданского общества и государственных исполнительных и законодательных структур.

74. Создание коалиции и партнерства из числа соответствующих заинтересованных сторон необходимо для решения следующих задач:

- продвигать отслеживание контактов;

обеспечить доступ к медицинской помощи для детей и подростков;
обеспечить доступ к медицинской помощи для групп высокого риска;
поддерживать проведение мероприятий по адвокации;
мобилизовать ресурсы для расширения проверенных вмешательств, мониторинга прогресса и представления лучшей практики.

75. Общественные организации и волонтерские партнеры должны быть вовлечены в мероприятия по повышению осведомленности и мобилизации поддержки вне сектора здравоохранения (например, образование, социальная поддержка и т.д.). Подростки и семьи, затронутые туберкулезом, должны участвовать в соответствующих программах по повышению осведомленности и в информационно-образовательных кампаниях на уровне общин. Обученные члены групп поддержки больных и бывшие пациенты могут оказать поддержку в отслеживании контактов и активном выявлении случаев туберкулеза.

78. Практика привлечения местных мечетей и предпринимателей, пилотируемая общественными организациями для оказания помощи больным в покрытии их расходов во время лечения, а также повышение уровня информированности, снижения стигмы, дискриминации, гендерного равенства в получении туберкулезных услуг может быть проанализирована и использована повсеместно. Амбулаторное лечение, которое эффективно продвигается в Таджикистане, требует более надежных, комплексных мер для поддержки пациентов, чтобы мотивировать их принять и придерживаться этой модели, включая предоставление поощрений и мотивации для пациентов. Крайне важно, чтобы приверженность пациентов к лечению мотивировалась для достижения наилучших клинических результатов. До марта 2019 года глобальный фонд ранее предоставлял пациентам с множественной лекарственно-устойчивой формой туберкулеза денежную мотивацию в таджикских сомони, эквивалентной 33 долларами США в месяц. К сожалению, Глобальный фонд прекратил эту поддержку и, несмотря на попытки Республиканского центра защиты населения от туберкулеза, не удалось найти ни одного донора, который бы мог взять на себя эту деятельность в промежуток времени до решения данного вопроса Правительством.

80. Национальные общественные организации и организации гражданского общества имеют хорошие возможности для реализации многих компонентов направленных на поддержку больных, особенно в плане создания цифровых приложений для напоминания о приеме лекарств или дистанционного наблюдения за лечением. Они могут играть важную роль в активном выявлении случаев, проведении скрининг контактов, повышении осведомленности о туберкулезе и поддержку в улучшении обращаемости. Некоторые из административных и немедицинских задач могут быть эффективно переданы в сектор общественных организаций, такие как аутрич работа и направление лиц с симптомами на диагностику туберкулеза, оказание психосоциальной поддержки для больных туберкулезом, включая консультирование и обучение, помощь в отслеживании контактов и ведении непосредственного контролируемого лечения/видео- непосредственного контролируемого лечения. Правительство должно поддерживать активное расширение общественных организаций и общественных организаций в борьбу с туберкулезом. Министерство здравоохранения и социальной защиты населения Республики Таджикистан должно реализовывать больше социальных программ и заключать контракты социального заказа через местные общественные организации, что позволит покрыть деятельность по поддержке пациентов за счет внутренних бюджетных ресурсов.

82. В соответствующих условиях будут создаваться группы поддержки пациентов, которые могут включать в себя консультантов, социальных работников и бывших больных, которые будут предоставлять информационную, образовательную и психосоциальную поддержку для того, чтобы мотивировать больных туберкулезом завершить лечение и рассмотреть потенциальные факторы риска для прерывания назначенного режима, с особым вниманием к случаям множественной лекарственно-устойчивой формы туберкулеза, широкой лекарственной устойчивости туберкулеза и лицам из социально- неблагополучных слоев и групп риска. Необходимо также разработать и использовать информационные материалы и наглядные пособия на тему приверженности к лечению туберкулеза.

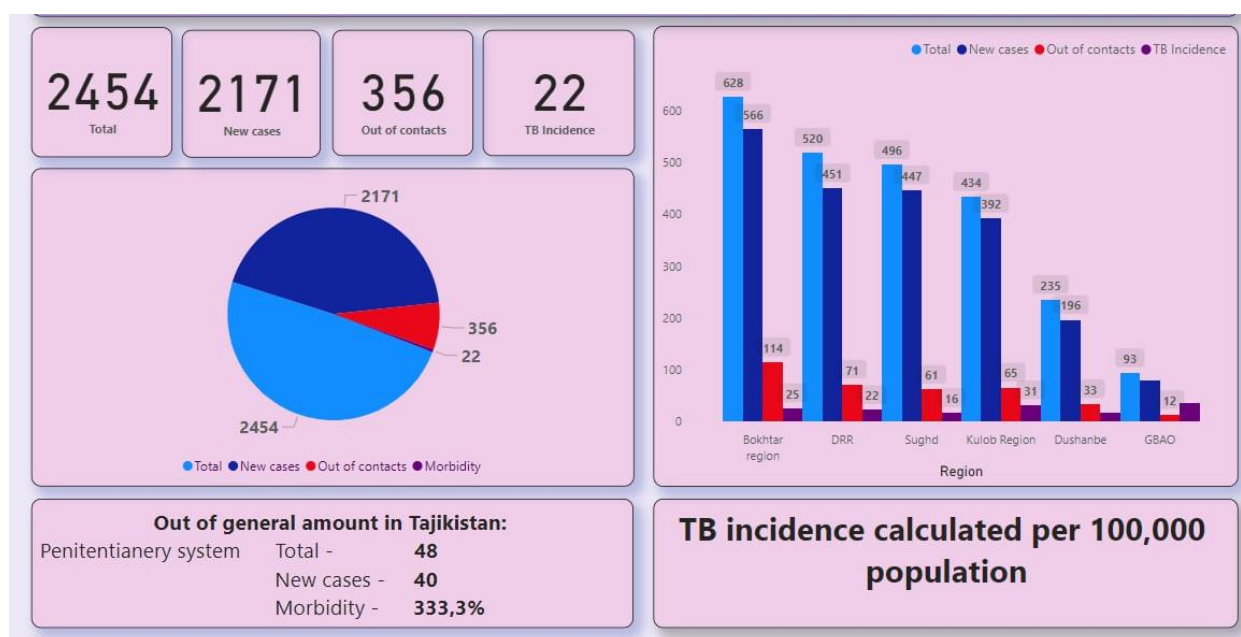
83. Для стратегического планирования компонента по психосоциальной помощи на национальном уровне необходимо разработать основу для координации мероприятий, реализуемых при поддержке различных партнеров. В число партнеров также должны входить соответствующие заинтересованные организации, не относящиеся к сектору здравоохранения (например, сектор образования, социальной помощи, и т.д.). Усилить партнерство между государственным и частным секторами.

84. Обеспечить целенаправленные действия на уровне сообществ с помощью соответствующих коммуникационных стратегий для устранения барьеров в получении адекватной туберкулезной помощи, связанных с правовой средой, правами человека, гендерными вопросами, стигмой и дискриминацией, особенно у женщин репродуктивного возраста и детей.

ANNEX 2: Distribution of portable X-Ray device with AI in Tajikistan

#	Facility	Quantity
1.	Regional Center of Protection of Population from TB #1, Havaskor, Bokhtar area of Khatlon region	2
2.	Center of Protection of Population from TB of Khuroson district	1
3.	Center of Protection of Population from TB of J. Balkhi district	1
4.	Regional Center of Protection of Population from TB #2, Kulob city	1
5.	Center of Protection of Population from TB of Danghara city	1
6.	MSF-Holland in Kulob	1
Total in Khatlon region		7
7.	Regional Center of Protection of Population from TB, Khorugh city	1
Total in GBAO		1
8.	City Center of Protection of Population from TB, Dushanbe city	1
9.	Center of Protection of Population from TB of Rudaki district	1
10.	Center of Protection of Population from TB of Rasht	1
11.	Association “Stop TB Partnership, Tajikistan”, managed from Dushanbe for various areas of the RT	1
12.	Republican Center of Protection of Population from TB	2
Total in Dushanbe and DRS		6
13.	Regional Center of Protection of Population from TB #1, Dehimoj, Soughd region	2
14.	Center of Protection of Population from TB of Panjakent city	1
15.	Center of Protection of Population from TB of Maschoh district	1
Total in Soughd region		4
16.	Main Directorate for the Execution of Criminal Punishments of the Ministry of Justice of the Republic of Tajikistan, Dushanbe city	2
GRAND TOTAL IN TAJIKISTAN		20

ANNEX 3: Review of epidemiological indicators for 6 months of 2023 in Tajikistan



Statistical data for 6 months of 2023 shows that the detection and registration of active TB remains insufficient.

To date, timely screening of TB contacts remains insufficient (according to the GF report dated 08/26/2022, 2-5 TB contacts have been screened compared to 10 TB contacts recommended by WHO). According to the diagram, for 6 months of 2023, 356 active TB cases were detected, which is 4.1% with an average number of tested contacts (an average of 3.5 per index case, i.e. an average of 8589 tested). With an average calculation of 10 TB contacts per index patient subject to examination, there will be 24540 TB contacts.

In order to increase the timely detection of active TB among contacts, it is necessary to use active detection methods using symptom screening, innovative examination methods (portable X-ray device with AI), Tuberculin skin tests.

According to WHO estimates, 1 person with active TB can infect 10-15 people a year and 5-10% of them may develop active TB.

When all contact persons are covered by the screening, i.e. 10 per index case, it is possible to detect twice as many active TB cases in a given cohort.

ANNEX 4: Statistical report on TB in the first 6 months of 2023 compared to the first 6 months of 2022 in Tajikistan

№	District/city	Semi-annual of 2022		Semi-annual of 2023	
		Total	First time	Total	First time
1.	Dushanbe	283	259	235	196
Districts of the Republican Subordination					
2.	Roghun district	10	10	10	8
3.	Varzob district	21	20	19	13
4.	Rasht district	21	20	19	19
5.	Hisor district	83	74	84	73
6.	Lakhsh district	13	13	17	13
7.	Nurobod district	29	23	20	18
8.	Vahdat city	99	87	93	88
9.	Rudaki district	107	96	132	109
10.	Sangvor district	7	7	4	4
11.	Tojikobod district	15	14	18	18
12.	Tursunzoda city	58	51	69	56
13.	Fayzobod district	22	20	18	18
14.	Shahrinav district	30	27	17	14
Total		515	462	520	451
Soughd Region					
15.	Khujand city	32	31	17	16
16.	Guliston city	11	7	5	4
17.	Istiqlol city	3	3	1	1
18.	Buston city	15	14	12	12
19.	Asht district	30	27	24	23
20.	Ayni district	12	11	16	16
21.	Devashtich district	32	26	22	19
22.	Zafarobod district	20	19	28	23
23.	Isfara city	31	29	29	27
24.	Konibodom district	26	26	40	38
25.	Mastchoh district	42	33	35	33
26.	Spitamen district	36	35	26	23
27.	Panjakent city	88	75	91	80
28.	J. Rasulov district	34	29	33	25
29.	Istaravshan city	16	14	34	33
30.	B. Ghafurov district	49	42	72	63
31.	Shahrison district	9	7	3	3
32.	Maintains district of Mastchoh	7	7	8	8
Total		493	435	496	447
Bokhtar area of Katlon Region					
33.	Norak city	12	10	14	11

34.	Bokhtar city	35	30	34	30
35.	Vakhsh district	63	53	68	61
36.	Khuroson district	30	28	35	33
37.	Dusti district	35	32	43	40
38.	Qubodiyon district	64	57	60	58
39.	J. Balkhi district	52	44	39	37
40.	Kushoniyon district	85	77	82	78
41.	A. Jomi district	59	54	54	40
42.	Jayhun district	45	42	31	28
43.	Panj district	48	44	38	34
44.	Shahritus district	26	25	34	34
45.	Yovon district	66	58	70	59
46.	Levakand city	21	18	13	12
47.	N. Khusrav district	12	10	13	11
Total		653	582	628	566
Kulob area of Katlon Region					
48.	Kulob city	49	40	44	39
49.	Kulob district	37	33	36	30
50.	Vose district	87	71	84	73
51.	Danghara district	56	55	55	53
52.	Muminobod district	41	33	38	34
53.	Hamadoni district	44	38	43	39
54.	Farkhor district	66	58	62	57
55.	Temurmaliq district	25	21	16	15
56.	Khovaling district	22	20	23	22
57.	Sh. Shohin district	13	11	21	19
58.	Baljuvon district	6	6	12	11
Total		446	386	434	392
GBAO					
59.	Khorugh city	9	7	13	11
60.	Vanj district	14	14	12	11
61.	Ishkoshim district	8	8	12	12
62.	Darvoz district	6	5	9	7
63.	Murghab district	7	7	6	5
64.	Roshtqala district	16	16	11	9
65.	Rushon district	10	9	13	8
66.	Shughnon district	16	16	17	16
	Total	86	82	93	79
	Penitentiary facilities	50	38	48	40
GRAND TOTAL IN TAJIKISTAN		2526	2244	2454	2171

ANNEX 5: Coverage of Video-supported treatment (VST) in Tajikistan, 2024

Implementer: Association “Stop TB Partnership, Tajikistan” (STPT).

- Areas where VST is being implemented

- **Capital city.**



ANNEX 6: Details of TB centers and internet connectivity level per region in Tajikistan
Data recommended for implementation of digital applications and data bases-2024

#	City/district/ centers	TB Director	Contact number	Internet service provider assessed having better signal	Remark
Dushanbe					
1	Government Istablishment "Republican Center of Protection of Popyulation from TB"/NTP	Nurov Rustam	(+992) 900002221	Tcell, Megafon, Babilon	All internet service providers signal level is good in Dushanbe city (4G)
2	Dushanbe city TB center	Pirmuhammadzod a Bobojon	(+992) 900007444	Tcell, Megafon, Babilon	
3	Medical Center of State Administration on Execution of Criminal Punishment	Asozona Munis	(+992) 988886530	Tcell, Megafon, Babilon	
Districts of Republican Subordination (DRS)					
1	Rudaki			Tcell, Megafon, Babilon	
2	Varzob	Alijon Hikmatov	(+992) 985689312	Tcell	Low internet signal
3	Vahdat	Vahob Tilloev	(+992) 919437786	Tcell	
4	Lakhsh	Abduqodirova Gulmira	(+992) 901065207	Megafon	
5	Nurobod	Olimov Saidali	(+992) 985474720	Megafon	
6	Rasht	Qodirov Qudratullo	(+992) 918222236	Megafon	
7	Sangvor	Mirzoev S.	(+992) 985722171	Megafon	
8	Roghun	Rahimov Saidali	(+992) 937781559	Tcell	
9	Tojikobod	Aliev Nazrvali	(+992) 933141019	Megafon	
10	Tursunzoda	Sharipov Jamshed	(+992) 939084015	Megafon	
11	Fayzobod	Qurbonaliev Fayzali	(+992) 934479977	Tcell, Megafon	
12	Hisor	Nizomov Khayrullo	(+992) 918871814	Tcell,	
13	Shahrinav	Temurzoda Umarjon	(+992) 985954315	Megafon	
Sughd region					
1	Regional TB Center (Degmay)	Nurullozoda Umed	(+992) 925551010	Tcell	Low internet signal
2	Medical Center of State Administration of Executive Criminal Punishment 3/5	Faizulloev Bahodur	(+992) 935837953	Tcell	
3	Ayni	Majidov Haydar	(+992) 927464741	Megafon	

4	Asht	Dadajonov Zafar	(+992) 927064677	Megafon	
5	B. Ghafurov	Madaminova Rudoba	(+992) 924442721	Megafon	
6	Devashtich	Muloboboev Sayfi	(+992) 927593174	Tcell	
7	Zafarobod	Rahimov Rahmatullo	(+992) 929008525	Tcell	
8	Istiqlo	Khidirov Khomidjon	(+992) 927176939	Megafon	
9	Istaravshan	Abdurahimov Erkin	(+992) 927692652	Tcell, Megafon	
10	Isfara	Usmonov Abdukhalil	(+992) 927932059	Megafon	
11	Konibodom	Uzokova Oliya	(+992) 929871320	Megafon	
12	M. Mastchoh	Isroili Saidshahzoda	(+992) 937476324	Magafon	
13	Guliston	Abdurahmonov A	(+992) 927249855	Tcell, Megafon	
14	Mastchoh	Makhsudi Okhun	(+992) 927552620	Tcell, Megafon	
15	Pandzhakent	Aminov Buzurgmehr	(+992) 926366060	Tcell	
16	Spitamen	Dzhuraboev Homidjon	(+992) 928321086	Megafon	
17	Khujand	Shodiboeva Rohat	(+992) 927696191	Tcell, Megafon	
18	Shahriston	Suvonqulov Lutfullo	(+992) 928228488	Tcell, Megafon	
19	J. Rasulov	Ermatorv Ermatbek	(+992) 934511166	Megafon	
20	Buston	Salohiddini. S	(+992) 935484824	Tcell, Megafon	
Khatlon region / Bokhtar area					
1	Regional TB Center Khatlon (Bokhtar)	Shamsullo Olimzoda	(+992) 900006876	Tcell, Megafon	Low internet signal
2	Bokhtar City	Rajabov Saidahmad	(+992) 939030804	Tcell, Megafon, Babilon	
3	Dusti	Koryagdiev Bahodur	(+992) 902203772	Tcell	
4	Shahritus	Abdunazarov Ishmurod	(+992) 934595410	Megafon	
5	Qubodiyon	Rahimova Guljamol	(+992) 938222143	Megafon 4G	
6	A. Jomi	Siyovushi Mahmadsarif	(+992) 931263020	Tcell	
7	Vakhsh	Safarova Gulraftor	(+992) 938013933	Tcell	
8	Kushoniyon	Nosirov Yusuf	(+992) 901996588	Tcell	
9	Sarband City	Eshakhmedov Shodi	(+992) 988881204	Tcell	
10	Norak City	Qaraev Zafar	(+992) 939309030	Tcell 4G	
11	Yovon	Amaev Isuf	(+992) 900656633	Megafon 4G	
12	Panj	Yorov Qurbonali	(+992) 935435024	Tcell	Low internet signal
13	Khuroson	Nosirov Hoshim	(+992) 917652945	Megafon 4G	
14	J. Balkhi	Nematov Abdumalik	(+992) 935251415	Tcell	
15	Jayhun	Obidov Saidakbar	(+992) 935237294	Megafon 4G	
Khatlon region / Kulob area					

1	Kulon area TB Center № 2	Karimov Anvar	(+992) 900006864	Tcell, Megafon	Acting director
2	Kulob city and district	Salimov Jumakhon	(+992) 900006864	Tcell, Megafon	Acting director
3	Danghara	Mahmadaliev Gulmad	(+992) 905603749	Megafon 4G	
4	Muminobod	Shamsov Firdavs	(+992) 987327639	Megafon 4G	
5	Khovaling	Emomov Shamsuddin	(+992) 985060004	Megafon 4G	
6	Baljuvon	Hasanov Khurshed	(+992) 988171462	Megafon 4G	
7	Sh. Shohin	Sharifov Beknazar	(+992) 905757003	Megafon 2G	Low internet signal
8	Vose	Mirzoev Safarali	(+992) 985233949	Megafon, Babilon	Low internet signal
9	Hamadoni	Faridov Avzal	(+992) 918717854	Tcell	
10	Farkhor	Nazarov Shuhrat	(+992) 905601819	Tcell	
11	Temurmali	Murodova Oysanam	(+992) 987549621	Megafon 3G	
Badakhshan Mountainous Autonomous Region					
1	Darvoz	Sharipova Shahlo	(+992) 939909513	Megafon	
2	Vanj	Gharibova Malika	(+992) 934775415	Megafon	
3	Rushon	Nazarkhudoeva Qurbonbegim	(+992) 935249695	Tcell	
4	Shughnon	Tayghunova Sayora	(+992) 935361861	Tcell	
5	Ishkoshim	Qodirova Savribegim	(+992) 934327495	Megafon , Babilon	
6	Roshqala	Shodmonova Afsona	(+992) 501862724	Tcell	
7	Murghob	Koichumanov Erali	(+992) 931065509	Megafon	Low internet signal
8	Khorugh	Metarshoev Mahzur	(+992) 935132476	Tcell	
Assessment will be conducted annually to update the data in this document.					

ANNEX 7: Coverage of “Result-based sponsorship model for people with TB” in Tajikistan, 2024

Implementers: Association “Stop TB Partnership, Tajikistan”.

Religious Unions/Committee on Religion, Regulation of Traditions and Ceremonies under the Government of the Republic of Tajikistan.



Areas where “Result-Based Sponsorship Model for people with TB” is implemented.



ANNEX 8: The list of organizations presented data by completing questionnaires

#	Name of organization	Status
Local		
1.	AFIF	Public Organization
2.	Amali Nek	Public Organization
3.	Association “Stop TB Partnership in Tajikistan”	Public Organization
4.	Avasto	Public Organization / Charity Union
5.	Buzurg	Public Organization
6.	Caritas Tajikistan	Public Organization
7.	Chashmai Hayot	Public Organization
8.	Farodis	Public Organization
9.	Gender and Development	Public Organization
10.	Iqboli Nek	Public Union
11.	KNCV Tajikistan	Public Organization
12.	Red Crescent Society of Tajikistan (RCST)	Public Organization
13.	SAFI	Public Organization
14.	Solimi	Public Organization
15.	SPIN Plus	Public Union
16.	SWON Plus	Public Organization
17.	Tajikistan network of women living with HIV	Public Organization
18.	Zuhal	Public Organization
International		
19.	ETICA in Tajikistan «Abt Associates Inc.»	International Non-Governmental Organization
20.	FHI 360	International Non-Governmental Organization
21.	MSF Tajikistan	International Non-Governmental Organization
22.	UNDP Tajikistan	United Nations organization
23.	WHO Country Office	United Nations organization

To strengthen the capacity of Civil Society Organizations (CSOs) and networks to better engage with TB prevention and care programs, it is tasked to identify community actors engaged in the fight to end TB and with mapping the services they provide so that partners in support to national TB program can address the gaps and barriers preventing strong and comprehensive community systems and responses to TB.

With mapping tools (adapted from tools developed by Stop TB Partnership), the 'Stop TB Partnership, Tajikistan' (STPT) has conducted a multi-stakeholder mapping exercise to plot the community response to TB. This exercise allowed to understand the geographic, service area and vulnerable population coverage and pinpoint gaps in existing services. It also allowed 'Stop TB Partnership, Tajikistan' to develop a directory of community services and to identify potential partners to engage with.

The mapping exercise assisted to estimate the number of community service providers and define their capacity building needs. The data generated via mapping exercise contributes to organization of capacity building aimed to cover 100% of community service providers within the country and strengthen their role in TB control (confirming to relative sections 25, 72, 73,74, 75, 78, 80, 82, 83, 84 of the National Program for the Protection of the Population from TB in the Republic of Tajikistan for the years 2021-2025).