# Report on results of the Oversight visit to Mangistau region

# 5-7 November 2020

*Purpose of the visit:*

Analyzing progress and gaps in the implementation of projects by sub-recipients funded from the grant of the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter – the Global Fund) to assist the Country Coordinating Committee on work with international organizations on HIV and Tuberculosis (hereinafter – the CCM) in performing its grant oversight function.

*Objectives:*

1. Analysis of the program reports for 10 months 2020: assessment of challenges and achievements at the time of the visit.
2. Analysis of the interventions implemented following the CCM oversight committee’s recommendations for regional subrecipients provided during previous visits.
3. Meetings with the Head of the Regional Health Administration, coordination between PR, SR, clients and partners.
4. Discussion of the results of the visit with the Principal Recipients of the Global Fund grant – the Kazakh Scientific Center of Dermatology and Infectious Diseases of the Ministry of Healthcare (hereinafter - KSCDID) and the National Scientific Center of Phthisiopulmonology of the Ministry of Healthcare (hereinafter – NSCP).
5. Elaboration of recommendations to address problems related to the project implementation and disseminate best practices to subrecipients from other regions.
6. Sharing the report with recommendations to all CCM members and other stakeholders and interested parties.

**Introduction**

During the visit, the CCM Oversight Committee reviewed:

1) Progress in the implementation of the previous recommendations of the Oversight Committee for the Global Fund grants sub-recipients in Mangistau region.

2) Progress and gaps in grant implementation in 2019 and 2020.

3) To ensure sustainability of the Global Fund grant (implementation of commitments at the local level).

**Participants of the Oversight visit:**

1. Goliusov A.T. - UNAIDS Country Director, disease expert, Chair of the CCM Oversight Committee (online).
2. Katrenova A.N. – Chief Expert of the Committee for Safety and the Quality of Goods and Services of the Ministry of Healthcare (online).
3. Amanzholov N. – President of the ALE “Kazakhstan Union of People Living with HIV”, NGO/PLHIV representative.
4. Sauranbayeva M. – TB prevention expert.

**Brief overview**

The population of Mangystau region is 698,919 people. In the region, the cumulative total of 405 HIV-infected people was registered from 1994 to 01.11.2020, of which 4 are children under 14 years old. The incidence rate per 100,000 population is 57.9, among children - 1.6.

For 10 months 2020, 39 HIV cases were registered, of which 36 - citizens of the Republic of Kazakhstan and 3 - foreign citizens. The indicator per 100,000 population is 5.2 against 4.9 in 2019 (a total of 40 cases, including 34 cases among citizens of the Republic of Kazakhstan), an increase is noted by 2 cases among citizens of the Republic of Kazakhstan. Of the 405 HIV cases, 229 were registered in Aktau, 11 in Zhanaozen, 31 cases were registered in Munailinsky district, 11 cases in Tupkaragan, 3 cases in Beineu district, 6 cases in Karakiya district, 3 cases in Mangistau district, 20 cases among residents of other areas and 91 cases are foreign citizens. Of all registered HIV cases, the share of the parenteral route of transmission is 22.2%, sexual transmission - 66.4%, unidentified - 2.2%, vertical - 0.7%. Of registered HIV cases, 274 men (72.6%), including 1 child from Aktau and 111 (27.4%) women, including 3 children.

In the penitentiary system, 48 HIV-infected people were identified cumulatively, including 26 (54.2%) people among prisoners and 22 (45.8%) people among those arrested under investigation. 236 HIV cases are registered in the Regional AIDS Center, of which 229 PLHIV (97.0%) are receiving ART. For 10 months 2020, 2 PLHIV with co-infection were identified. 1 PLHIV was transferred to the detention facility “AK 159/11” of the Karaganda region with TB zone. 1 PLHIV receives an outpatient treatment in the Regional TB dispensary dated 07.10.2020.

For 9 months 2020, there was a decrease in the region in the TB incidence by 17.0% from 40.5 to 33.6 per 100,000 population compared to the same period in 2019. The mortality rate in the region decreased by 23.1% and amounted to 1.0 versus 1.3 per 100,000 population for the same period in 2019. As per the reporting form TB07, for 9 months 2020 the proportion of patients with Mycobacterium TB (+) among newly diagnosed patients with pulmonary TB was 53.7% against 48.4% for the same period in 2019. For 9 months 2020, the proportion of extrapulmonary TB among new TB cases was 9.7% (23 cases) compared to 9.0% (25 cases) for the same period in 2019. For 9 months of 2020, there was a decrease in the TB prevalence rate in the region by 21.9% and amounted to 48.1 per 100,000 population against 61.5 for the same period in 2019. Thus, there has been an improvement in TB incidence rates in the civil health sector, TB diagnosis lab confirmation and in the achievement of standard indicators ​​of treatment success rates for all TB forms.

The TB detection rate in PHC by microscopy was 5.3% for 10 months of 2020. WHO standard is 5-10%.

Treatment effectiveness:

Nonspecific Mycobacterium TB (+) with preserved sensitivity in the 9 months 2019 cohort was 89.5% (WHO standard is 85%);

MDR-TB treatment effectiveness in the 9 months 2017 cohort was 76.6%, and in the 9 months 2018 cohort - 74.0% (WHO standard is 75%).

**Regional Health Administration**

There was a meeting with Deputy Head of the Regional Health Administration of Mangistau region held with the involvement of Heads of the Regional Center for Prevention and Control of AIDS, Center of Phthisiopulmonology and NGO “ASER”. The participants discussed issues of opening an OST site in Aktau, increasing funding for the procurement of syringes, condoms and lubricants, as well as medicines in friendly clinics, the need to allocate a state social order for non-governmental organizations working in Aktau in HIV/AIDS and TB, increasing the number of outreach workers and engagement of NGO representatives in the Public Council under the Mangistau Regional Health Administration. It was asked to support government and non-governmental organizations from the Global Fund grant funds as for now the bulk of financing is directed to the fight against COVID-19. This issue was supported by the Regional health authorities and proposed to be worked out by NGO "ASER" representative together with the Regional Center of Phthisiopulmonology. As for funding increase for HIV and TB prevention programs, the Regional Health Administration leadership highlighted the importance of supporting government organizations from international sources, as the share of funding has been reprogrammed to the COVID19 response.

**Recommendation for the Regional Center of Phthisiopulmonology and the Regional AIDS Center:** cooperation with NGOs should be strengthened by providing support for organizing a dialogue platform with decision-makers or including NGOs in existing Councils on health issues.

**Regional Center for Prevention and Control of AIDS**

In total, there are 5 districts and 2 cities in the region; monitoring visits are scheduled annually. In 2020, 42 visits to health facilities were planned, including 1 refusal from private organizations, 1 was closed, 32 visits (80.0%) completed. The plan was achieved by 80.0%. The reasons for underperforming the M&E plan are related to lockdown measures, vacation periods, and the involvement of doctors in COVID19 activities.

111 seminars were held covering 2,449 health workers. Unfulfilled recommendations are considered at a meeting of the Permanent Commission under the Regional Health Administration. The question of checking up pregnant women was considered at the Treatment and Prevention Council of the Regional Health Administration as of 19.10.2020.

In 2006-2017, the Regional AIDS Center collaborated closely with NGOs; at the time of the visit, it was noted that the AIDS Center does not cooperate with NGOs and there are no projects being implemented to support the HIV/AIDS program funded within the state social order and from international donors. **Recommendation to the Regional AIDS Center:** cooperation with NGOs should be resumed and developed.

**PWID**

There are 2 Trust Points in the Mangystau region, incl. 1 stationary and 1 mobile. The estimated number of PWID in 2020 was 2,900. For 10 months 2020, direct coverage with prevention programs was 1,457 people, or 50.2% of the estimated number; systematic coverage amounts to 941 people, or 32.4% of the estimated number. The data was obtained from the Individual Client Records Database (BDIUK). Basically, reaching PWID with prevention activities is carried out through 10 outreach workers. Syringes for PWID are procured from the local budget; in 2020, there were 173 syringes distributed per one PWID from direct coverage, with the need for at least 240 syringes. In total, 252,712 syringes were distributed. The number of distributed condoms is 123,140 for 1,457 PWID, making 85 condoms per 1 PWID. The number of information and educational materials distributed for PWID is 1,056 for 1,457 PWID. The number of PWID tested for HIV – 1,076 people, including 1,060 PWID by rapid tests which amounts to 72.8% of prevention programs coverage. During the reporting period, 296 PWID were referred to the Friendly Clinic, out of whom 77 people visited the Friendly Clinic, which is 26.0%. For 10 months of this year, the Trust Point carried out 40 visits among clients of outreach workers covering 108 PWID.

During the current period, the mobile Trust Point covered 70 PWID; 11,510 syringes were distributed, 164 syringes per 1 PWID; 5,735 condoms were distributed.

In total, 145,000 syringes, produced in Kazakhstan, were procured in 2020 for KZT 1,393,039; 250,000 condoms for KZT 5,250,000 (at a unit price of KZT 21); 11,000 lubricants for the amount of KZT 820,000; 2,700 education and informational materials were issued for KZT 576,000. As of 01.11.2020, the balance of syringes is 319,307 in the amount of KZT 3,050,752; 57,009 condoms for KZT 1,197,189 and 4,350 lubricants for KZT 321,900.

In 2019, direct coverage with prevention programs was 1,282 people, or 44%; systematic coverage amounted to 1,010 people, or 35% of the estimated number. The data was obtained from the Individual Client Records Database (BDIUK). Basically, reaching PWID with prevention activities was carried out through 10 outreach workers. Syringes for PWID were procured from the local budget. In 2019, 236 syringes were distributed per one PWID of direct coverage with the need for at least 240 syringes. In total, 303,464 syringes were distributed. The number of distributed condoms is 123,140 for 1,282 PWID, making 85 condoms per 1 PWID. The number of information and educational materials distributed for PWID is 1,056 for 1,457 PWID. The number of PWID tested for HIV – 1,076 people, including 1,060 PWID by rapid tests which amounts to 72.8% of prevention programs coverage. During the reporting period, 296 PWID were referred to the Friendly Clinic, out of whom 77 people visited the Friendly Clinic, which is 26.0%.

**SW**

Two outreach workers are involved in work among SW. The estimated number of sex workers in the Mangistau region is 400. The coverage for 10 months 2020 is 333 SW or 83.3% of the estimated number; systematic coverage – 196 SW or 49% of the estimated number. The major coverage is carried out through the mobile Trust Point and outreach workers. As of 1 November 2020, 165 visits were conducted reaching 150 SW. Condoms «Benz» and «Venus» have been procured for SW from the local budget. The total number of distributed condoms is 185,490 for 333 SW, making 557 condoms per 1 SW. The number of distributed information and educational materials is 319 for 379 SW. The number of SW tested for HIV – 290 SW (87,1%), including 284 SW by rapid tests which amounts to 85,3% of prevention programs coverage. 128 SW were referred to the Friendly Clinic, out of whom 128 people visited the Friendly Clinic, which makes up 100%.

In 2019, the estimated number of SW in the Mangistau region was 400, the coverage amounted to 379 SW or 95% of the estimated number; systematic coverage – 214 people or 48.2% of the estimated number. The major coverage is carried out through the mobile Trust Point. Condoms «Venus» have been procured for SW from the local budget. The total number of distributed condoms is 1,225,380 for 379 SW, making 650 condoms per 1 SW. The number of distributed information and educational materials is 749 for 379 SW which means 1-2 IEM for 1 SW. The number of SW tested for HIV – 324 SW or 85% of the prevention programs coverage. Out of 199 SW who have been referred to the Friendly Clinic, 109 SW visited it making up 55%.

**MSM**

One outreach worker was engaged to carry out prevention work in the MSM group. Since September this year, the second outreach worker has been hired to the MSM group. The estimated number of MSM in the region is 2,200 people. Prevention coverage for the reporting period amounted to 88 people or 4% of the estimated number. The systematic coverage was 56 people or 2.5% of the estimated number. 9,964 condoms and 9,964 lubricants were distributed. The provision of condoms per 1 MSM for 10 months 2020 amounted to 113 condoms. The number of MSM tested for HIV – 73 MSM, including 71 SW by rapid tests which amounts to 81% of prevention programs coverage. 9 MSM were referred to the Friendly Clinic, out of whom 6 people visited the Friendly Clinic, which makes up 66.6%.

In 2019, the estimated number of MSM in the region was 2,200 people. Prevention coverage for the reporting period amounted to 47 people or 2% of the estimated number. The systematic coverage was 28 people or 1% of the estimated number. In total, 8,932 condoms and 8,932 lubricants were distributed. The provision of condoms per 1 MSM in 2019 amounted to 190 condoms. The number of MSM tested for HIV – 41 MSM, including 39 SW by rapid tests which amounted to 87% of prevention programs coverage.

During the discussion, coordinators of work with key populations conveyed their suggestions for improving prevention work among KPs, namely, SW, PWID and MSM:

1. To send training groups, that is, leaders in key groups, to Mangistau region, for example, under the Amanbol project to send trainers, for instance, Shaikezhanov Amir or trainers for other key populations to conduct trainings for outreach workers in Mangistau region to attain a broad access to MSM, SW and PWID groups.
2. The need of outreach workers was mentioned to procure high-quality condoms of different sizes and types based on clients needs (anal, vaginal, oral for SW and MSM), and syringes of different sizes 10 ml and 20 ml, insulin needles, etc.
3. When conducting epidemiological surveillance, the incentive awards should be changed from topping up the balance on mobile phones to distributing other commodities. For example: for SW respondents it could be intimate wipes, intimate gels or sanitary pads.

**Recommendation for the Regional AIDS Center and the Kazakhs Scientific Center of Dermatology and Infectious Diseases:** to consider the above-mentioned suggestions or make recommendation to other donors for support.

**Outreach work**

There are 14 outreach workers involved in prevention programs implementation including 10 outreach workers for PWID, 2 for SW and 2 for MSM. Service contracts were concluded with outreach workers stipulating the terms of employment and functional duties. The remuneration includes salary in the amount of KZT 42,500 and KZT 3,000 travel allowances per each outreach worker.

For 10 months 2020, the following workshops and meetings were conducted among KPs:

* 29 seminars and trainings for outreach workers and their clients in PWID, SW and MSM groups; coverage is 259 people;
* 9 working meetings with coverage of 95 people.

In 2019:

* 17 training seminars for outreach workers in PWID, SW and MSM groups;
* 2 cascade trainings for outreach workers;
* 3 working meetings;
* 1 working meeting.

In 2019, 13 outreach workers were engaged to implement prevention programs, including 10 outreach workers for PWID, 2 for SW and 1 for MSM.

**Friendly Clinic**

At the time of the visit, there are 1 Friendly Clinic and 1 Trust Point based at the Regional AIDS Center as well as 1 mobile Trust Point fully functional. Additional Trust Point has been opened in Zhanaozen. Vehicle for the mobile Trust Point and equipment for the Friendly Clinic were procured from the Global fund grant. The Regional AIDS Center procures syringes and condoms from the local budget. The number of visits to the Friendly Clinic in 2019 was 995, incl. 554 persons and 251 clients have been treated. For 10 months 2020 there were 569 visits, 362 persons and the number of clients treated was 224. According to the Friendly Clinic staff, the updated STI treatment protocol does not include a list of necessary medications. There were suggestions of expanding the range of drugs for STI treatment in Friendly Clinics. **Recommendation for the Kazakh Scientific Center of Dermatology and Infectious Diseases:** to consider this issue and provide technical and advisory support.

**Individual Client Records Database (BDUIK)**

The database specialist mentioned the need for additional learning courses or trainings on database of individual client records – speedy search, identification of errors when entering data of repeated clients, repeated client records, how to save, archive and transfer data from several computers into one, etc.

**Lab**

Pursuant to the clinical protocol dated June 11, 2020 No. 97 "Clinical protocol for HIV diagnosis and treatment in adults" approved by the Joint Commission on the Quality of Health Services of the Ministry of Health of the Republic of Kazakhstan, the Medical Lab of the Mangistau Regional Center for Prevention and Control of AIDS requires the procurement of automatic hematology and urine analyzers to conduct high-quality analyses of patients registered in the dispensary unit, which will enable monitoring health condition of people living with HIV.

The Medical Lab has a Sysmex KX 21N hematology analyzer, procured in 2011 from the local budget. On average, 800 analyses are carried out per month. To date the hematology analyzer experiences malfunctions in work, which sometimes leads to a delay in analyses results. General urine tests are not carried out due to the lack of equipment.

Equipment maintenance is carried out by a medical technician (Agreement No. 2 dated 05.01.2020), and remote maintenance is provided by NPF MEDILEND LLP.

The laboratory staff noted that they need additional trainings for lab specialists on quality control (internal and external) of conducted research, calculating the measurement uncertainty, metrological traceability and compliance with the ISO 15 189-2015 standard. **Recommendation to GF PIU KSCDID:** this issue should be considered to improve the quality of implemented programs in the regions.

**Cooperation with NGO**

For now, the Regional AIDS Center is not implementing any joint programs with NGOs. **Recommendation for the Regional AIDS Center and Kazakhstan Union of People Living with HIV:** bearing in mind the readiness and understanding from the Reginal Health Administration leadership, to facilitate NGO “Umit” and NGO “ASER” in developing the terms of reference for furthering their work through participation in state social order competitions or those of international donors that will result in fostering the prevention activities in the field.

**Public Association “ASER”**

Head of the NGO "Aser", together with the CCM Oversight Committee members, participated in the meeting with Head of the Mangistau region Health Administration. During the meeting, the issues of membership of NGO "Aser" in the Public Council at the Mangystau region Health Administration were discussed. The regional health authorities expressed understanding and discussed plans for further implementation. During the discussion with the leadership of the Health Administration, abbreviations were repeatedly used. Given that the new head of the Regional Health Administration has just assumed a new position and some abbreviations are unfamiliar, it is important to use the full names and explanations of terms when meeting with decision-makers, since not all abbreviations are immediately clear and misunderstanding for this reason can also cause a refusal to receive a positive answer to raised questions (human factor). **Recommendation for NGO "Aser" and PIU GF:** training should be completed on how to properly build a dialogue with decision-makers, partners and employees for the effective implementation of the project objectives and obtaining the expected results.

Also, during the meeting, the issues of providing state social orders for NGOs on HIV and tuberculosis were discussed. A member of the CCM Oversight Committee, head of the ALE “Central Asian Association of PLHIV” offered technical assistance based on the experience of cooperation in Almaty: participation of NGOs in the formation of lots, drafting technical specifications, including topics on HIV/AIDS and tuberculosis, etc. **Recommendation for the ALE "Central Asian Association of PLHIV" and NGO "Aser":** to jointly work out the issue to speed up the process of allocating the state social order for HIV/AIDS and tuberculosis in 2021-2022.

In 2020, NGO “ASER” won a lot under the state social order "Conducting a campaign for the International Day against Drug Abuse" in the amount of KZT 1,670,000.00 (during the pandemic, videos and billboards were developed, distribution of branded T-shirts and baseball caps in the Children's Village for orphans). **Recommendations for NGO “ASER”:** a meeting with the organizers of this competition for the state social order should be held to provide a justification for increasing the amount of funding and work performed in the future.

NGO “Aser” is implementing the project on TB component from the Global Fund grant.

The project target groups: homeless, people who abuse alcohol, migrants, the poor, ex-prisoners, PLHIV, PWUD. All of them must have the status of a violator of regimen or the client should have a potential risk.

The project is being implemented in the Mangistau region. Implementation period is from 2 March 2020 to 28 February 2021. Since the start of the project, 12 TB patients have been identified.

During discussions with outreach workers, it was found that the project indicators are being implemented without difficulty, at the same time there were wishes to increase travel allowances and remuneration for outreach workers as well as to issue special IDs for outreach workers.

The Terms of Reference for TB Specialist includes 11 items, payment of services is KZT 38,400 before taxes, this is a large amount of work. **Recommendations for the GF PIU NSCP and NGO:** it is needed to consider the possibility of shortening the Terms of Reference, or to increase the cost of services, as well as coordinate this issue with the LFA and the GF Country Team. The Oversight Committee members had questions as to why the HIV component of the GF grant is not allowed to involve the KSCDID staff while the TB component is permitted to engage the Phthisiopulmonology Center employees for part-time job.

**Regional Center of Phthisiopulmonology (RCP)**

The Regional Center of Phthisiopulmonology has a capacity for 150 beds with no reduction or expansion. Currently, there are 121 TB patients on individual-tailored treatment regimen, there are no patients receiving short course therapy for TB, which was canceled due to the transition to non-injectable treatment methods. At the time of the visit, it turned out that the Regional Center of Phthisiopulmonology faced a problem with the integration of TB services into primary health care (recommended by the WHO). The RCP specialists noted that this problem is related to the expansion of PHC services after the introduction of the Mandatory Health Insurance Fund (MHIF). To increase the amount of funding and expand the range of services provided, to increase the coverage of the population with services, additional rooms for narrow specialists in non-communicable pathologies were opened based on PHC, leading to the closure of the room based on PHC. Currently, TB services in PHC have been transferred to the RCP unit, creating daily inconveniences for the RCP staff, up to a written statement. **Recommendation for NSCP:** it is needed to provide organizational and technical assistance to the Regional Center of Phthisiopulmonology of Mangistau region and conduct monitoring of PHC based TB services and their status after the MHIF was introduced.

**Medicine Management**

In 2020, the TB drugs (11 items) and 200 pcs. of 7-slot pill organizers were received from the Global Fund in the amount of KZT 7 981 369, 59. In 2020, the TB drugs were procured from the republican budget (SK Pharmacy) for KZT 121,452,751.76. In total, 9 drug items were received to provide a complete treatment regimen, including children's dosages.

**DOT at home, VDOT**

Directly observed therapy of patients at home is carried out by a PHC patronage nurse six times a week using PHC vehicle in 5 districts and 2 cities (Aktau and Zhanaozen) of the region. The list of patients for DOT and VDOT is formed by district TB specialists and approved by the Central Medical Commission decision on the distribution of patients between DOT and VDOT. Selection criterion: the elderly people, patients with alcohol and drug addiction, people with disabilities, women with small children and patients in the postoperative period, as well as non-adherent patients. Also, video observed therapy has been introduced in the region (individual-tailored treatment regimen and the category 4 (MDR-TB) who cannot regularly visit the health facility).

For 9 months of 2020, the coverage of patients with outpatient treatment is 476 patients. Of these, DOT at home - 57 people, DOT in the chemicalizer offices - 162 people, the mobile team covers 26 patients, VDOT - 221 patients, via Skype - 10 patients.

200 patients were provided with special 7 slot pill organizers (pill boxes), as well as 25 smartphones procured under the GFATM project for low-income patients. The list of these patients was provided by the heads of the PHC TB units.

The cost of a patient’s DOT visit in primary health care (doctor) – KZT 1,788.38, nurse – KZT 284.58; at home (doctor) – KZT 3,576.76; nurse – KZT 509.16; VDOT (remote consultation of a doctor) – KZT 894.19, VDOT (nurse) – KZT 142.29.

**Patient School**

Education of patients on key issues such as use of medicines, side effects, treatment regimens and nutrition during treatment is not being conducted.

Recommendation: it is needed to organize the treatment of patients using methodological recommendations for conducting classes in the TB facility’s Patient School designed by the NGO "AIDS Foundation East West", or other updated information and educational materials.

**Training of PHC staff**

In 2020, 90 PHC specialists (general practitioners) were trained. Trainings are carried out by the Monitoring group of the Regional TB dispensary. In October 2020, 26 PHC specialists were trained by the NSCP staff: general practitioners – 15; therapists – 2; phthisiopediatrists – 1; TB specialists – 8.

**Cooperation with NGO**

The Memorandum of Cooperation with NGO "ASER" was signed in March 2020. Interaction with NGO is close, joint discussion of solutions to emerging problems is held. There are very few NGOs in the region having sufficient capacity to work with TB patients. There are no state social orders allocated for NGOs in this area.

**Recommendation for the Regional Center of Phthisiopulmonology:** 1) transparency and availability of information materials for partners are to be ensured by publishing reports on the results of partnership with NGO "ASER" on the official website of the Regional Center of Phthisiopulmonology. 2) technical assistance should be provided to NGO "ASER" by advocating the state social orders allocation at the level of local executive bodies.

Within the Mandatory Health Insurance Fund (MHIF), payment is made upon delivery of the service, which is confirmed by the financial block of the ERCP information system (Electronic Register of Cancer Patients). ERCP is integrated with the National TB Register, information is downloaded at the end of the month according to the number of patients on the list. As the number of patients is decreasing, funding is declining too. In 2014, the Comprehensive Plan for TB was prepared implying that the fund savings of the regional TB service should not be sequestered and reprogrammed to other needs of the region, but redistributed to support NGOs specializing in supporting TB patients, etc. **Recommendation for NSCP, MHIF and Regional Health Administration:** joint negotiations should be held to resolve this issue, or the question should be presented for consideration at the next CCM meeting.

**Lab**

For 10 months 2020, 1840 persons were examined using GeneXpert equipment, including 298 positive ones (16.1%), and using Hain-test – 64 people, including 54 positive results (84.3%).

In 2020, 1 box for the amount of KZT 3,120,709 was delivered to the lab of the Mangistau region, 200 cartridges for KZT 889,658. Reagents for the Hain-test were received - 2 boxes of the 1st row and 2 boxes of the 2nd row for the amount of KZT 2,500,000. In 2020, 4,000 pieces were procured from the local budget for KZT 16,000,000. The amount of KZT 34,400,000 was allocated for BACTEC reagents.

**Monitoring and Evaluation visits**

There are 5 districts and 2 cities in the region. Monitoring visits are scheduled annually. The Monitoring and Evaluation group was established by order No. 4-p/c dated January 08, 2020 "On the work of the Monitoring and Evaluation department in 2020". The M&E group includes 4 specialists, including 3 released ones. Head of the Lab, Chair of the Central Medical Commission and TB specialist are also involved in visits.

In 2020, 23 visits to health facilities were planned, 17 visits were carried out. The reasons for underperforming the M&E plan are associated with restrictive measures during lockdown.

One of the M&E reports was reviewed - a visit to Polyclinic # 2 in Aktau. According to the report, it turned out that the situation regarding interaction with PHC requires improvement. For example, due to the expansion of PHC and the addition of two rooms for narcologists and psychiatrists, the TB unit of the Polyclinic was completely transferred to the Regional Center of Phthisiopulmonology that contributed to a decrease in the detection rate and a deterioration in interaction with district physicians and general practitioners. During monitoring visits by the M&E group in 2018 and 2019, it was revealed that district nurses do not visit TB departments and do not work with the dispensary TB contingent and contact persons. This example showcases that the training of PHC staff is not followed up in practice. It is important to develop direct and indirect indicators that monitor the interaction of the Regional Center of Phthisiopulmonology with PHC. **Recommendation to GF PIU NSCP:** it is needed to consider the possibility of providing technical assistance in the development of M&E indicators to assess the quality of interaction with PHC.

**Social support**

The social support in 2020 amounted to 1.3%, with a target indicator of 4.0% of funding for TB facilities. The indicator for patients with treatment disruptions is 7%.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Districts | Social support (thousand) | | | | | Weight % of social support |
| 2019 | 2020 | Frequency (monthly) | Number of patients provided with social support | Total number of patients on outpatient treatment |
| Region | **20147095/344** | **15277166** | 0 | **227** | **476** | **1,3** |
| Beyneu | 1894490/29 | 1611714 | 0 | 23 | 82 | 4,2 |
| Karakiya | 2222000/33 | 3259940 | 0 | 37 | 33 | 10,8 |
| Mangistau | 2297750/35 | 2222142 | 0 | 32 | 12 | 22,0 |
| Munaylinsk | 5370675/85 | 2405000 | 0 | 40 | 115 | 5,2 |
| Tupkaransk | 1563250/25 | 1654536 | 0 | 24 | 21 | 4,6 |
| Zhanaozen city | 3738930/57 | 1913834 | 0 | 27 | 75 | 1,1 |
| Aktau city | 3060000/80 | 2210000 | 0 | 44 | 138 | 0,3 |

In the region, within the social support, a one-time allowance is allocated (once a year) at the request of the patient. The issue of delivering social support on a monthly basis remains open. **Recommendation for the Regional Center of Phthisiopulmonology:** considering the high rates of treatment disruptions, the issue should be worked out and, if possible, the funding in this area should be increased to 4%.

**CCM Oversight Committee**