# DRAFT (to be updated after discussion)

# Report on results of the Oversight visit to Nur-Sultan

**12-16 October 2020**

*Purpose of the visit:*

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

*Objectives:*

1. Analysis of the reports of the Global Fund grant regional subrecipients in Nur-Sultan for 2019 and the first half 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, the Global Fund grant regional subrecipients according to the meeting schedule (see below) and obtaining information on the progress of the Global Fund grant: assess the quality of 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 Nur-Sultan.

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 Nur-Sultan city is 1,136,008 people.

**HIV epidemiological situation**.

Cumulative total as of 31.12.2019 (since 1997) amounts to 1,728 cases registered in Nur-Sultan among citizens of the Republic of Kazakhstan. The incidence rate per 100,000 population was 133.0. The HIV prevalence among the population aged 15-49 years as of 31.12.2019 amounted to 0.23% (PLHIV – 1,318, population ages 15-49 – 580,256), *(indicator from the State Health Development Program "Densaulyk" - 0.2-0.6%)*. For 12 months 2019, 230 HIV cases were registered in Nur-Sultan among citizens of the Republic of Kazakhstan. The indicator per 100,000 population was 21.3.

Compared to the same period in 2019, there is an increase by 25 cases (12 months 2018 - 205 cases, the indicator per 100,000 - 21.2). For 12 months 2019, as in the previous year, the sexual transmission prevails and amounts to 70.4%, exceeding the parenteral route by 7 times. Homosexual contacts make 15.2% in sexual transmission. There were no cases of hospital-acquired and blood transfusion HIV infections registered in the city.

**TB epidemiological situation.** For 9 months 2020, the TB incidence in Nur-Sultan is 22.1 per 100,000 population, against 33.6 in 2019. There is a decrease by 34.4% *(extrapolation for the year: 2020 - 29.5, 2018 - 44.8)* (the Republic of Kazakhstan - 33.9 per 100,000 population). The TB prevalence, as one of the most important indicators, decreased by 33.5% and amounted to 31.5 per 100,000 population, 9 months of 2019 - 65.2 *(extrapolation for the year: 2020 – 42.0, 2019 - 65.2)*  (the Republic of Kazakhstan - 47.6 per 100,000 population). There is an increase in the proportion of TB patients diagnosed with destruction of lung tissue from 28.8% in 9 months 2019 to 47.1% in 2020. The primary MDR-TB incidence for 9 months of 2020 was 4.7 versus 8.5 for the same period in 2019. A decrease of 44.7% is noted. For 9 months of 2020, there is a decrease in the incidence among children (0-17 years old) by 20.0% from 9.0 (30 cases) in 9 months of 2019 to 7.2 (26 cases) in 2020 (*with extrapolation: 2020 - 9.6; 2019 - 12.0*). There were no neglected TB cases among children registered for 9 months 2019-2020. For 9 months of 2020, the TB mortality rate was 1.2 per 100,000 population, against 0.7 in 2019. There is an increase in the mortality rate by 1.7 times (*extrapolation for the year: 2020 -1.6; 2019 -1.0)* (the Republic of Kazakhstan - 1.7 per 100,000 population). The TB detection rate in PHC by microscopy was 5.3% in 6 months of 2020. WHO standard is 5-10%.

**The Global Fund grant recipients in Nur-Sultan:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | Grant recipients: | HIV (sub-subrecipients funded as per the agreement with the City AIDS Center) | Tuberculosis | Methadone | Total |
| 1 | City Center for Prevention and Control of AIDS (City AIDS Center) | 1  (overall coordination) |  |  | 1 |
| 2 | City Center of Phthisiopulmonology |  | 1 |  | 1 |
| 3 | NGO «Zhizn vopreki» | 1 |  |  | 1 |
| 4 | NGO “Zhariya” | 1 |  |  | 1 |
| 5 | Branch of NGO “Sanat Alemi” |  | 1 |  | 1 |
| 6 | NGO «Human Health Institute» | 1 |  |  |  |
|  | Total: |  |  |  | 6 |

In total, 6 projects are being implemented in Nur-Sultan under the Global Fund grant.

In Nur-Sultan, the City Coordination Council for Health Protection was established under the Akim of Nur-Sultan, chaired by the City Deputy Akim. The issues of implementing measures to counter the spread of HIV/AIDS and tuberculosis within the State Health Development Program have not been considered since 2018.

The participants of the oversight visit reviewed the implementation of Global Fund projects in Nur-Sultan. Consultations with project staff and clients, review of documentation reveal that resources are being used in line with the terms of reference. The services delivered by the implementing organizations are in demand by the project clients.

A meeting was held with the Deputy Head of Nur-Sultan City Health Administration with the participation of Heads of the Mental Health Center and the Center of Phthisiopulmonology. The participants discussed issues of opening an OST site in Nur-Sultan, increasing funding for the procurement of syringes, condoms, lubricants, as well as medicines in friendly clinics, the need to allocate a state social order for non-governmental organizations working in Nur-Sultan in HIV/AIDS and TB, increasing the number of outreach workers. **The meeting participants highlighted the importance of including cross-sectional indicators in the terms of reference of outreach workers.**

**Sub-recipient – the City Center for Prevention and Control of AIDS (hereinafter – the City AIDS Center)**

Since January 1, 2018, a new Global Fund project on the HIV component is being implemented in the Nur-Sultan for 2018-2020. The main goal is to create a sustainable national HIV response in Kazakhstan by institutionalizing the social contracting system and to enhance access of vulnerable population groups and people living with HIV to prevention, care and support services. The project faces the following challenges: objective 1 - to develop and implement a social contracting mechanism through AIDS service NGOs to ensure the sustainable national HIV response. Objective 2 - to strengthen prevention activities among vulnerable population groups, to provide a range of care and support services for people living with HIV. The Global Fund grant is fully aligned with the key country directions and activities under the country's international commitments to achieve the 90-90-90 targets and the goal of ending the HIV epidemic by 2030.

One of the key priorities is the HIV prevention among vulnerable populations, which implies an increase in the coverage of vulnerable populations with prevention measures, increased access to services, NGO-based rapid testing of vulnerable populations, allocation of state social orders for NGOs, introduction of protocols "Test and treat", and also increasing the motivation and adherence of PLHIV to ART.

*For reference:* 3 regions were selected in the Republic of Kazakhstan for grant implementation in 2018-2020: Almaty, Astana and Karaganda region. The reasons for the selection of these regions include unfavorable epidemiological situation in vulnerable groups, as well as the availability of sustainable funding from the government budget.

The City AIDS Center is the Principal Sub-Recipient of the Global Fund grant in Nur-Sultan (according to the funding request). It conducted a competition to select sub-sub-recipients for the implementation of Global Fund grants among PWID, SW, MSM and PLHIV. The competition was carried out based on the Regulation on establishment of Competition Commission for the procurement of NGO services to carry out activities aimed at HIV prevention among key populations (PWID, SW, MSM), care and support for PLHIV in 2018, which was developed in line with the Order of the Minister of Finance of the Republic of Kazakhstan dated December 11, 2015 No. 648.

The program covers human resources, office rent, campaigns, promotions, telephone communication, procurement of a computer and other office expenses. Human resources also include the positions of outreach workers, distributed among the following organizations:

|  |  |  |  |
| --- | --- | --- | --- |
| № | Name of organization: | Number of outreach workers, 2018 | Number of outreach workers, 2020 |
| 1. | City Center for Prevention and Control of AIDS (City AIDS Center) | 33 (government budget) | 16 (government budget) |
| 2 | City Center of Phthisiopulmonology |  |  |
| 3 | NGO «Zhizn vopreki» | 4 | 4 |
| 4 | NGO “Zhariya” | 15 | 7 |
| 5 | Branch of NGO “Sanat Alemi” | 8 | 8 |
| 6 | NGO «Human Health Institute» | 10 | 10 |
|  | Total: |  |  |

The physical verification of fixed assets received from the Kazakh Scientific Center of Dermatology and Infectious Diseases of the Ministry of Healthcare of the Republic of Kazakhstan was carried out and, based on the results, no discrepancy was found between the accounting data and the actual availability.

**PWID**

According to the rapid situation assessment (quantitative), the number of PWID (RSA PWID) in 2019 amounted to 5,200, and in 2020 – 5,200 PWID. According to the City AIDS Center data for 2019, PWID coverage of RSA was 3,183 – 61% (indicator 60% of RSA). The number of PWID who have been tested for HIV was 2,496 – 82% (indicator 80% of RSA). The City AIDS Center visits the PWID locations on a daily basis as scheduled.

**SW**

According to the rapid situation assessment (quantitative), the number of SW in 2019 amounted to 1,600. The number of SW covered with prevention programs was 1,120 – 131% (indicator 80% of RSA). The number of SW who have been tested for HIV was 1,520 – 83% (indicator 80% of RSA). The main coverage of SW is carried out through the mobile Trust Point, outreach workers and visitors of the Friendly Clinic. Visiting SW locations is conducted two times a week according to the schedule. Condoms "Venus", manufactured in Malaysia, were procured for SW from the local budget.

**MSM**

According to the rapid situation assessment, the number of MSM is 3,300. Ten positions of outreach workers have been allocated for work with MSM funded from the Global Fund grant through NGO “Human Health Institute” (more information in the Section «Human Health Institute»). The number of MSM covered by the prevention programs in the city amounts to 1,175 people – 39% (indicator – 40%). The number of MSM having been tested for HIV is 901 MSM – 80% (indicator – 70%). The coverage of MSM is carried out through outreach workers who have started working since 1 April 2018.

**Interaction with outreach workers**

Once every 2 weeks, the outreach workers submit route list reports. There are ongoing consultations and discussions using a general WhatsApp chat. New outreach workers submit their route list reports once a week. Once a month, trainings are conducted for outreach workers and the outreach workers must engage at least 5 clients for testing coverage and contact verification.

**Trust Points services**

There are 4 Trust Points in the city: 2 mobile and 2 stationary Trust Points.

**Antiretroviral therapy**

As of 01.10.2020, 1,117 HIV-infected people received ART. During 9 months of 2020, a total of 215 people were engaged in ART in the region - 215 people started treatment for the first time, 76 resumed treatment, 63 people arrived with treatment from other regions, 61 people left. 1,117 people continue treatment. 80 people were withdrawn from treatment: 61 people left for other regions and 25 people were withdrawn from treatment for various reasons: died - 11; refusal of treatment - 7; low adherence - 18; side effects - 1; left the country – 1; severe clinical condition - 1.

Refusals of patients from ART for the period of 2019 decreased to 44 (25%) in 2019 (in 2017 - 5%). Patients motivate refusals due to frequent scheme changes, fatigue from prolonged use without interruptions, and psychological discomfort.

As of 01.10.2020, 1,117 people continue ART in the region, including 18 children. ART coverage is 72% out of 1,544 in need, considering the expansion of indications for ART, coverage of patients without laboratory diagnostics of CD and VL.

*Target indicator of the Memorandum for the Republic of Kazakhstan on ART coverage at the end of 2019 amounts to 71% of those who know their HIV status, this indicator is – 72.4%.*

Adherence to ART in patients having received treatment for 9 months was 72.4 in 2020 (in 2019 - 71%).

There are problems with the formation of adherence:

- among patients who were enrolled in ART in a serious clinical condition due to the severe tolerability of ART drugs and treatment of opportunistic and non-infectious diseases; this problem has been solved by procuring new drugs that have fewer side effects, convenient amount and frequency of use.

- among patients with alcohol and drug addiction and persons without a permanent residence.

- among patients who are first enrolled in ART immediately upon detection, in the early HIV stages (stages 1-2), which is related to denial of the disease itself, low motivation of patients to treatment; patients continue to be enrolled from the moment of detection;

- the primary short-term side effects of drugs that disturb the well-being of patients.

In line with the requirements of the Ministry of Healthcare Order and the conditions of SK-Pharmacy, ARV drugs are dispensed for no more than 3 months. However, under quarantine conditions there is a need to dispense ARV for a longer period of up to 6 months, but under the supervision of an infectious disease doctor.

Some of the ARV drugs procured through UNICEF arrive in the country with a delay of 6 months or more leading to frequent changes in treatment regimen and, consequently, a high risk of developing resistance. Thus, at the end of the year there is a balance, which must be returned to SK-Pharmacy. Respectively, the City AIDS Center is forced to refuse part of its order.

**Friendly Clinic**

At the time of the visit, 2 Friendly Clinics (hereinafter – FC) functioned in the city, with a dermatovenerologist and a nurse available. The FC is equipped with a dry-heat box (currently not used as all instruments are disposable) and a gynecological chair. At present all instruments are disposable (diaper, gloves, mirror, spoon, cap, mask, shoe covers, mirror and Volkmann spoon). The services of the Friendly Clinic are in demand by vulnerable groups representatives, 1,731 people visited FC for 9 months of 2020. The main FC clients are SW – 940 people (54%), youth – 61 (3.5%), PWID - 36 people (2.07%), MSM - 282 (16.2%), PLHIV - 412 (23.8%). No drugs for FC were procured from the Global Fund.

Since 2019, HIV ELISA tests have been carried out in FCs by presenting identity documents, which affected the attendance of FCs and testing coverage. At the same time, visiting FC for other services also continues using identity codes registration. During restrictive measures, the doctors of the Friendly Clinic consulted patients over the phone or in FC, if needed. The City AIDS Center based lab diagnostics of STIs: toxoplasmosis, HSV1, HSV2, trichomoniasis, ELISA, syphilis total antibodies. The cost of VH in the City AIDS Center is KZT 2,500 (2 analyses) for general population and it is for free for outreach workers.

**Lab**

In 2017, within the Grant Program Agreement No. KAZ-H-RAC-2017 for the Project "Support for capacity building of the Republican AIDS Center of the Ministry of Health and Social Development of the Republic of Kazakhstan in the execution of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria", a set of semi-automatic ELISA analyzer was installed (reading PR 4100 BIO-RAD microplate device, IPS BIO-RAD incubator, PW BIO-RAD microplate washer).

In 2019, the Public Health Administration of Nur-Sultan procured an automatic ELISA analyzer Evolis, which allows to optimize daily analyses, improve the accuracy and reproducibility of results due to the high standardization of the process.

Automated "open type" enzyme immunoassay analyzer makes it possible to use test systems of various manufacturers, and excludes the "human factor" impact. The equipment includes a dosing device, an incubator, a washer, a reader and a computer control system for a microplate ELISA. Owing to the independent operation of the dosing device module and of the microplate transport module, the device can process up to 4 microplates at the same time, which significantly increases the productivity of studies; the EVOLIS scheduler optimizes the workflow depending on the device load level.

**Public Fund “International Center “Zhariya”**

The project is being implemented in Nur-Sultan. The project implementation period is from 5 January 2020 to 31 December 2020.

The goal of the project is to carry out the following activities among SW:

* provide SW with 2 services (condoms, information and educational materials or mini sessions/discussions);
* conduct pre-test HIV counseling for SW;
* refer SW for HIV testing to the AIDS Center, Friendly Clinic or PHC – antenatal clinic issuing a referral from the organization;
* conduct post-test counseling for SW on risk behavior reduction, safe and protected sex;
* ensure the referral of SW to health, social, legal and other services using “vouchers”;
* correctly fill in the route sheets at every field visit;
* daily submit route sheets to responsible person in NGO (Coordinator/Database Specialist);
* the Database Specialist to manage the individual client records database and complete it in strict compliance with route sheets;
* regularly conduct trainings for outreach workers on filling out reporting and accounting documents, route sheets, assigning individual client records, routes of transmission, HIV prevention and safe behavior.

As per reported data, the number of new clients in the first half 2020 was 851, the number of distributed condoms – 327,080, the number of clients who have been tested for HIV using rapid tests – 431, the number of clients having been tested for HIV for the last 12 months and know their results – 851.

As per reported data, the number of new clients from July to September 2020 is 46, the number of distributed condoms – 57,602, the number of clients who have been tested for HIV using rapid tests – 165, the number of clients having been tested for HIV for the last 12 months and know their results – 697.

Training of outreach workers was carried out on a monthly basis by NGO and the City AIDS Center staff. In July 2020, the GF PIU conducted the training for outreach workers on the harm reduction program with the involvement of the national consultant.

The outreach workers noted that it would be good to reduce the quantity of the documents to be filled out and to transfer work to electronic mode by procuring tablets and developing mobile apps. They also highlighted the need to supplement the service packages with lubricants.

Currently, NGO “International Center “Zhariya” is participating in the implementation of 4 projects:

1. Joint project with the Kazakhstan TB Network, state social order from the Ministry of Health;
2. Project from the City AIDS Center through the state social order;
3. USAID project on counter trafficking;
4. GF project on HIV prevention among sex workers.

**Public Fund “Zhizn vopreki”**

Public Fund "Zhizn vopreki" is implementing the project from the Global Fund grant for HIV component (Care and support of PLHIV).

The project is aimed at:

1. Building adherence -90%, undetectable viral load;

2. Motivation to start ART;

3. Recovery on ART;

4. Identification of PLHIV among sexual partners through NGO-based testing or by referral to the Regional AIDS Center.

Project staff, multidisciplinary team:

1. Peer consultants: from January to June 2020, there were 4 positions from the GF budget; from July to December 2020 - 2 positions under the GF budget;

2. Social workers: from January to June 2020, there were 4 positions from the GF budget; from July to December 2020 - 2 positions under the GF budget;

3. Psychologist: 1 position from the GF budget;

4. Database specialist - 1;

5. Accountant - 1;

6. Coordinator - 1.

A peer consultant performs the following functions: counseling on how to live with HIV, motivation and adherence to ART; referral/accompanying to dispensary monitoring; referral to a social worker for addressing health and social problems; referral to a self-help group (SHG) for PLHIV.

In 2019, the coverage was 242, including those receiving ART – 222. The number of PLHIV who received services aimed at motivating people to initiate ART – 20. The number of PLHIV on treatment who received services on improving adherence to ART – 20. The number of PLHIV participating in the self-help groups – 597.

In the first half of 2020, the total coverage was 446 (114% of the plan); the number of PLHIV reached by social workers – 114 (120% of the plan). Services provided – 288 (240% of planned 120), the number of PLHIV covered by peer consultants – 302 (112% of planned 270), the number of PLHIV on ART – 301 (new 127+ previous 168), the number of services delivered by a psychologist - 332, the number of PLHIV covered by self-help groups - 200.

Trainings are being conducted regularly 2 times a month in 2 narcology units (prevention of HIV, HIV and Hepatitis, HIV and STIs). Similar trainings are held in the “Liga dobra” Center. Every Saturday, working groups for the staff of NGO “Zhizn vopreki” are held. There was a campaign dedicated to the day of those who died from AIDS called “Know your status”. Joint visits of NGO “Zhizn vopreki” and the City AIDS Center are carried out to those patients who refuse to visit a doctor and treatment. Therapy delivery to patients who did not have the opportunity to visit a doctor due to poor health was organized. Once in a quarter, a trip to detention facility EC166/6 (Arshaly village) is conducted to visit HIV infected prisoners. Once a month, a doctor from the AIDS center is invited to the self-help group for consultations (dermatovenerologist, gynecologist, TB specialist).

The issue of referring patients to PHC to receive health services when having the status of uninsured was discussed. NGO staff informed that their patients pay the minimum contribution as self-employed (KZT 1,600) and receive the status of an insured.

**The City Center of Phthisiopulmonology (CCP)**

Distribution of 24-hour and day care beds:

|  |  |  |
| --- | --- | --- |
|  | **24-hour beds** | **Day care beds** |
| **Total in Nur-Sultan 2019** | **305** | **30** |
| **Total in Nur-Sultan 2020** | **260 (since 01.10.2020)** | **30** |

TB care in city health facilities is carried out by the TB offices of the City Center of Phthisiopulmonology, where counseling and dispensary observation of contingents are provided. District TB specialist and TB pediatrician monitor the X-ray records under the Integrated Medical Information System program as well as the implementation of tuberculin diagnostics.

In 2019, from the local budget the BARK VibroLUNG vibroacoustic device was procured for the treatment of patients diagnosed with pulmonary fibrosis (patients who have suffered pneumonia of unknown etiology and have a high risk of developing pulmonary TB).

**Medicine Management**

In 2019, 13 items of TB drugs were received from the Global Fund. The enrollment of GF project patients in 2019: for a short-course regimen – 1 (23 patients) and an individual treatment regimen - (27 patients). In 2020, the enrollment of new patients under the Global Fund project was not planned, TB drugs were provided for patients continuing treatment since 2019 (individual-tailored treatment regimen - 12 patients). Since mid-2019, new and repurposed TB drugs for individual-tailored and short course treatment regimens have been procured from the republican budget (SK-Pharmacy). In total, 13 items of drugs were received to provide a complete treatment regimen, including children's dosages.

**DOT at home**

Directly observed therapy of patients at home (patronage) is carried out in Nur-Sultan six times a week using the CCP vehicle (2 nurses visit 7 people each day). Total number of DOT patients is 13 people. 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 (3).

**Patient School**

Patient education on the use of medicines, side effects and treatment regimens, nutrition during treatment, HIV and hepatitis is conducted by nurses of the units. There is an annual patient education plan in the "Patient School" and a schedule of trainings for nurses and patients for 2019-2020. In 2019, 545 patients were trained, 545 patients were surveyed anonymously. For 9 months 2020, 418 patients have been trained, anonymous questionnaires conducted for 418 patients. Display stands for the Patient School were designed.

**Training of PHC staff**

In 2019, 362 PHC specialists were trained. Trainings are carried out by: National Scientific Center of Phthisiopulmonology, Republican Center for Professional Development "Bilim", Republican Center for Professional Development "Sanat", Educational and Clinical Medical Center of Astana, Karaganda Medical University, Corporation for Innovative Development. For 9 months 2020, 80 PHC specialists have been trained.

**Monitoring and Evaluation visits**

In the City Center of Phthisiopulmonology of Nur-Sultan, a monitoring group of 6 specialists has been established, of which 5 are released specialists. The monitoring group is equipped with a separate office with a telephone, computers with Internet access, 1 car and 1 laptop. The CCP monitoring group conducts visits to the PHC and penitentiary facilities as per the schedule.

In 2019, 52 visits were planned and carried out to the city health facilities. Monitoring group reports are prepared in 3 copies and sent to the Health Administration and PHC. Reports follow a standard format.

For 9 months 2020, the Monitoring and Evaluation group specialists conducted 6 planned visits to PHC in Nur-Sultan.

To enhance phthisiological vigilance in 2019 at the workplace, during monitoring visits M&E specialists conducted 15 trainings among doctors of the general health network and trained more than 36 PHC doctors, including 48 nurses and lab technicians of the microscopic PHC laboratory.

The Monitoring and Evaluation reports track the recommendations issued during the previous visit. Recommendations are followed up repeatedly throughout the year. Unfulfilled recommendations are reviewed by the Head of the CCP and considered at Akimat Panel of Nur-Sultan.

**Cooperation with NGO**

Since November 2018, a nongovernmental organization "Sanat Alemi" has been established to deal with delivery of TB services in Nur-Sultan. In 2018, a Memorandum of Cooperation was signed between “Sanat Alemi” and the City Center of Phthisiopulmonology to facilitate adherence to TB and M/XDR-TB treatment, early detection and diagnosis among target groups. In January 2020, the Memorandum of Cooperation was updated. Also, there is a joint work plan of "Sanat Alemi" and the City Center of Phthisiopulmonology.

NGO "Sanat Alemi" is implementing the Global Fund grant only. It is actively involved in the process of effective delivery of TB prevention services. TB prevention work is carried out in target groups: PLHIV, PWUD, people who abuse alcohol, homeless people, ex-prisoners, the poor and migrants, both internal and external. The NGO outreach workers participate in accompanying and referring people from the target groups to a medical check-up, fluorographic examination of the chest organs and test for TB by the GeneXpert method. They carry out awareness-raising work on TB, 2440 people were reached. From among the diagnosed, 5 people were identified with TB. Also, work is being actively carried out with potential and actual violators of the outpatient treatment regimen; for 9 months of 2020, 68% of violators have been returned to treatment.

**The City Mental Health Center**

The meeting did not take pace. The director of narcology rejected.

**Branch of NGO “Sanat Alemi”**

Branch of the Public Fund “Sanat Alemi” is implementing the project on TB component. The goal of the project is strengthening and expanding the role and participation of the civil sector in the TB, DR-TB, TB/HIV, TB/HIV/Hepatitis control with a focus on vulnerable and socially disadvantaged groups of the population (homeless people, people who abuse alcohol, PLHIV, PWUD, ex-prisoners, external and internal migrants and the poor).

Key objectives:

1) Introduce innovative people- and patient-centered approaches to improve TB case detection, adherence to continuous treatment, contact tracing and prevention in disadvantaged communities;

2) Support in TB and DR-TB case detection, case management and prevention among vulnerable and socially disadvantaged groups of the population, such as homeless people, people who abuse alcohol, PLHIV, PWUD, ex-prisoners, external and internal migrants and the poor;

3) Removing legal barriers to health care delivery, human rights, gender, stigma and other factors that limit access to services.

Within the Global Fund project for TB component in Kazakhstan, to organize the work, Memorandums were signed with health facilities in Nur-Sultan to strengthen and expand the role and participation of the civil sector in TB, DR-TB, TB/HIV, TB /HIV/ Hepatitis control with a focus on target groups of the population (homeless people, people who abuse alcohol, PLHIV, PWUD, ex-prisoners, external and internal migrants, the poor).

**Recommendation to the CCP and the Branch of NGO “Sanat Alemi”:** The Memorandum on Interaction with the CCP should include items on joint training of PHC staff with a specially designated session focused on familiarizing with the work of NGOs and building further algorithms for cooperation.

**For 9 months 2020:**

Number of people who have been informed about TB – 2,440 (2,880 as planned) 85%

Number of people who have been referred for medical check-up – 350 (350 passed the medical check-up) 100%

Number of people with suspended TB who underwent diagnostic algorithms for early TB detection - 55 (100% coverage) 100%.

Identified cases – 5 cases 9% (indicator – at least 5%)

Contact persons who have been tested for TB – 13 (at least 3) 87%

**Adherence to treatment**

For 9 months 2020, 158 patients were taken under supervision.

Potential violators from among the target group - 98 patients. Adherence - 100%.

Violators of the treatment regimen - 60 patients, 40 of them returned to treatment. Adherence 68% (indicator at least 75%).

**Outreach work**

The meeting was convened with the head of the organization, a social worker and 2 outreach workers. As scheduled, outreach workers visit PHC and other assigned facilities to collect information and carry out awareness-raising activities. They search for clients who violate the treatment regimen. Per month, outreach workers cover 40 patients with information and 10% should be covered by GeneXpert testing. Basically, patients are accompanied to health facilities, and in case of self-appeal, attendance is monitored by calling a therapist. Work of outreach workers is carried out through the Resocialization Center for Persons in Difficult Life Situations of the Akimat of Nursultan which provides vehicles to accompany patients for testing and other health services. Each outreach worker has a service plan (client card) for each patient. At the end of the month, Form TB01 is taken from the health facility to confirm adherence. One patient is under supervision for about 6 months and if there are no violations, the patient is removed from the program. At the stage of restructuring the dispensary department and transfer of TB specialists to primary health care, there were high rates of violators, in 2019 - 77, and in 2020 - 60 people, including 28 people returned to the TB program in 2019, and 40 people - in 2020.

NGO “Sanat Alemi” patients noted that in the course of their work they also face the problems of compulsory health insurance. This problem could not be resolved through the PHC networks, patients received services at the CCP.

Self-help groups are held monthly to discuss patients' problems. Minutes of the meeting are developed noting the discussed issues.

According to the indicators, at least 3 contacts should be accompanied for examination per 1 identified case, at the moment 5 identified cases and 13 contacts have been examined.

**Training of outreach workers**

In 2019, outreach workers were trained 2 times in Almaty. Once in a quarter, the Head of NGO “Sanat Alemi’ conduct trainings for outreach workers. Training program and modules will be designed in the future. **Recommendation for “Sanat Alemi” branch:** document package is to be developed for conducting trainings as well as a module with an assessment of the participants’ knowledge level prior and after the tests.

**Social worker**

The social worker provides technical support in the preparation of identity documents, the organization of training courses for patients being on outpatient treatment. For example, using the social networks, free online English courses were found. Surname data reconciliation is conducted every month on persons from the target group who have undergone diagnostic algorithms for early TB detection. In 2020, 4 IDs have been restored. As per the terms of reference, 5 people were planned. At that moment there was a need for paperwork for 4 people. Consultations were carried out as how to apply for the targeted social assistance; 6 patients were consulted and accompanied to the registration of documents on disability.

**Psychologist**

The psychologist conducts daily consultations for patients and their family members on TB issues, the need to adhere to the treatment regimen, how to avoid interruptions in treatment, and prevention methods. During the lockdown, the psychologist consulted patients using video communication.

**Client record database**

There is no patient and service record database. There is a client record form, developed in Excel. “Sanat Alemi” staff noted that it is inconvenient to work using this form as patients accumulate and it becomes uncomfortable to keep records and get output reporting forms. For example, the following data is not clear: 1) identified cases - columns: “Start of NGO work”, “Date of symptom onset”, “Terms of testing the contacts” seem unfeasible. “Start of NGO work” is set at the beginning before the identification, since NGO works with all clients prior to examination. In the “Date of symptom onset” column, the staff puts "prof" as clients in any case will not share information on when they had a symptom. 2) Contacts - columns: "Chem prevention", Contact person relation to the target group", "Timing of TB symptoms from the moment of contact", "Treatment category", "Date of treatment start", "Place of treatment", "Terms of NGO supervision".

**Recommendation for the PIU GF:** to consider the development of a special client record database, a program, which will allow to keep record of clients and obtain output reporting data on the work done. NGOs should be involved in the development of technical specifications and testing of the program to address the needs.

**Public Association “Human Health Institute (NGO “HHI”)**

NGO “Human Health Institute” is implementing the project on work with the MSM community as part of the Global Fund grant.

During the visit, meetings were organized with 10 clients and 7 outreach workers. All of them were satisfied with work of the project. Clients have expressed their wishes to be provided with silicone-based lubricants as well as flavored condoms in the future, if possible. They also noted that the procedure for taking a smear from the urethra should be replaced with less painful one, if applicable. Clients provided positive feedback on the work of the mobile points, which travel to nightclubs on a weekly basis to conduct rapid HIV testing. It was noted that there is sufficient distribution of condoms according to the needs, but it could be increased for the transgender group engaged in sex work. As per the terms of reference, 1 outreach worker covers 60 MSM, almost all are invited for HIV testing, but about 90% of them take the test. Outreach workers noted that there is a need of clients for psychological support services, not all MSM want to visit a psychologist at the AIDS center. During the conversation, the outreach workers also noted that they need trainings on prevention of combustion syndrome, as well as on team building. Another issue related to considering the possibility of increasing salary for outreach workers. Clients in Nur-Sultan who came from other regions and outreach workers noted that it would be good to exchange contacts of outreach workers from other regions, so that, if needed, it would be possible to transfer clients for further support under the program when the latter move to other cities. According to outreach workers, sharing experiences in the form of study tours would also boost capacity of outreach workers. **Recommendation for GF PIU:** the possibilities of supplementing services and trainings on the above listed points should be explored and, if possible, clarified if something does not comply with the project objectives.

**PreP MSM**

The outreach workers noted that the PreP MSM program in Nur-Sultan will work effectively covering the recommended amount as most of the community representatives are waiting for the start of the program. At the same time, they mention that the program will be more effective if PreP is distributed and sold in pharmacies.

At the moment, 10 outreach workers have some insights in the PreP MSM program and need additional training: on algorithms, side effects, types of drugs, etc. The project on the state social order for HIV/STI prevention among MSM is not being implemented.

Transgender men face problems with law enforcement representatives who are mostly turned over by their neighbors. NGO "HHI" has access to the Department of Internal Affairs and can inform law enforcement officers trying to help with the release.

**Commodities and Individual Client Record Database**

Distribution of commodities to outreach workers. During lockdown measures, commodities were distributed 2 times a month compared to 4 times a month as usual. Data is collected in the database on a monthly basis.

The database specialist had suggestions to amend the database, for example, to add an option for HIV tested by Individual Client Record. There were proposals to create an opportunity to track the frequency of testing using Individual Client Record.

NGO "HHI" is the point of distributing packages for the "Amanbol" project, other services are not provided within this project.

The NGO employees mentioned the need to open a friendly clinic in the form of a shelter in Nur-Sultan, jointly with the private sector. For this purpose, a room has already been found in the hotel complex. This requires 2 additional nurses and a psychologist to provide counseling.

Self-help groups from 3 to 8 people are conducted to discuss problems.

As for the indicators, there are challenges in HIV testing coverage, but there are prerequisites that the indicators will be achieved by the end of the year.

Different communities have different opinions: condoms for MSM are small, but convenient for TG group, on the contrary.

**Signatures of the Oversight visit participants held to Nur-Sultan on 12-16 October 2020:**

Alexander Goliusov,

UNIADS Country Director, Chair of the CCM Oversight Committee, CCM Vice-Chair (online);

Nurali Amanzholov,

PLHIV community representative

Mira Sauranbayeva

CCM member, TB expert

Aigul Katrenova, Chief Expert of the Committee for Safety and the Quality of Goods and Services of the Ministry of Healthcare (online).