Appendix 1

Endorsed by the decision of General meeting of the members of the Coalition “STOP TB Partnership, Tajikistan” from “30” July 2014, № 1

REGULATION
of the Coalition “STOP TB Partnership, Tajikistan”

1. GENERAL REGULATION.

1. The Coalition “STOP TB Partnership, Tajikistan” (further referred to as Coalition) is an informal union of people affected by TB and organizations involved in the fight against TB (governmental, public, private and international organizations). The Coalition is guided by the Constitution of the Republic of Tajikistan, the Laws of the Republic of Tajikistan “About protection of health of population”, “About protection of population from tuberculosis”, “About public unions”, Charter of patients on medical care to people with tuberculosis and other applicable legislations of the Republic of Tajikistan and international legal acts recognized by the Republic of Tajikistan and by this Regulation.

2. This Regulation defines general regulations, membership, vision, aim, tasks, basic principles, priority directions of the activities, events, juridical aspects of the activities, material and technical support and the order of liquidation of the Coalition.

3. Full name of the coalition is:
   In Tajik language: Эътилофи “Ҳамкории бошдошти сиida дар Тоҷикистон”
   In Russian language: Коалиция «Партнерство - Остановим ТБ в Таджикистане».
   In English language: Coalition “STOP TB Partnership, Tajikistan”.

2. MEMBERSHIP IN COALITION.

1. Coalition is an open informal union. Any interested individual and any interested public, scientific, governmental, municipal, commercial, international or any other organization that approves the Regulation of the Coalition may become member of the Coalition.

2. Entry of an individual into Coalition is formalized through an application form which can be obtained from Secretariat of the Coalition or requested through e-mail. Filled and signed by individual, the form should be sent to Secretariat of the Coalition via post or the scanned copy should be sent by e-mail. Once the individual candidate receives confirmation from Secretariat of the Coalition about the receipt of the application and positive decision of Council of the Coalition, the individual candidate is considered to be Member of the Coalition.

3. Entry of an organization into Coalition is formalized through an application form which can be obtained from Secretariat of the Coalition or requested through e-mail. Application form must be typed on the official form and certified with stamp and signature of Head of the organization entering the Coalition.

Also, documents parcel should contain copy of organization Charter and Certificate on registration of the organization-candidate as a legal entity. Once the organization-candidate receives confirmation from Secretary of the Coalition about the receipt of the application and positive
decision of Council of the Coalition, the organization-candidate is considered to be Member of the Coalition.

4. Exit/withdrawal of an individual/organization from Coalition membership is formalized through an application form which can be obtained from Secretariat of the Coalition or requested through e-mail. Filled form should be sent to Secretariat of the Coalition via post or the scanned copy should be sent by e-mail.

5. A Coalition member can be excluded upon decision of Council of the Coalition for violation of the conditions of this Regulation, also for any act discrediting the Coalition and damaging its reputation.

6. A Coalition member does not have right to make statements and to present documents on behalf of the Coalition without a written agreement with Secretary of the Coalition.

7. A Coalition member has right to:
   - vote during General meetings of the Coalition (Conferences);
   - be elected in Council of the Coalition;
   - use the colleagues’ experience and share his/her experience with relatives, community and organizations on TB;
   - use and spread the logo of the Coalition in all the informational materials approved by the Council of the Coalition;
   - submit any suggestions on improvement of the activities of the Coalition for consideration to the General meeting of members and Council of the Coalition.

8. A Coalition member is obliged to:
   - follow the norms and rules of the Regulation of the Coalition;
   - carry out the decisions of the General meeting of members and Council of the Coalition;
   - assist Secretariat of the Coalition in organizing and implementing joint activities/events of the Coalition;
   - report to the Council of the Coalition on the results of his/her works within the scope of the Coalition.

9. The Coalition does not bear responsibility for acts of its separate members. The members do not bear responsibility for commitments of the Coalition.

3. VISION, GOAL, OBJECTIVES AND BASIC PRINCIPLES OF THE COALITION.

1. Vision:
   Our vision (ultimate aim) is – Tajikistan without Tuberculosis.

2. Goal:
   Cut the TB prevalence rate, burdens of TB and HIV/TB, and halt the growth of MDR/XDR-TB in the country.

3. Objectives:
   Active involvement in:
   a. Development and planning the monitoring of program of protection of population from TB;
   b. Enhancement of level of awareness of population on TB aimed to improve TB case detection and to decrease stigma;
c. Provision of service related to TB patients, TB affected people, (particularly women), their relatives, family members, including on treatment, care, psychological and social support throughout a period of long treatment course;
d. Improvement of treatment adherence among TB and MDR-TB patients by assisting them to have access to quality diagnosis, treatment and providing support on adherence to treatment;
e. Protection of rights on health, for vulnerable groups of population affected by TB, HIV/TB and M/XDR-TB;
f. Carry out research works in and around TB.

4. Basic Principles:
- **Membership without limits.** Any organization and individual in the country may become member of the Coalition. Members have right to participate in actions of the Coalition upon their choice.
- **Trust and mutual assistance in relationship between members.**
- **Compromise decision making, taking the interests of all members into account.** Decisions will be accepted simply by majority of votes of members of the Coalition.
- **Transparency.** Activities of the Coalition will be fully transparent and open for public.
- **Non-political objectives.** The Coalition will not take part in any activity following political objectives.

4. **PRIORITY DIRECTIONS OF ACTIVITIES OF THE COALITION.**

1. **Priority directions of “STOP TB Partnership, Tajikistan”.**

   **Advocacy activity**
   - Overview of the existing policy, related to TB diagnosis, and identification of political gaps and lack of correspondence;
   - Participation in realization of National strategy on TB;
   - Participation in development of Country Concept notes for Global Fund to fight HIV, TB and Malaria;
   - Tracking the process of expansion of outpatient treatment, assistance for in-house treatment and treatment at day care establishments, including meeting all the criteria of patients treatment, particularly patients with TB and MDR-TB with negative sputum smear;
   - Non-admission of children with latent TB in sanatoriums;
   - Assistance in development and introduction of recommendations and plans on providing palliative helps;
   - Carrying out scientific researches, including operational researches for assessment and review of obstacles and barriers in TB diagnosis;
   - Evaluation of impact of late diagnosis in the fight against TB;
   - Development of advocacy (lobbying) strategies necessary for improving access to service on TB diagnosis;
   - Development of (advocacy) lobbying strategy aimed to improve early TB diagnosis;
   - Survey of the existing policy on provision of social helps to TB patients;
   - Development of (advocacy) lobbying strategy necessary for provision of social helps to TB patients, including persons with MDR-TB;
   - Development of (advocacy) lobbying strategy aimed to improve adherence to treatment and successful treatment of TB and MDR-TB;
− Strengthening the policy and programs for involvement, training and retention of qualified medical workers;
− Conduct site seminar for Parliament members;
− Conduct seminar on involvement of representatives of state structure on women issues, youth, religion, migration affairs and other yet-not-involved organizations;
− Dissemination of information among members of Parliament;
− Conduct consulting meetings with other key organizations, ministries (Ministry of Finance, Ministry of Education, Ministry of Labor and Social Protection of Population etc.)
− Improvement of treatment monitoring systems, management of side-effect reactions and infection control;
− Exchange of information on strategies and activities on tuberculosis;
− Assessment of results of National Programs to combat TB for 2010-2015 and strategies on Advocacy, Communication and Social Mobilization (ACSM) for 2011-2015.

Measures on communications:

- Conduct analysis on existing Mass Media to define channel links and provide information that population needs;
- Identification of national resources for conducting campaign among Mass Media;
- Mapping the communities for identification of potential local NGOs and implement events on social mobilization;
- Study the potential of establishments and organizations working with vulnerable groups of population (HIV infected, drug injection users, prisoners, migrants);
- Conduct fundamental assessment to identify the number of people who annually test for tuberculosis, number of registered TB patients, number of BK+ cases (patients with positive sputum result)/BK-(patients with negative sputum result) with special attention to children who have contact with patients, considering them as high risk group requiring measures on active case detection (including assessment of symptoms at least quarterly and observation of children who have contact with MDR-TB patients);
- Development of plan on conducting campaign for raising awareness of communities:
  
  - Collection and analysis of researches and data of Knowledge, attitude and practice (KAP) for identification of gaps in information and barriers in case detection;
  - Represent groups of population calling for attention, by providing detailed demographic information (age, sex, address) and preferable channels of receiving information;
  - Conduct assessment of available information-educational materials (printed, electronic, audio/video);
  - Identification of gaps in information and conduct, if necessary, a formative research with priority groups of population to assess the needs for information and behavioral barriers.
- Selection of target audience, development of communication tasks, selection of channels and Mass media formats (advertising, interpersonal, informational and educational-entertainment formats), materials tone, creative ideas;
- Development of budget for advertisements, contracts with suppliers, interagency agreements, personnel and operational expenditures;
- Picking information and preparation of scripts for informational activities with key messages to particular/Various priority groups of population;
– Development of calendar, plan of distribution and realization of informational campaigns;
– Building focus group for assessing messages, scripts and materials produced for informational campaigns;
– Conduct wide scale informational-educational campaigns among population directed to cut stigma, with emphasis on the following:
  • Timely starting treatment leads to quick termination of bacterioexcretion among patients with pulmonary tuberculosis;
  • Patients receiving timely treatment fully recover from tuberculosis and can continue full-fledged life;
  • Tuberculosis is not inherited, but it has infectious disposition/character.
– Insure safety of agreement on realization of activities in community level and Mass media;
– Train partners and community leaders who implement informational and social mobilization activities;
– Development of informational, educational and communicational materials on diagnosis and treatment of TB;
– Interpretation and dissemination of Charter of patients, which describes rights and obligations of TB patients;
– Train doctors and nurses the skills on interpersonal communication and consulting TB patients;
– Development of resource/base to train medical workers on procedures of diagnosis and treatment of TB;
– Train TB medical workers and primary medical-sanitary aid (PMSA) service workers on DOTS strategy (short course of direct observation therapy), TB diagnosis, protocols and algorithm of treatment and management of patients;
– Train the PMSA nurses on DOTS strategy, sputum collection, protocols and algorithm of treatment and management of patients;
– Integration of DOTS TB educational modules with medical higher school and collages curriculum;
– Train TB medical and primary medical-sanitary aid (PMSA) workers the skills on interpersonal communication and consultation;
– Provision of resource to all the medical workers, for more in-depth study of information about tuberculosis, including adverse effects of anti-tuberculosis medicines, their potential effects over patients as well as the procedure of their prevention;
– Inform the primary medical-sanitary aid (PMSA) doctors about the importance of:
  • carrying out broad spectrum antibiotic therapy for treating persons suspected on tuberculosis in case of having negative sputum results; introduce them with approaches on how to keep patients with negative sputum results under observation;
  • tracking the people patients are having contact with, as one of the methods of preventing tuberculosis.
– Inform patients about the rise of risk in case they leave their treatment incomplete;
– Together with patients form individual strategies with the aim of managing adverse effects;
– Aid patients on developing mechanisms of adaptation, while leaving (relatively) protected surrounding of the TB hospitals.

**Measures on social mobilization:**
− Preparation of informational and educational materials on the fight against TB for social mobilization events;
− Detection of key interested sides and organizations influential in making decisions on medical resources;
− Conduct meeting on activation of the fight against TB among district and regional officials;
− Orientation of Public organizations (PO), religious organizations (RO) for the fight against TB;
− Organize orientation meetings with religious leaders on TB symptoms, diagnosis, treatment and stigmas;
− Organize orientation meetings with pharmacist on TB symptoms, diagnosis, treatment, MDR-TB and on referring/redirecting the customers with TB symptoms to primary medical-sanitary aid (PMSA) service for TB examination (with stress on a timely detection and treatment of tuberculosis as a main direction on TB prevention);
− Carry out training workshop with journalists on TB issues and build editorial/journalistic board for promotion of TB coverage in Mass media;
− Identification of active people formerly with TB and active people with TB willing to share their experiences;
- Strengthening the work on providing information about the free microscopic diagnosis and TB treatment for the whole period of treatment;
- Development of orientation trainings for conducting informational advocacy and public speaking, including advocacy for Media and decision makers;
- Invite patients to speak at public events and meetings with the Press;
- Conduct campaigns to increase the knowledge and awareness at community level;
- Development of a national slogan with key messages for the World TB Day;
- Organize informational campaigns at the community/regional and national levels in World TB Days;
- Create theatrical/dramatic community-based group to speak at public events;
- Create TB patients support groups from community leaders, former TB patients and their family members;
- Involvement of local authorities and public organizations for provision of social support to TB patients;
- Development of social network that includes doctors (phthisiatrician), health workers, public organizations, social services, family members and friends of TB patients and others, with the view of possible delivery of anti-tuberculosis medicines to homes of TB patients;
- Development of a mechanism of interaction/coordination of TB services with HIV centers, government agencies/departments and POs, civil and penitentiary public health services;
- Diagnosis, detection, prevention and treatment of TB cases among HIV-infected persons;
- Voluntary consulting and testing TB patients for HIV;
- Managing the HIV/TB cases.

Activities among prisoners:

− Improvement for a better coordination between the civil health care sector and the penitentiary system;
− Review and dissemination of international standards on detection and TB treatment in prisons;
− Training of prison guards and medical personnel about the symptoms of TB disease, the ways of its transmission, infection control and treatment;
- Improvement of provided services on TB examination at the time of joining new prisoners;
- Training of medical personnel about detection of sickness incidence and TB treatment.

Activities among migrants:

- Support for high-level meetings between regional, national programs to fight TB, the World Health Organization and international organizations review the policies on universal access to TB diagnosis and treatment, exchange of information and notifications, and inter-country collaboration to detect and treat TB;
- Ensure medical and sanitary education and information in places where migrants frequently stay so as to inform them about the symptoms of TB, services and facilities to treat TB;
- Development of informational materials for migrants about TB and their distribution in places where migrants frequent stay such as: airports and train stations;
- Involving local and regional medical professionals and decision makers in the planning and activities in order to meet the demands, solve the problems related to access and obstacles in providing treatment for vulnerable groups among population;

Events among HIV-infected patients:

- Developing information, education and communication (IEC) on TB for vulnerable groups of population;
- Conducting community meetings for educating community members about TB and HIV;
- Involving public organizations to work among particularly vulnerable groups of population to prevent TB;
- Assisting in access to diagnosis services and TB treatment through involvement of outreaches and social workers;
- Training medical personnel on skills of communication with particularly vulnerable groups of the population and decreasing discrimination against these groups.

Activities for involvement of Mass media:

- Training journalists to assist on coverage of TB and TB/HIV topics, both in electronic and print Media;
- Supporting project proposals of journalists covering TB at national, regional and district levels;
- Organizing periodic meetings with interested parties from Media to get support in publicizing the information on combating TB through Media;
- Conducting competition among journalists for the best TB coverage material in Media.

5. ACTIVITIES OF COALITION.

1. The activities of Coalition are mentioned in the Strategic plan for 2015-17 (See Appendix 1).

6. LEGAL ASPECTS OF COALITION ACTIVITIES.

Leading bodies of Coalition:
1. In the order of significance, the leading bodies of the Coalition are - General meeting of Coalition members, Council of the Coalition and Secretariat of the Coalition.

**General meeting of Coalition members:**

2. The higher collective management body of Coalition is the General meeting of Coalition members.
3. The decisions of the General meeting of Coalition members will be determined on the next Conference of Coalition and will be formalized in accordance with section 6 and section 7 of the Regulation.
4. The exclusive scope of the General meeting of Coalition members includes:
   - Development and acceptance of this Regulation, amendments and additions to it;
   - Development and identification of the main directions of Coalition activities;
   - Decision making on the dissolution of Coalition;
   - Appointment of Secretariat, selecting Secretary and an early termination of his authority;
   - Formation of staff of Council of the Coalition;
   - Coordination with members of Coalition in regard with Strategic plan and annual work plans of the Coalition.
5. General meeting of the Coalition members is considered competent if over half of the Coalition members take part.
6. The decision of General meeting of the Coalition members will be considered to be accepted if it has 50% + 1 votes from the members present at the General meeting of the Coalition members.
7. An absentee voting will be organized at website or social page of the Coalition when it is necessary to take decisions in the period between conferences. The decision will be considered to be accepted if not less than 2/3 total number of Coalition members vote.
8. Secretary of the Coalition convenes the general meeting of Coalition members. Representatives of a member organization have to submit a document to the Secretariat proving their authorities to participate in the Conference of the General meeting of Coalition members.

**The Coalition Council**

9. The General meeting of Coalition members forms Council of the Coalition for a period of 2 years with rights of re-election by open voting. The decision will be considered to be accepted if a candidate collects 50% +1 vote from members attending the vote.
10. The Council will be organized amongst persons and representatives of the member Organizations, that are leaders and possess leadership qualities, have reputation among TB-community and organizations working in the field of public health, and having obvious achievements, comprising not more than 40 people, including:
   a. Persons formerly with TB, persons currently with TB and their relatives.
   b. Public organizations (mostly Republican).
   c. Government agencies and Mass Media.
   d. Donor and international organizations.
11. Member of Council of the Coalition has rights to:
   - vote in Council of the Coalition;
   - be elected as the Secretariat member and for the post of Secretary;
– independently create working groups for finding solutions on actual issues, with the involvement of Coalition members;
– be elected on re-elections;
– early termination of his/her authority upon his/her own will.

12. Member of Council of the Coalition is obliged to:

– actively take part in the work of the Coalition;
– fulfill the decisions of the Coalition;
– report to the Council about the results of his/her works within the framework of the Coalition.

13. Meeting of Council of the Coalition, including via Skype or tele-conference will be held at least once every two months and if not less than 2/3 members of Coalition Council attend, it will be deemed competent. Each member of Council of the Coalition will have only one vote. Decisions will be made based on regular majority of votes. In case of equality on votes, the vote of Secretary of the Coalition will become decisive.

14. Council of the Coalition is accountable to the General meeting of Coalition members for the results of Coalition activities.

15. Report on results of activities of Council of the Coalition will be presented by Secretary to the General meeting of Coalition members and also it will be placed on the official website and social page of the Coalition.

16. The exclusive competences of Coalition include:

- Harmonization of strategic and annual work plan of Coalition with the local authorities and partner organizations;
- Monitoring the implementation process of the programs and projects of Coalition members aiming to (remove) stop repeating (same) activities;
- Conducting private research and evaluations in the field of TB, reveal the activities of members, explore corresponding obstacles and problems and publish them in the form of reports, articles and speak out via Media;
- Assistance in designing, funding and developing projects in the field of TB to ensure sustainability of Coalition members’ activities;
- Production, confirmation and distribution of advertising informational, educational, scientific, journalistic, and other publications and materials with the logo of the Coalition;
- Exclusion of Coalition members if they violate the norms and rules specified by this Regulation.

**Secretariat of the Coalition**

17. The Secretariat is an executive body of the Coalition and is responsible for all the networks.

18. An organization will be elected as the Secretariat of Coalition for a period of 2 years with the right of re-election and the organization must have the following:

a. Working experience in the field of public health for at least three years;
b. Experience on implementation of more than two projects/grants;
c. Experienced specialists (with work experience of not less than three years);
d. Recognition (be well-known) among others organizations;
e. Intention to have a leading position among other organizations.
19. The Secretariat of the Coalition can be created of multiple sectors and corresponding personnel. Volunteers – specialists can be involved to the Secretariat of the Coalition. Staff of Secretariat of the Coalition is obliged to be at their workplace at least for two hours in one working day.

20. Secretariat of the Coalition will be managed by the Secretary who in turn can be nominated by the General meeting of Coalition members, Council of the Coalition and also by member organization, which had been elected as the Secretariat of the Coalition. Moreover, there is no need for the candidate to be an employee of a member organization who had been chosen as Secretariat of the Coalition. The candidate for the post of Secretary of the Coalition will be approved by Council of the Coalition for a period of two years, having right for re-election.

21. Secretary of the Coalition has the right to:

- represent the interests of the Coalition, both inside the country and abroad;
- take decisions that are not related to the exclusive competence of the General meeting of the Coalition members and Council of the Coalition;
- draw up documents on letterhead of Coalition with signature and seal of the organization based on which Secretariat of the Coalition is developed;
- delegate part of his authorities to other members of the Coalition;
- terminate his authorities early, upon his own will.

22. The Secretary is obliged to:

- Implement the coordination of the current and joint activities of the Coalition members;
- Represent the interests of Coalition in government authorities and public organizations;
- Ensure administration and modernization of general information resources and databases of the Coalition;
- Hand over all the available documentation, electronic and hard copies and the office equipment of the Coalition to his successor before end of his term, as per the Act on handing and taking over;
- Report to the Council about the results of his work within framework of the Coalition.

23. The exclusive competence of Secretary includes:

- Preparation of official documentation on letterhead of Coalition;
- Ensuring the functioning and administration of the General information resources and databases of the Coalition;
- Requesting annual (electronic or written) statistical information data from the members about the results of their works within the framework of the Coalition;
- Development of special report forms, coordination protocols, and other documentations in support of network interaction between members of the Coalition;
- Convening the Coalition Council members at regular and irregular meetings;
- Convening the General meeting of the Coalition members to the regular and irregular Conferences.

7. **Maintenance supplies of the Coalition activities.**

1. Council and Secretariat of the Coalition will be created in Dushanbe;
2. Premises and office equipments for the work of Secretariat of the Coalition will be offered by base organizations. If the base organizations do not have such possibility, the Secretary of the Coalition has the rights to request the member organizations of the Coalition for assistance in obtaining premises and office equipments for the activities of Secretariat of the Coalition;
3. Financing the activities of Secretariat of the Coalition, including the salaries of staff, administrative expenses, Council meetings and the conference for General meeting of Coalition members will be realized through voluntary donations and contributions, implementation of grants, state social orders, and fundraising;
4. Staff of Secretariat of the Coalition will be arranged in accordance with the local conditions. Secretary of the Coalition makes proposals on staff arrangements, budget of expenditure, payment order (hourly rate) on consideration and approval of base organizations and Council of the Coalition;
5. The salaries of the Secretary and Coalition staff will be fixed on a contractual basis and with the decision of the Coalition.

8. **Procedure for liquidation of the Coalition.**

1. The decision on dissolution of the Coalition will be taken at the General meeting of the Coalition members if:
   - The Coalition objectives are not achieved, and necessary changes in the objectives of the Coalition cannot be made;
   - In its activities the Coalition avoids the objectives that are covered by this Regulation.
2. The Coalition stops to exist on the basis of the decision of the General meeting of the Coalition members.