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TB CARE I

TB CARE I - Afghanistan

**Year 1
Quarterly Report
October-December 2011**

January 30, 2012

Quarterly Overview

Reporting Country	Afghanistan
Lead Partner	MSH
Collaborating Partners	KNCV, WHO
Date Report Sent	30-Jan-12
From	TB CARE I- Afghanistan
To	PMU
Reporting Period	October-December 2011

Technical Areas	% Completion
1. Universal and Early Access	86%
2. Laboratories	100%
3. Infection Control	70%
6. Health Systems Strengthening	67%
7. M&E, OR and Surveillance	100%
Overall work plan completion	85%

Most Significant Achievements

TB CARE I no cost extension: TB CARE I Afghanistan project Year 1 was completed at the end of Sep 2011 and the home office and USAID extended this project for the period Oct-Dec 2011 or the time when the work plan for Year 2 was approved. During this period, the pending activities from APA1 were completed and the project continued to work under no-cost extension. The work plan for year two (APA2) was approved by USAID and PMU in late Dec 2011.

DOTS expansion to new public/private health facilities: Three new public health facilities are covered by DOTS in Kabul city. They are, Doughabad, Asmaie and Qalae Bakhtyar comprehensive centers. In total, 56 (50%) private and public health facilities are involved in DOTS in Kabul city. All the staff of these health facilities were trained on SOPs for case detection, diagnosis and treatment, also, SOPs for TBIC.

M&E and surveillance system strengthening: The first ever TB electronic reporting system was introduced to NTP and four NTP staff and six TB CARE I staff trained on this system utilization in Dec 2011. This system will be expanded to all 34 provinces in Afghanistan in Jan 2012. TB CARE I will provide technical and financial support to NTP to conduct trainings and provide a set of computer with its attachments for smooth utilization of electronic reporting. This will assist NTP to overcome the challenge of delay reporting and data analysis at various levels.

Refresher training for health facility staff: 64 health facility staff from newly covered health facilities were trained on SOPs for TB case detection, diagnosis, and treatment. During this period, one coordination workshop with financial assistance from TB CARE I /WHO budget was conducted for two days. The audiences were managers from public and private sectors and organization that work in these sectors. In total, 85 individuals attended this workshop.

In total, the TBIC expanded to 36 health facilities and each of these has TBIC committee meeting each month. as a whole, 36 TBIC meetings conducted in each month and on average 10 individual participated in this. Moreover, TBIC assessment tool orientation workshops were conducted in Kandahar for 27 audiences from BPHS implementers and national TB control program. The participants were from five insecure provinces in the South western region i.e. Kandahar, Uruzgan, Helmand, Zabul and Nimroze provinces. As a result, the participants practically assessed the Kandahar TB center. Later, this was replicated of four health facilities in Kandahar province.

Results:

There was an increase in the proportion of TB suspects identified in USAID supported provinces compared to Non-USAID provinces, from 47% in second quarter of 2011 to 50% in third quarter of the same year. In total, suspects identified in TB CARE I intervention areas reached 20,671, this is a 4,000 increase in suspect identification compared to the similar quarter of 2010.

Overall work plan implementation status

The TB CARE I APA1 work plan implementation was completed during the no-cost extension period with only a few activities remaining. However, we were faced with challenge of pending activities from first quarter of APA2. TB CARE I Afghanistan will intensify its effort to compensate this during coming quarters.

Technical and administrative challenges

Starting up APA2 and closing down APA1 presented the team with some challenges. However, the team will intensify efforts to compensate in the next quarter.

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
1.1	Increased quality of TB services delivered among all care providers in Kabul	Number of new sputum smear positive TB cases diagnosed by Urban DOTS health facilities	New sputum smear positive TB cases detected by Urban DOTS health facilities (both public and private)	250 (third quarter 2010)	300	261	The number of NSS+ TB cases shows slight increase compared to the same quarter of 2010, however, TB CARE I could not reach to the targets. This is due to slow expansion of Urban DOTS.	Expansion of DOTS to rest of the urban health facilities
1.2	Increased quality of TB services delivered among all care providers in 13 provinces through CB DOTS	Number of new sputum smear positive TB cases out of TB suspects referred by CHWs	New sputum smear positive TB cases diagnosed out of all TB suspects referred by CHWs	232 (first quarter 2011)	467	94		The CHWs performances is under estimated as it is not recorded properly at health facilities.
1.3	Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided	Urban DOTS program implemented in Kabul city.	Number of health facilities implementing quality DOTS in Kabul City	53	65	58		The expansin will be continued under APA2.

Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
2.1	Ensured optimal use of new approaches (LED microscopes) in laboratory confirmation of TB and incorporation in selected reference labs	Number of reference labs at national and regional level using LED microscopes	Number of reference labs at national and regional level using LED microscopes	1	10	10	10 NTP staff trained on LED microscope utilization. Nine male and one female	Completed

Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the
3.1	Scaled up implementation of TBIC strategies	Number of health facilities with a IC focal person, implementation plan, budget and monitoring system.	Number of health facilities with TB IC focal person identified and implementing IC plan.	20	40	35	The TB infection control measures expanded to 15 new health facilities.	Expand in APA 2

Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the
6.1	TB control components HRD formed integral part of national plan, strategies and service delivery	Percentage of quarterly planned supervisory visits conducted according to country supervision standards from: 1. central to province 2. province to district 3. district to health facility	Numerator: number of supervisory visits conducted and Denominator: total number of supervisory visits planned	50%	75%	75%	All of the planned supervisory visits were conducted. This was joint visits with NTP, PTC and NGOs to strengthen the coordination and feedback.	Completed
6.2	Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	Other coordinating mechanisms (TB task force) include TB civil society members and TB patient groups.	Number of TB task force meetings conducted out of total planned.	16	24	24	The coordinating meeting was conducted with ARCS, STP, TB task force, ACSM group meeting	Completed

Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the
7.1	Improved capacity of NTP to analyze and use quality data for management of the TB program	NTP provided regular feedback from systematic analysis of surveillance and programmatic data and related recommendations by central to lower levels	Number of provinces that develop quarterly review meetings and provide feedback.	7	7	7	All planned quarterly review workshops were conducted in seven provinces. During these workshops health facility staff were trained on basic data analyses, interpretation and data utilization at local level	Completed: follow-up on decision and work plan implementation that was developed during QRW

Quarterly Activity Plan Report

Outcomes	Outcome 1.1	1. Universal and Early Access			Planned Completion		Cumulative Progress and Deliverables up-to-date	
		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
Increased quality of TB services delivered among all care providers in Kabul	1.1.1	Expand urban DOTS coverage to public and private health facilities	MSH	31,526	50%	Dec	2011	Three additional private health facilities covered by DOTS this quarter.
	1.1.2	Conduct initial/reresher training for health facility staff	MSH	4,820	100%	Dec	2011	In total, 64 individuals were trained on SOPs for case detection and treatment from Urban health facilities in Kabul city. There were 56 male and 12 female staff. Training report available.
	1.1.3	Conduct supervisory and monitoring visits to Urban health facilities	MSH	9,000	100%	Dec	2011	We had planned to conduct 40 visits to Kabul health facilities and achieved 35 of the planned visits, while we reached the set target. Reports available.
	1.1.4	Conduct community awareness events	MSH	15,240	100%	Dec	2011	Urban DOTS managed to conduct all four community events planned in APA1. In total, 1280 individuals attended these events. The report is available.
	1.1.5	Conduct Urban DOTS coordination	MSH	10,790	100%	Dec	2011	The urban DOTS coordination workshop conducted in Dec 2011 to 180 individuals
Outcomes	Outcome 1.2		Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
Increased quality of TB services delivered among all care providers in 13 provinces through CB DOTS	1.2.1	Conduct monthly meetings/recognition of CHWs and orientation to CHWs	MSH	112,646	50%	Dec	2011	The no cost extension period for BRAC, the sub-contractor, has not been approved, as BRAC denied it.
	1.2.2	Improve/strengthening CHWs performance with recording and reporting	MSH	2,380	75%	Dec	2011	visits from four provinces were conducted by joint NTP and TB CARE I and BPHS implementers in Oct and Nov 2011. This resulted in improved TB performances and increased commitment of health facility staff, community health workers and implementing organization.
Outcomes	Outcome 1.3		Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
Increased demand for and use of high quality TB services and improve the satisfaction with TB services	1.3.1	Basic/initial Training for Kabul Urban DOTS Project (20 participants in 3 batches for 5 days)	WHO	15,820	100%	Aug	2011	Three batches of the training conducted by NTP with assistance from WHO. Totally there were 37 participants, 29 male and 8 female.
	1.3.2	Fullfill gaps identified in Kabul Urban DOTS Project Review Workshop (2-3 projects @ 4000 per project)	WHO	15,461	100%	Dec	2011	This activity completed in Dec 2011. New partner committed to be engaged in TB service delivery such as Afghan Red Crescent Society. The private and public providers asked for incentive in reward to TB service provision.
					86%			

		2. Laboratories			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes	Outcome 2.1	Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
Ensured optimal use of new approaches (LED microscopes) to the laboratory confirmation of TB and incorporation in selected reference labs	2.1.1	Conduct STTA to NTP on LED microscopy utilization	MSH	790	100%	Sep	2011	This activity was coordinated with Cure international hospital here in Kabul and they trained all 10 individuals that planned, so we achieved all of them. The report is available. All participants were male.
	2.1.2	Conduct training for lab technicians on LED microscopy utilization	MSH	790	100%	Sep	2011	10, individuals trained on LED microscope utilization. The report is available. There were nine male and one female
					100%			

		3. Infection Control			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes	Outcome 3.1	Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
Scaled up implementation of TBIC strategies	3.1.1	Expand TB IC coverage to additional health facilities in 19 provinces	MSH	3,640	75%	Oct	2011	The TBIC committees were expanded to 15 new health facilities and we reached 35/40 target. The report is available.
	3.1.2	Follow up of TB IC implementation	MSH	1,200	100%	Sep	2011	Till end of Dec 2011 all health facilities covered by DOTS conducted one meeting
	3.1.3	Monitor TB IC implementation	MSH	7,200	75%			During no-extension period we were able to conduct visits to 15 health facilities. Thus, commulative number is 20.
	3.1.4	Conduct orientation workshop	MSH	3,280	100%			The orientation workshop was conducted to NTP staff and NGOs focal points in Nov 2011 in Kandahar province. There were 27 participants and all male.
Outcomes	Outcome 3.2	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date	
Improved TB IC human resources.	3.2.1	TA by TB IC/MDR consultant	KNCV	31,125	0%			The consultant will be attending in Jan 2012
					70%			

		6. Health Systems Strengthening			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes	Outcome 6.1	Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
TB control components HRD formed integral part of national plan, strategies and service delivery	6.1.1	SOPs implementation monitoring visits and monitor appropriate utilization of TBIS database at provincial level	MSH	7,530	 100%	Sep	2011	All the visits planned were conducted through joint visits to provinces and health facilities in all 13 USAID supported provinces. The visit reports are available.
Outcomes	Outcome 6.2		Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
Ensured that TB control is embedded as a priority	6.2.1	Conduct TB task force meeting	MSH	80	 100%	Sep	2011	This meeting was conducted as planned and the meeting minutes available.
Outcomes	Outcome 6.3		Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
TB control components HRD formed integral part of national plans, strategies and service delivery of these components	6.3.1	TA by HRD consultant	KNCV	29,751	 0%			This will be conducted in in Feb 2012 and the person to conduct STTA will be determined.
					 67%			

		7. M&E, OR and Surveillance			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes	Outcome 7.1	Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
Improved capacity of NTP to analyze and use quality data for management of the TB program	7.1.1	Conduct quarterly review workshop at provincial level	MSH	38,922	 100%	sep	2011	TB CARE I assisted NTP to conduct this in seven provinces
					 100%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
				{Copy from the work plan}						

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
				Expand urban DOTS coverage to public and private health facilities	MSH	32,526
				training for remaining 24 urban health facility staff conducted in Kabul	MSH	
				Conduct Urban DOTS coordination	MSH	10,790
				Refresher training for Kabul Urban DOTS (20 participants in 2 batches for 3 days)	WHO	1,695
				Making and installing sputum collection points (12 points)	WHO	4,520
				Kabul Urban DOTS Project Review Workshop (2 days)	WHO	2,260

This activity will be carried out during APA2

completed

completed

completed

contracted with vendor

completed

Request for Postponement of Activities to Next Year

Approved By (write dates)			Old Code	3. Infection Control	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
				Follow up of TB IC implementation	MSH	1,000
				Monitor TB IC implementation	MSH	2,000
				conduct orientation workshop	MSH	3,280
				TA by TB IC/MDR consultant	KNCV	31,126

completed

completed

completed

Postponed to Feb 2012

Request for Postponement of Activities to Next Year

Approved By (write dates)			Old Code	6. Health Systems	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
				TA by HRD consultant	KNCV	29,751

Postponed to Feb 2012

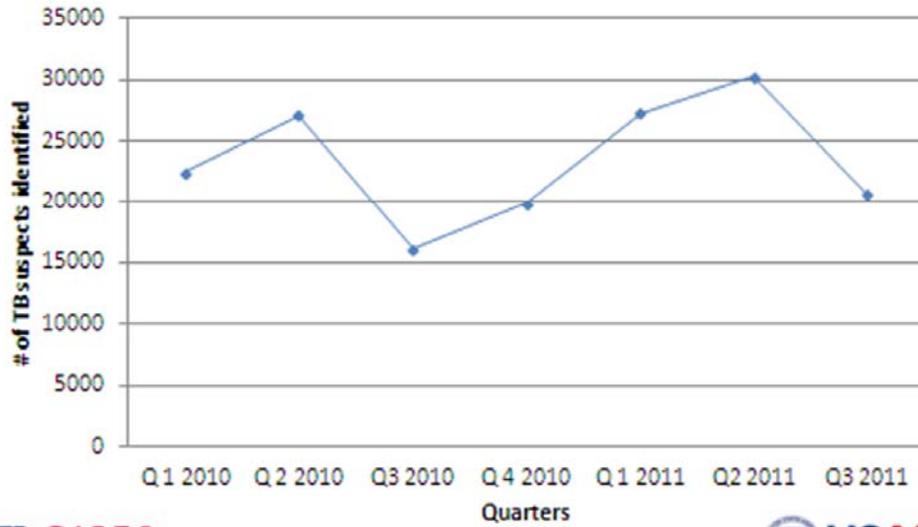
Request for Adding New Activities to the Current Work Plan

Approved By (write dates)			New Code	1. Universal and Early Access	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Proposed New Activities		

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other

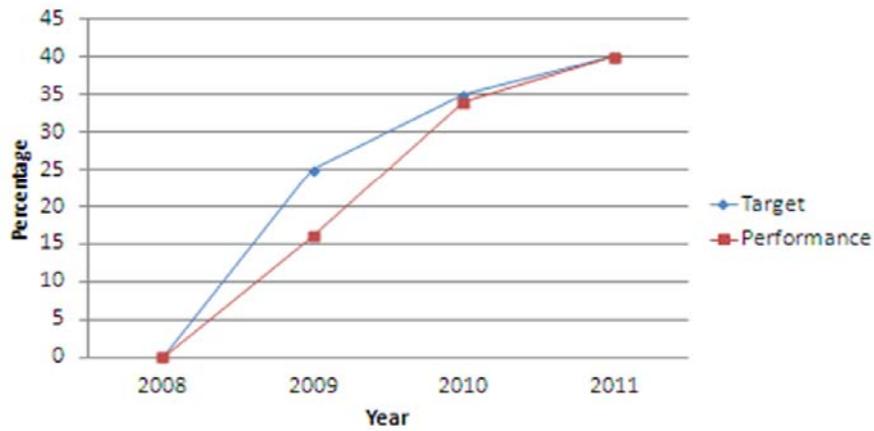
Result of SOPs implementation in TB CARE I intervention areas: 2010-2011



TB CARE I

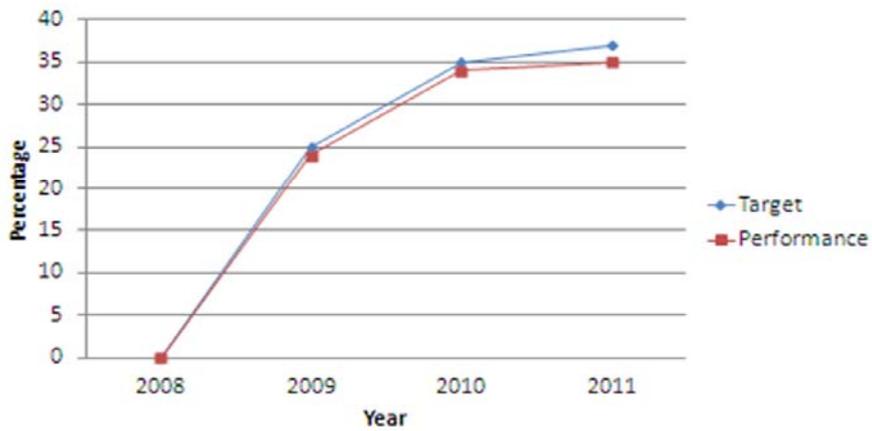


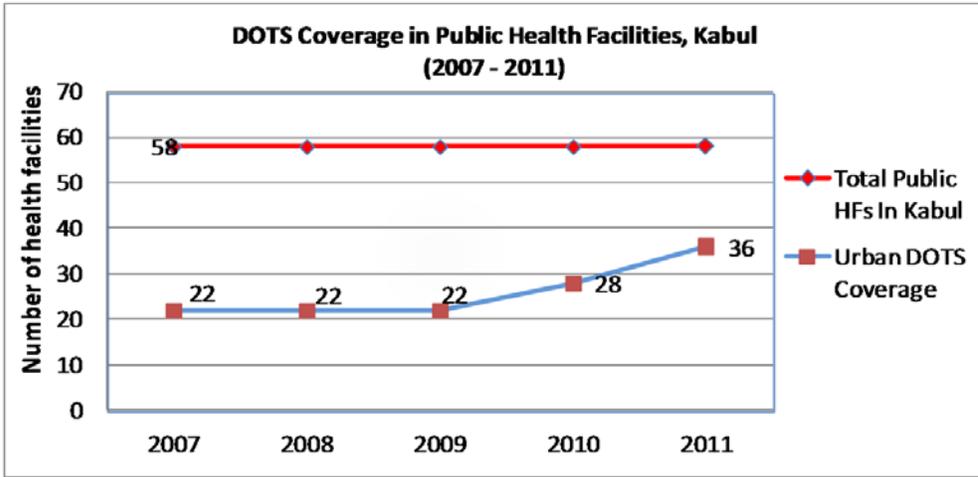
Role of community in TB suspect identification, 2008-2011



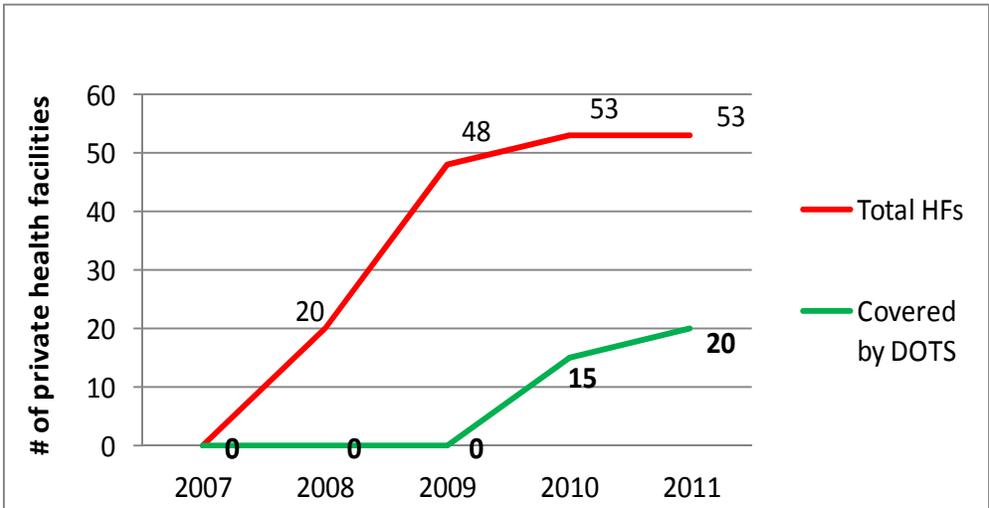
List of TB CARE I indicators for year one Jul-Sep 2011

Role of CHWs in TB SS+ case notification 2008-2011



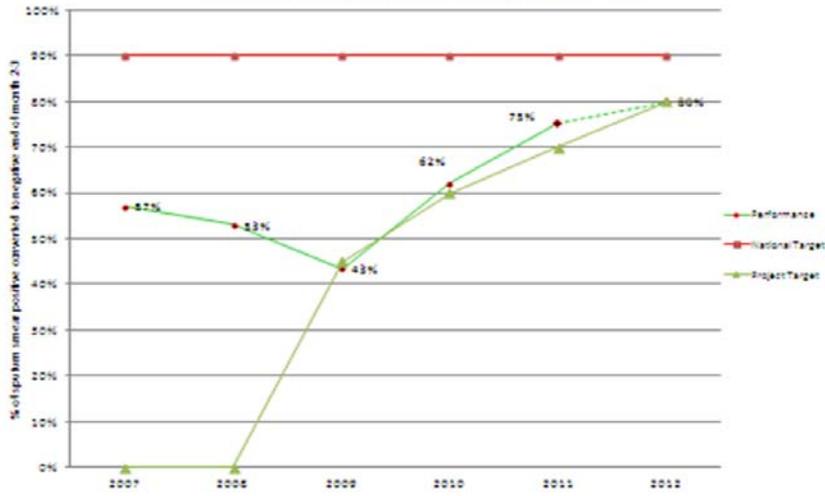


DOTS coverage in Urban Health facilities 2007-2011

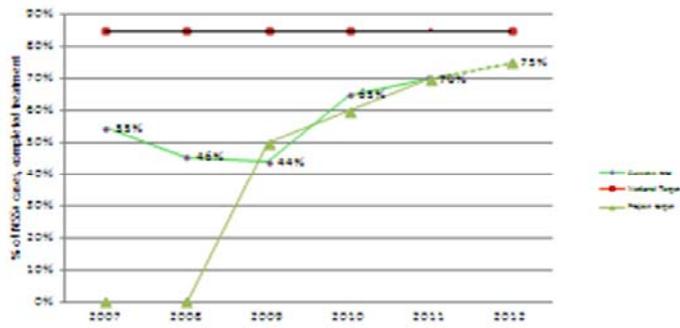


The community event in Alfatha Private School 25, Aug 2011.

Sputum conversion rate Urban DOTS, Kabul 2007-2012



Treatment Success rate of TB cases in Kabul Province by implementing Urban DOTS (2007-2011)



Quarterly GeneXpert Report

Country	Afghanistan
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Period	October-December 2011
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	0	0	0	0	
# Cartridges	0	0	0	0	

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
	1				
	2				
	3				
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
 Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.