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TB CARE I

TB CARE I - Afghanistan

**Year 2
Quarterly Report
April-June 2012**

July 30, 2012

Quarterly Overview

Reporting Country	Afghanistan
Lead Partner	MSH
Collaborating Partners	KNCV, WHO
Date Report Sent	July 30, 2012
From	Dr. Khakerah Rashidi
To	Dr. Mohammad Shapor Ikram
Reporting Period	April-June 2012

Technical Areas	% Completion
1. Universal and Early Access	53%
3. Infection Control	25%
6. Health Systems Strengthening	67%
7. M&E, OR and Surveillance	56%
Overall work plan completion	50%

Most Significant Achievements

Results: During Jan-Mar 2012, collectively 20,914 TB suspected cases were identified and examined in 13 USAID supported provinces. there are 34 provinces in the country. This trend has continued since the third quarter of 2011. Of these suspected cases, 1,559 cases turned to be sputum smear positive and 3,301 cases were of all types that makes 59 and 55 of all the cases identified in all 34 province. In addition, urban DOTS contributed significantly to this achievement, i.e. 2,816 TB suspects identified, of them 316 were sputum smear positive and 713 were TB cases of all types diagnosed in Kabul provinces (see sheet 7. Photo Album).

Staff capacity building in Management and leadership: The follow up workshop of MOST for TB was conducted for provincial staff including provincial health offices' staff, PTCs, PLSs, NGO staff and CDC officers. In total, 54 (7 female and 47 male) staff from ten provinces attended these workshops. They identified their new challenges/priorities and prepared action plan to address them over the coming six months. TB CARE I provided technical and financial assistance to NTP to conduct SOPs (case detection and treatment) training for newly hired staff in 13 USAID supported provinces (TB CARE I intervention area) during this reporting period. From April-June, 66 health facility (8 females and 58 male) staff from various facilities were trained on SOPs for case detection and treatment.

On the job training for health facility staff: TB CARE I initiated the on-the-job training manual, which was approved by NTP. In Apr-Jun 2012, a total of 156 (6 female and 150 male) individuals from various health facilities in 8 provinces were exposed (visited best performed health facilities) to the model DOTS health facilities that were developed during TB CAP. The aim was to demonstrate to the audience, how the SOP is working and how to increase early case detection and diagnosis and provide uninterrupted treatment to TB patient and their follow-up. This resulted in increased TB suspect identification and case notification e.g. the TB suspect identification raised from 1,572 to 2,782 (a 76% increase) in Ghazni province this quarter compared to first quarter of 2012.

CB-DOTS contracted with NGOs: CB-DOTS implementation was contracted with local organization so as to ensure proper implementation in the field. The CB-DOTS implementation resulted in increased TB suspect identification and case notification in these provinces. During this quarter, 1,026 TB suspects were identified by CHWs in all 13 USAID supported provinces that makes 5% of all TB suspects in these provinces. Of them, 53 (6%) turned to be sputum smear positive TB cases.

Expansion of Urban DOTS: DOTS was expanded to three additional public health facilities, thus, total facility covered by DOTS reached to 62. These facilities' staff were oriented on DOTS and 21 individuals (5 female and 16 male) trained for five days. The NTP recording and reporting system was introduced and DOTS packages were delivered to them. Furthermore, 45 visits were conducted to ensure appropriate DOTS implementation. During supervisory/monitoring visits, on-the-job trainings were provided.

Two days orientation was conducted to Ahmad Shababa Mina Distract hospital that run by MSF and 45 individuals (19 female and 26 male) attended this two day workshop. Also, two days orientation was conducted to 80 staff from Afghan Red Crescent Society (ARCS) from 29-30 May 2012. Also, nine lab technicians from public/private health facilities attended refresher training on smear collection and slide preparation and reading skills. These all resulted in identification of 2,914 TB suspects and notification

Overall work plan implementation status

The activity implementation is in right track and implementation accelerated owing to suitable season for travelling to provinces.

Technical and administrative challenges

Delay in Global Fund phase II approvals resulted in a decline in motivation of NTP staff at national and provincial levels and remained as a challenge. TB CARE I/MSH as first chairperson of CCM was fully engaged in all the communication between GF, MOPH, NTP and partners so as to accelerate GF R-8 phase II approvals. During this quarter HE ministers of public health along with a delegation had meeting with GF in Geneva on this issue. GF approved Malaria proposals.

In addition, TB CARE I engaged NTP and BPHS implementers and MOPH at center and provincial levels to sustain essential TB CARE I and NTP activities. For example, TB CARE I assisted NTP to conduct joint supervisory/monitoring visits, train 66 newly hired staff at provinces and will conduct quarterly review workshops in 13 USAID supported provinces.

Delay in STTAs for Afghanistan: So far, TB CARE I has cancelled several STTAs owing to various reasons such as security. Thus, TB CARE I reprogrammed one KNCV STTA and will do others as well. In the future we will rely on local capacity instead of international ones.

In-country Global Fund status and update

GF round 8: The Global Fund round 8 phase I was completed at the end of Sep 2011 and so far phase II has not been approved. This put NTP and partners in challenging circumstances i.e. delay in implementation and reduced motivation of NTP staff, shortage of some essential supply and reagents. Further delay will result in shortages of essential activities of NTP and they will be faced with a challenging situation and shortages of drug, supply, reagents and will even lose staff.

Global Fund round 10 for Afghanistan was approved and activities were initiated since late March 2012. The PR for this round is JICA-Afghanistan, they started TOT for PTC on slide and sputum sending. Later, it was expanded to health facility staff in the provinces. GF round 10, was designed to

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	Baseline		Target		Result Y2		
		Data	Year	Data	Year			
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.	2	2011	3	2012	2	CB-DOTS was implemented in six provinces that contracted with BPHS implementers and BRAC implementation in nine provinces that sub-contracted with BRAC to complement the GF CB-DOTS component.	
	1.2.5 Number of sputum smear positive TB cases detected under Urban DOTS in Kabul city Description: This indicator measures the outcome of Urban DOTS implementation in Kabul city Indicator Value: Number Level: National and TB CARE I intervention area Source: NTP surveillance and TB CARE I project Means of Verification: health facilities registers and reports of sputum smear positive TB cases Numerator: Number of sputum	1022	1	1200	2	680	Urban DOTS was expanded to three additional health facilities. Currently, there are 65 health facilities covered by Urban DOTS in Kabul city. Low commitment of staff at both public and private health facilities owing to low salary or incentives. And poor implementation at private health facilities. They ask for incentives.	
	1.2.6 Proportion of TB suspects identified by Urban DOTS facilities in Kabul city Description: This indicator measures the output of the Urban DOTS facilities Indicator Value: Proportion Level: Provincial and TB CARE I intervention area Source: NTP surveillance data Means of Verification: Urban health facilities TB suspect register and quarterly TB suspect report Numerator: Number of TB suspects identified by urban health facilities Denominator: Number of total outpatient attendances of urban health facilities	3%	1	5%	2	3%	During Jan-Mar 2012, 2860 of TB suspects identified at Urban Health facilities and totally 316 sputum smear positive and 713 all type of TB cases identified in Kabul provinces. TB CARE I will focus on SOPs implementation in Urban areas and expand DOTS to additional health facilities.	

1.2.7: Proportion of new sputum smear positive TB cases out of suspected TB cases referred by CHWs. Description: This indicator measures the outcome of CB-DOTS Indicator Value: proportion Level: Provincial and TB CARE I intervention area Source: NTP surveillance data Means of Verification: health facilities TB support activities	10%	1	10%	2	9%	During Jan-Mar 2012, a total of 1,026 TB suspected cases that makes 5% of all TB suspects in 13 USAID provinces, identified by CHWs, of them 53 (6%) turned to be sputum smear positive. The number of new sputum smear positive TB cases.	TB CARE I will enhance its support to provinces so as to increase the contribution of CHWs into DOTS.
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Technical Area TB infection control

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
3.2 Scaled-up implementation of TB-IC strategies	person, implementation plan, budget, and monitoring system Indicator Value: Percent Numerator: The number of selected categories of health facilities with all three (a+b+c) interventions in place.	3.3	1	10	2	9	The coverage of TBIC was expanded to 3 additional health facilities during APA1 and APA2. During APA/2, the coverage ascended to 37, in total, there are 55 health facilities under TBIC.	Supervision/monitoring of health facilities covered by DOTS will remain as a challenge during next quarter. Also, monitoring implementation of TBIC in field is a challenge.

Technical Area 6, Health system strengthening

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
6.1 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	6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations Indicator Value: Yes/No	Yes	1	Yes	2	Yes	TB CARE I approaches such as CB-DOTS, Urban DOTS, TBIC and system strengthening approach like M&E and OR, guideline/policy development embedded into NTP's strategic plan for 2013-2017.	TB CARE I ensured that approaches assisting achieving NTP's strategic objectives of increasing case detection and improving adherence to treatment are focused on this SP.

6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels in 13 USAID supported provinces.	80%	1	85%	2	73%	TB CARE I assisted NTP to conduct visits to provinces and health facilities so as to ensure appropriate implementation of DOTS strategy and provide on-the-job training for health facility staff. <i>TB CARE I assisted NTP to conduct joint visits from national to provincial levels 12 visits, and provincial to health facilities 45 visits.</i>	TB CARE I will maintain this activity so as to ensure appropriate SOP implementation at health facility level.
	6.2.2 Status of HRD strategic plans implemented Indicator Value: Score (1-3) based on definition.	2	1	3	2	3	TB CARE I assisted NTP to implement its HRD strategic plan (increase frontline staff capacity and leadership at various levels). Thus, TB CARE I facilitated to train 66 health facility staff (8 female and 58 male) on case detection and treatment in 13 USAID supported provinces. Also, 54 staff trained on MOST for TB tool application and utilization as part of leadership and management capacity building.	Delay in approval of GF phase II will effect TB CARE I activities and work plan implementation as NTP will ask to cover some of the activities which are not listed in TB CARE I work plan.
	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by	1072	1	1172	2	1392	In total, 351 (53 female and 298 male) staff of various categories trained on SOPs for three days, on-the-job training, MOST for TB and smear making process. MOST for TB= 54, On the job= 156 and SOP=66	TB CARE I will expand the SOPs training to reach female health worker in six quick impact provinces

Technical Area	7, M&E, Surveillance and OR						Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
	Expected Outcomes	Outcome Indicators	Baseline		Target				Result
			Data	Year	Data	Year			Y2
7.1 Strengthened TB surveillance	7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels Indicator Value: Yes/No	No	1	Yes	2	Yes	The electronic database was developed and introduced to 33 out of 34 provinces and TB CARE I secured fund from home office to monitor the implementation of TBIS database in 34 provinces and 10 provinces visited and monitored.	To monitor the implementation in 34 provinces and provision of feedback.	
	7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1 National M&E plan is up-to-date Indicator Value: Yes/No	Yes	1	Yes	2	2	The updating process started and will be completed in July 2012	Planned for next quarter
7.3 Improved capacity of NTPs to perform operational research	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Percent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated disaggregated by three levels.	40%	1	60%	2	20%	NTP with assistance from TB CARE I initiated feedback provision to provinces. During this quarter, NTP was able to provide feedback on TBIS database implementation to all 34 provinces. Also, written feedback provided to save provinces on case notification trend (see sheet 7. Photo Album) and health facilities.	TB CARE I will work with NTP for provision of written feedback to provinces and health facilities.	
	7.2.3 A data quality audit at central level has been conducted within the last 6 months	No	1	Yes	2		The protocol is under development and will be conducted field work in Jul-Aug 2012	TB CARE I will provide technical assistance to NTP to develop the protocols and plan for data collection.	
	7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	2	1	2	2		The protocol is under development and will be conducted field work in Jul-Aug 2012. NTP identified two areas to be researched. They are; delay in diagnosis and treatment initiation and determinant of initial defaulters.	TB CARE I will provide technical assistance to NTP to develop the protocols and plan for data collection.	

Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered by all care providers (supply)	1.2.1	Provide technical assistance to NTP to implement DOTS in 30 additional public and private health facilities in Kabul city.	MSH	40,824	50%	Aug	2012	10 additional health facilities covered by DOTS. Total # under urban DOTS reached to 62.
	1.2.2	Two task force meetings in a quarter will be coordinated. NTP will conduct the meeting and ensure proper documentation and implementation of decisions taken during those meetings.	MSH	121,024	75%	Aug	2012	Regular urban DOTS task force meeting conducted
	1.2.3	Four training sessions each of 20 individuals (health care staff from urban health facilities, doctors, nurses and lab technicians) will be conducted in Kabul city.	MSH	5,040	100%	June	2012	21 (4 female and 17 male) staff trainee don initial DOTS for five days
	1.2.4	15 sputum collection points in newly covered urban health facilities will be established with technical and financial assistance from TB CARE I.	MSH	6,750	100%	Sept.	2012	The sputum collection points established in 15 health facilities
	1.2.5	84 visits (21 visits/qtr) will be conducted to supervise and monitor the DOTS implementation in urban health facilities. In each visit one individual from TB CARE I and one from NTP will attend.	MSH	4530	75%	Sept.	2012	Regular joint NTP and TB CARE visits conducted to Urban health facilities.
	1.2.6	Provide assistance to NTP to renovate five urban health facilities in Kabul city.	MSH	12500	75%	Sept.	2012	The renovation is under process and will be completed in Aug 2012
	1.2.7	Provide technical and financial support to NTP to train 36 health care staff of urban health facilities in Kabul city.	MSH	4000	0%	Sept.	2012	Staff from 31 health facilities trained. Totalling 114 (1 female and 113 male)
	1.2.8	Provide assistance to NTP to conduct one day coordination workshop for 150 individuals (private and public hospital managers, representatives from various ministries, community elites and members from civil society association) will attend this workshop.	MSH	6056	0%	Sept.	2012	Planned for next quarter
	1.2.9	Assist NTP to conduct awareness raising events in Kabul schools. One event in each quarter, total of 4 school events and four district events will be conducted in one year period.	MSH	2616	0%	Sept.	2012	Planned for next quarter
	1.2.10	CB-DOTS implemented in 13 provinces (9 province will be sub-contracted by BRAC and four provinces by BPHS implementers).	MSH	271929	50%	Sept.	2012	The implementation has started this quarter and will be enhanced during next quarter. TB CARE I will coordinate with sub-contractors to ensure full implementation and will focus on result production (increase suspect management and referrals). The preliminary results indicates it has produced good results e.g. CHWs referred 44 TB suspects to Khoshk e Kohna health facility of them 4 turned to be sputum smear positive. In addition, the recording improved significantly i.e.
					53%			

3. Infection control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scale-up implementation of TB-IC strategies	3.2.1	The national TBIC committee will conduct one meeting per month at national level. In total, 12 meetings will be conducted during APA2.	MSH	144	75%	Sept	2012	Planned for next quarter
	3.2.2	100 health care workers will be trained on SOPs for community level TBIC SOPs in 19 provinces.	MSH	9,456	25%	Jun	2012	Planned for next quarter
	3.2.3	Provide assistance to NTP to orient PTCS, RTCS, RLSs, PLSs and NGO focal person on TBIC assessment tool implementation. In total, 100 individuals in 19 provinces will be trained on assessment tool implementation in 62 health facilities in 19 provinces.	MSH	4,320	0%	Feb	2012	Planned for next quarter
	3.2.4	Financial and technical assistance to NTP to conduct minor renovation for TBIC measures application in 27 health facilities in 19 provinces.	MSH	5,317	25%	Sept	2012	The renovation of 9 health facilities completed and rest are in the process. This renovation aims at improving working conditions for health care workers and includes exhaust fan installation, making partition and opening new windows.
	3.2.5	62 health facility covered by TBIC will have one meeting in a month to monitor the progress and set new targets for next month/qtr. In total, there will be 2508 participants (11 participants per meeting / 1 meeting per month / in 19 provinces).	MSH	2,508	50%	Sept	2012	37 health facilities covered so far. TB CARE I will assist NTP to expand the TBIC coverage to additional health facilities. This includes, orientation to health facility staff, establishment of TB-IC committees, integration of TBIC plan into general IP plan of health facilities, and monitoring the impact of TBIC measure application at health facility levels.
	3.2.6	Assist NTP to develop community level TBIC SOPs, print and disseminate 1000 copies and distribute to most of the 1900 health facilities.	MSH	60,627	0%	Jul	2012	Planned for next quarter
	3.2.7	The TBIC IEC materials for community level developed and 4833 packages will be disseminated to all health facilities and health posts country wide.	MSH	14,498	0%	Jul	2012	Planned for next quarter
					25%			

6. Health System Strengthening								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.1 Ensure that TB control is embedded as as priority within health systems and plans, with commemorate domestic financing and support by the engagement of partners	6.1.1	Assist NTP to conduct the task force meeting regularly. There will be 3 meetings/month and in total 27 TB task force meetings in a year.	MSH	675	75%	June	2012	TB CARE I ensured commencement of TB task force meeting to improve the coordination between NTP, MOPH, and other partners. Now, NTP chaired the meetings and document minutes and follow up the decisions.
	6.1.2	Assist NTP to conduct world TB day celebration at 320 health facilities in 13 USAID supported provinces.	MSH	20,800	100%	Mar	2012	TB CARE I provided assistance to NTP to conduct World TB day in four provinces and 320 health facilities in USAID supported provinces across the country
	6.1.3	Provide assistance to NTP to develop, print and disseminate the advocacy kit to address MPs, policy makers and donors. 500 copies of this document will be printed and disseminated.	MSH	45,597	100%	Mar	2012	14000 IEC materials (billboard, Banners and brochures) developed and disseminated to all health facilities in the country on the occasion of World TB day celebration.
	6.1.4	Assist NTP to improve coordination with other stakeholders through attendance and presentation at central and provincial levels coordination meetings such as GCMU, CGHN, CCM, PHCC and CDC and BPHS coordination meetings. In total, there are 12 PHCC and CDC meetings at each province and four BPHS coordination meetings at national levels.	MSH		75%	Sep	2012	Regular meeting was attended and ensured that NTP is represented in.
					88%			
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components.	6.2.1	To provide assistance to NTP to conduct two days on the job training for 400 health care staff at DOTS learning centers.	MSH	48,056	75%	Aug	2012	270 (18 female and 252 male) health facility staff were trained on the job training from Model DOTS centers.
	6.2.2	Provide support to NTP to develop on the job training model guide for utilizing the DOTS learning center and print and disseminate 300 copies to 13 provinces.	MSH	4,256	100%	Feb	2012	completed
	6.2.3	Provide technical and financial support to NTP to conduct two day training for 100 female health workers in five selected provinces.	MSH	18,600	25%	Jul	2012	Planned for next quarter
	6.2.4	Assist NTP HRD central team to assess the staff capacity and identify the capacity building needs. This workshops will be conducted in seven regions and totally, 80 NTP staff will be attending this workshop.	MSH	10,296	0%	May	2012	NTP cancelled this activity and budget shifted to activity above (6.2.3). TB CARE I submitted budget reallocation for approvals to USAID and PMU.
	6.2.5	Provide assistance to NTP to conduct three days workshop on MOST for TB tool for 90 individuals in seven regions.	MSH	18,176	75%	Aug	2012	54 individuals (7 female and 47 male) attended the workshops in provinces.
	6.2.6	Preparation and development of proposal for Global Fund round 12.	MSH	35,941	0%	Sep	2012	This activity was cancelled as RFA for GF R-12 has not announced yet. TB CARE I will reprogram this amount to other activities in this TA which does not need approvals from USAID or PMU.
					46%			

67%

7. M&E, Surveillance and OR								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.1 Strengthening M&E surveillance	7.1.1	Train 100 individuals (84 from provinces and 16 from central NTP) on TBIS database utilization from 34 provinces	MSH	15,200	100%	Feb	2012	111(3 female and 108 male) staff from 32 provinces trained on the TBIS database. NTP received the ever first electronic copy of reports.
	7.1.2	34 province will be visited once in six month by NTP surveillance and M&E unit and TB CARE I team to supervise and monitor the TBIS database implementation process.	MSH	5,796	50%	Jul	2012	15 provinces visited so far to ensure the proper implementation of TBIS database
	7.1.3	33 computers will be distributed to PTCs from 33 provinces i.e. one desk top computer per province. This is a dedicated computer for TBIS database utilization.	MSH	3,300	100%	Feb	2012	32 computers disseminated to all the provinces for database utilization.
	7.1.4	Provide assistance to NTP to finalize the drafted TBIS procedure manual and print, disseminate 1000 copies to all health facilities in the country.	MSH	5,136	50%	May	2012	The manual reviewed and comments were incorporated.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improve capacity of NTPs to analyze and use quality data for management of Tb program	7.2.1	Quarterly review workshops will be conducted in six provinces with approximately 34 individual per province.	MSH	85,348	75%	Sep	2012	The quarterly review workshops for eight provinces conducted during this quarter. Next quarter this workshops will be conducted into 13 USAID supported provinces.
	7.2.2	Assist NTP to conduct three-day annual national evaluation workshop. 218 individuals such as PTCs, RTCs, PLSs, RLSs, senior NTP staff, high delegation of MOPH	MSH	96,882	0%	May	2012	This activity cancelled and reallocation budget sent to USAID and PMU for their approvals
	7.2.3	Assist NTP to print, disseminate the national evaluation workshop results. 1000 copies of the evaluation reports will be printed and disseminated to all stakeholders in the country.	MSH	14,256	0%	May	2012	This activity cancelled and reallocation budget sent to USAID and PMU for their approvals
	7.2.4	Assist NTP to train 15 individuals from MOPH/GCMU on TB program monitoring. The GCMU M&E consultants will be trained on TB supervision and monitoring aiming at unify the TB definitions.	MSH	375	100%	Mar	2012	This was already conducted during first quarter.

						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget		Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to performed operational research	4.1.1	Provide technical and financial support to NTP to conduct two operational research studies during APA 2	MSH	10,000	 25%	Sept.	2012	NTP was assisted to develop two protocols and it is under process. The field work will be conducted this quarter.
					 56%			

Quarterly MDR-TB Report

Country	Afghanistan
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Period	APRIL-JUNE 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	19	0
Jan-Sep 2011	14	14
Oct-Dec 2011	8	8
Total 2011	22	22
Jan-Mar 2012	17	17
Apr-Jun 2012	3	3

Quarterly GeneXpert Report

Country	Afghanistan
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Period	APRIL-JUNE 2012
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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-Dec 2011	Jan-March 2012	Cumulative total		
# GeneXpert Instruments	0			0	
# Cartridges	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 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

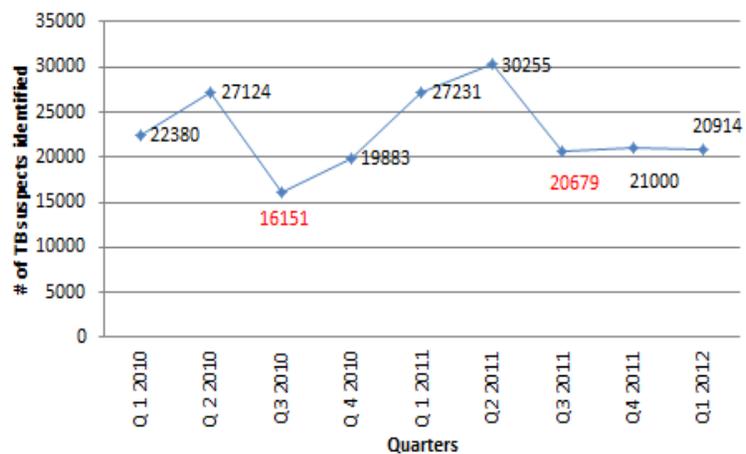
*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
 Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

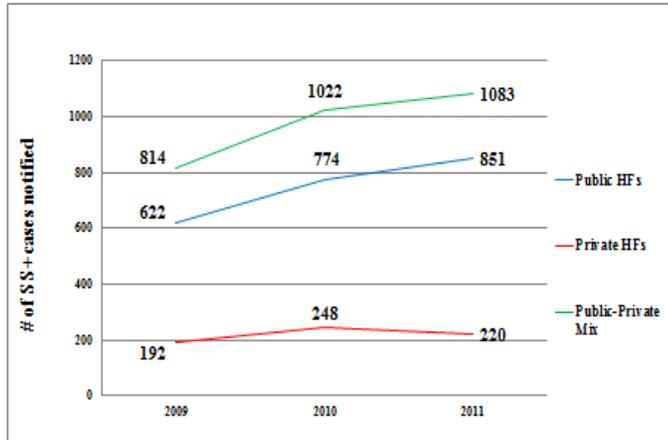
Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

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

Trend of TB suspect identification in 13 USAID provinces, 2010-2011

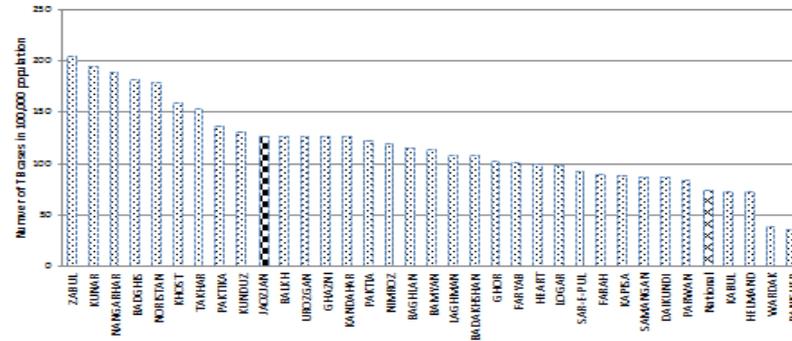


Contribution of Urban DOTS in new SS+ TB cases, Kabul, 2009-2011



48

Case Notification Rate for All Cases (x100,000) in Afghanistan, 2011



A sample of feedback provided to provinces

74





