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TB CARE I

TB CARE I - Afghanistan

**Year 2
Quarterly Report
January - March 2012**

April 30, 2012

Quarterly Overview

Reporting Country	Afghanistan
Lead Partner	MSH
Collaborating Partners	KNCV, WHO
Date Report Sent	
From	
To	
Reporting Period	January - March 2012

Technical Areas	% Completion
1. Universal and Early Access	20%
3. Infection Control	18%
6. Health Systems Strengthening	0%
7. M&E, OR and Surveillance	39%
Overall work plan completion	19%

Most Significant Achievements

TB CARE I sustained case notification: TB CARE I interventions resulted in sustaining a case notification trend higher in Afghanistan. The intervention such as SOPs for case detection implementation, TBIC and innovative approaches such CB-DOTS and Urban DOTS resulted in increased access to TB service. Thus, in 2011, in TB CARE I intervention provinces there was 5% (700 cases) increase in all TB case notification compared to 2010. Conversely, there was 7% (762 cases) decline in Non-USAID provinces for similar period (refer to sheet 7. Photo Album).

Rapid expansion of TB information: TB CARE I assisted the NTP to rapidly expand the TBIS database across the country. TB CARE I with technical assistance from MSH (Tech Serve) unit trained 8 individuals from NTP M&E and surveillance department as master trainers and focal points for TBIS database management, maintenances and trainers. During Jan-Feb 2012, a total of 111(3 female and 108 male) individuals including provincial TB coordinators, provincial HMIS officers and NGO HMIS officers, trained on TBIS database utilization and data entry. The participants were trained on theory during day one and they practices on day two of training each team entered one quarter data. NTP Afghanistan implemented the first ever electronic reporting system in 32 out of 34 provinces and as a result NTP received the first electronic reports from 27/32 provinces.

World TB Day Celebration: TB CARE I provided technical and financial assistance to NTP on smooth celebration of World TB Day at provincial and health facility/community levels. In short, World TB Day was celebrated in 320 health facilities and four provinces with assistance from TB CARE I Afghanistan.

On the job training for health facility staff: TB CARE I initiated the on-the-job training manual, which was approved by NTP. In Jan-Mar 2012, a total of 114 (1 female and 113 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.

Expansion of TB IC: The TB infection control initiative was introduced to NTP during TB CAP and was continued under TB CARE I. During Jan-Mar, 22 health facilities were newly covered by TBIC. Currently, there are 55 health facilities covered by TBIC committees. These health facilities practice TBIC measure applications during their day-to-day management. These health facilities conduct regular monthly meetings and report to NTP on their progress.

CB-DOTS contracted with NGOs: The contracts between BPHS implementers and MSH on implementation of CB-DOTS in the four provinces of Badakhshan, Baghlan, Jowzjan and Hirat. Under these contracts, NGO will be fully involved in DOTS implementation and will assist further integration of TB services into general health system. Moreover, supervisory/monitoring visits were conducted by TB CARE I during Jan-Mar 2012 to all 13 USAID supported provinces to ensure CB-DOTS implementation and follow on from TB CAP so as to sustain CHWs performances. In addition, during sub-national review workshops , feedback on CB-DOTS performances are provided to BPHS implementers, action plans are made and community health workers' performances are monitored.

Expansion of Urban DOTS: DOTS was expanded to seven additional private/public health facilities. These facilities staff were oriented on DOTS and 36 individuals trained over five days (initial DOTS training). The NTP recording and reporting system was introduced and DOTS packages were delivered to them. Furthermore, 36 visits were conducted to ensure appropriate DOTS implementation. During supervisory/monitoring visits, on-the-job trainings were provided. These all resulted in identification of 2,100 TB suspects and notification of 190 new sputum smear positive cases. For the first time private health facilities were involved in the World TB Day celebration. This resulted in increasing commitment of staff on TB service delivery.

Overall work plan implementation status

The activity implementation was delayed owing to delay in start up of year two, which was exacerbated by a long and snowy winter.

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. Ultimately, this led to a delay in implementation of activities. Furthermore, there was a very hard winter this year that also resulted in a delay and postponement of activities. 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. In addition, TB CARE I engaged NTP, BPHS implementers, MOPH 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 to 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.

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. According to a recent conference call between GF headquarters and NTP, CCM, they promised that the phase II work plan will be approved by the end April 2012.

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

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		
		Data	Year	Data	Year	Y2		
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.						CB-DOTS was contracted to four local NGOs that provide BPHS services in these provinces in late March 2012. The	Delay in approval of GF phase II will delay the CB-DOTS implementation in nine provinces.
		2	2011	3	2	2		
	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 smear positive TB cases detected in Urban health facilities	1022	1	1200	2	416	Urban DOTS was expanded to 7 additional health facilities. Currently, there are 62 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.
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, there was a dramatic decline in number of attendees to health facilities in Urban areas of Kabul. This is partly due to a hard winter this year. Therefore, there was little progress in achieving this indicator so far.	TB CARE I will focus on SOPs implementation in Urban areas and expand DOTS to additional health facilities.	

	<p>1.2.7: Proportion of new sputum smear positive TB cases out of suspected TB cases referred by CHWs.</p> <p>Description: This indicator measures the outcome of CB-DOTS</p> <p>Indicator Value: proportion</p> <p>Level: Provincial and TB CARE I intervention area</p> <p>Source: NTP surveillance data</p> <p>Means of Verification: health facilities TB suspect registration and quarterly suspect management report</p> <p>Numerator: Number of new sputum smear positive TB cases identified by CHWs.</p> <p>Denominator: Total number of TB suspected cases referred by CHWs in 13 USAID supported provinces.</p>	10%	1	10%	2	7%	<p>There is a rise in number of TB suspects referred by CHWs in 13 USAID supported provinces, however, the positivity rate declined. For instance, number of TB suspects rose from 14,000 to 19,682 in 2011.</p>	<p>TB CARE I will emphasize TB suspect identification by CHWs and the correct identification of them. This will follow with subcontractors.</p>
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Technical Area	TB infection control								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the	
		Data	Year	Data	Year	Y2			
3.2 Scaled-up implementation of TB-IC strategies	<p>3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system</p> <p>Indicator Value: Percent</p> <p>Numerator: The number of selected categories of health facilities with all three (a+b+c) interventions in place.</p> <p>Denominator: Total number of health facilities in 19 porvinces of the selected categories</p>	3.3	1	10	2	9%	<p>The coverage of TBIC was expanded to additional health facilities during APA1 and APA2. During APA/2, the coverage ascended to 35, in total, there are 55 health facilities under TBIC.</p>	<p>Supervision/monitoring of health facilities covered by DOTS will remain as a challenge during next quarter.</p>	

Technical Area		6, Health system strengthening					Highlights of the Quarter	Challenges and Next Steps to Reach the
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y2		
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		during NTP strategic plan revision process the TB CARE I workplan and approach was considered and added in revised NTP strategic plan. For example, CB-DOTS and urband DOTS approaches added in NTP revised strategic plan for 2012-2016	TB CARE I will ensure that most practical approaches that assists achieving NTP's strategic objectives of increasing access to TB services and improve case detection and treatment adherence
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	50%	TB CARE I assisted NTP to conduct visits to provinces and health facilities.	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	2	NTP was faced with challenge from GF phase II implementation and resulted in decline in NTP activities on HR development. However, TB CARE I assisted NTP to ensure implementation of HR strategic plan. In total, 111(3 female and 108 male) individuals were retrained on TBIS database, 114 (1 female and 113 male) on on-the-job training. In addition, TB CARE I initiated joint supervision/monitoring visits with NTP staff from central and provinces.	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 gender and type of training in 5 provinces.	1072	1	1172	2	1297	In total, 225(4 female and 221 male) staff of various categories trained on TBIS and on-the-job trainings from 32 provinces.	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									
Expected Outcomes	Outcome Indicators		Baseline		Target		Result	Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the
		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 32 out of 34 provinces.	Monitoring and implementation of TBIS database is as it is new phenomenon for NTP and NGOs.		
7.2 Improved capacity of NTPs to analyze and use	7.2.1 National M&E plan is up-to-date Indicator Value: Yes/No	Yes	1	Yes	2			Planned for next quarter		

quality data for management of the TB program	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. Denominator: Total number of recipient units/facilities at each level in 13 USAID supported provinces	40%	1	60%	2	NTP with assistance from TB CARE I initiated feedback provision to provinces. During this quarter, we were able to provide the feedback to all 34 provinces during sub-national review workshops that assisted technically and financially by TB CARE I.	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 Indicator Value: Yes/No	No	1	Yes	2	Planned for next quarter	TB CARE I will provide technical assistance to NTP to develop the protocols and plan for data collection.
	7.3 Improved capacity of NTPs to perform operational research	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	Planned for next quarter

Quarterly Activity Plan Report

1. Universal and Early Access								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-
						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	 25%	Aug	2012	Seven additional health facilities covered by DOTS. Total # under
	1.2.2	Two task force meetings in a quarter will be coordinated. NTP will conduct the meeting and ensure proper documentation and implementaion of decisions taken during those meetings.	MSH	121,024	 50%	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	 50%	June	2012	Planned for next quarter
	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	 0%	Sept.	2012	This is planned for next quarter
	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	 50%	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	 0%	Sept.	2012	Planned for next quarter
	1.2.7	Provide technical and financial support to NTP to train 36 health care staff of urban health facilities in Kabul city.		4000	 0%	Sept.	2012	31 health facility staff trained. Totally 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 ministeries, community elites and members from civil society association) will attend this workshop.		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.		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).		271929	 25%	Sept.	2012	Planned for next quarter
					 20%			

3. Infection control								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-
						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.		144	 50%	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.		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.		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.		5,317	 0%	Sept	2012	Planned for next quarter
	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).		2,508	 50%	Sept	2012	35 health facilities covered
	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.		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.		14,498	 0%	Jul	2012	Planned for next quarter
					 18%			

6. Health System Strengthening								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-
						Month	Year	
6.1 Ensure that TB control is embedded as a priority	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.		675	 50%	June	2012	TB CARE I ensured commencement of TB task force meeting to improve the coordination

as a priority within health systems and plans, with commemorative domestic financing and support by the engagement of partners	6.1.2	Assist NTP to conduct world TB day celebration at 320 health facilities in 13 USAID supported provinces.		20,800	100%	Mar	2012	TB CARE I provided assistance to NTP to conduct World TB day in four provinces and 320
	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.		45,597	100%	Mar	2012	14000 IEC materials (billboard, Banners and brochures) developed and
	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.			50%	Sep	2012	Regular meeting was attended and ensured that NTP is represented in.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-
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.		48,056	25%	Aug	2012	114 (1 female and 113 male) health facility staff were trained on the job training from Model DOTS
	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.		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.		18,600	0%	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.		10,296	0%	May	2012	Planned for next quarter
	6.2.5	Provide assistance to NTP to conduct three days workshop on MOST for TB tool for 90 individuals in seven regions.		18,176	0%	Aug	2012	Planned for next quarter
	6.2.6	Preparation and development of proposal for Global Fund round 12.		35,941	0%	Sep	2012	Postponed until call for proposals by GF.
					21%			

7. M&E, Surveillance and OR								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-
						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		15,200	100%	Feb	2012	111(3 female and 108 male) staff from 32 provinces trained on the
	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.		5,796	25%	Jul	2012	Five provinces visited 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.		3,300	100%	Feb	2012	32 computers disseminated to all the provinces for database
	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.		5,136	0%	May	2012	Planned for next quarter
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-
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.		85,348	25%	Sep	2012	TB CARE I assisted NTP to conduct sub-national review workshops for
	7.2.2	Assist NTP to conduct three-day annual national evaluation worksop. 218 individuals such as PTCs, RTCs, PLSSs, RLSSs, senior NTP staff, high delegation of		96,882	0%	May	2012	postponed to next quarter
	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.		14,256	0%	May	2012	postponed to next quarter
	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.		375	100%	Mar	2012	postponed to next quarter
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of	4.1.1	Provide technical and financial support to NTP to conduct two operational research studies during APA 2	FHI	10,000	0%	Sept.	2012	Planned for May 2012
					39%			

Quarterly MDR-TB Report

Country	Afghanistan
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Period	January-March 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	Not yet available	Not yet available

Quarterly GeneXpert Report

Country	Afghanistan
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Period	January-March 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)

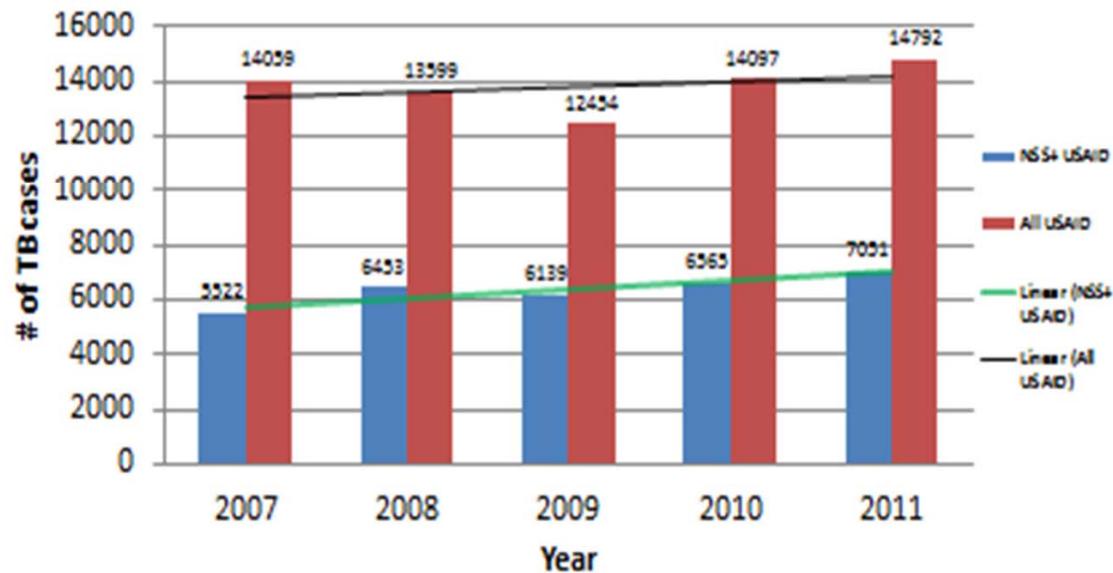
Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

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

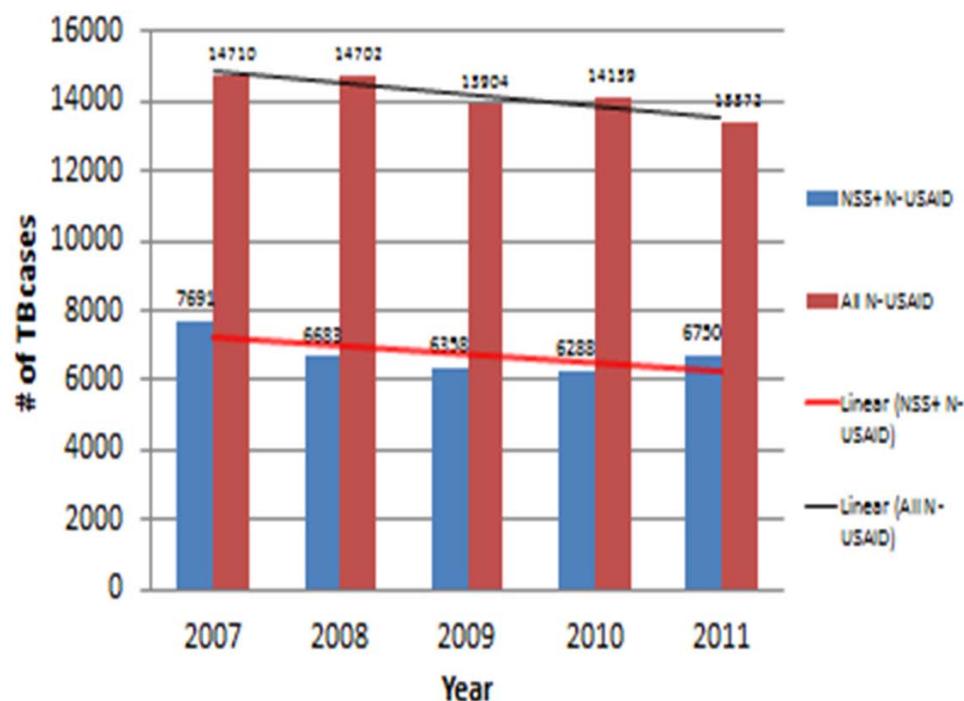
Quarterly Photos (as well as tables, charts and other relevant materials)

TB CARE I sustains TB case detection trend in Afghanistan

Trend of case detection in USAID supported provinces, 2007-2011: **UPWARD TREND**

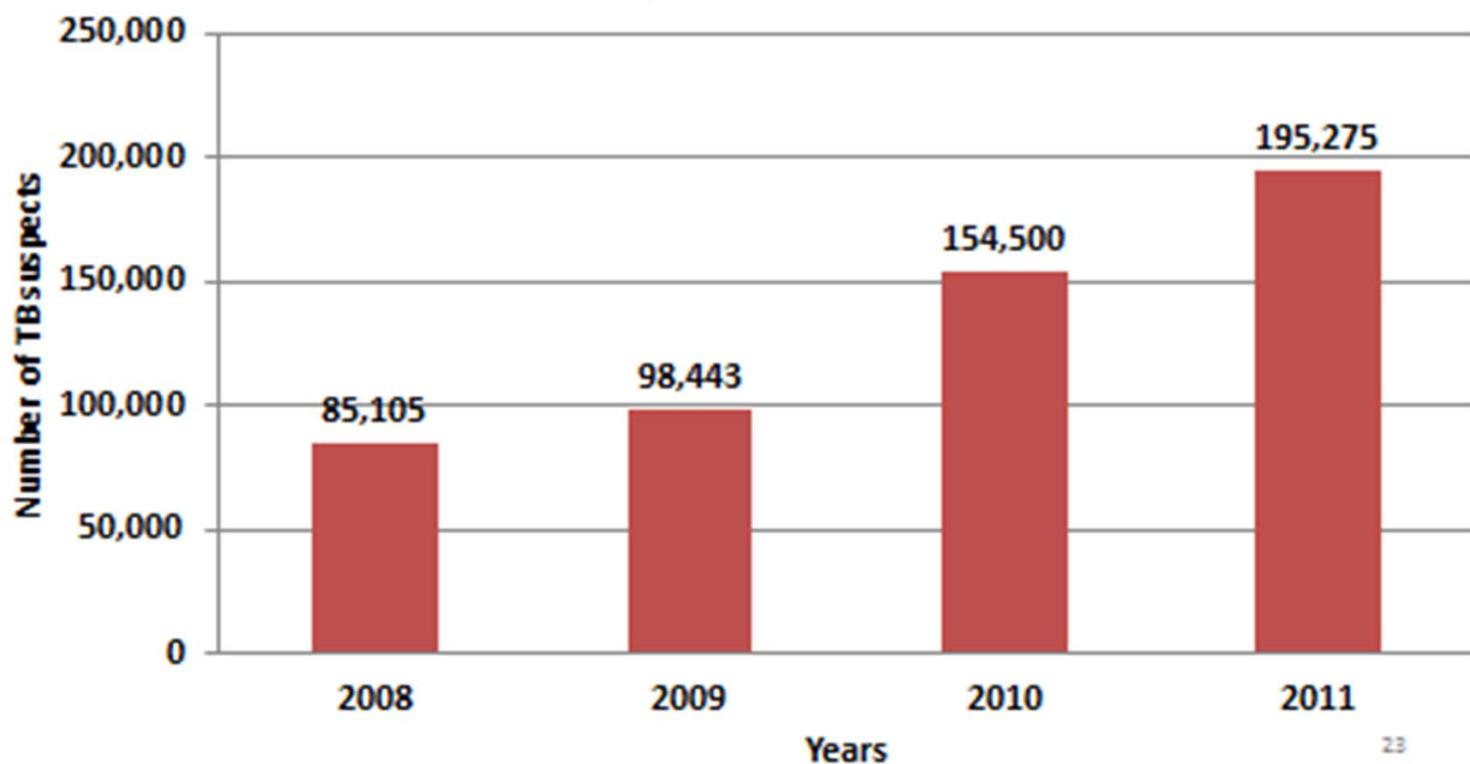


Trend of TB case detection in Non-USAID supported provinces
in Afghanistan, 2007-2011: **DOWNWARD TREND**



Result of SOP implementation in Afghanistan

Trend of TB suspect examined 2008-2011



Inventory List of Equipment - TB CARE I



USAID
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TB CARE I

Organization:	TB CARE I
Country:	Afghanistan
Reporting period:	January - March 2012
Year:	APA 2

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Flash memory	NIL				TBCARE				
Mobile phone	355218-03-530777-5				TBCARE				
Computer, laptop	6432741424				TBCARE				
Desk table single	NIL				TBCARE				
Desk table single	NIL				TBCARE				
Screen, projection	NIL				TBCARE				
Desk	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Table	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Cabinet	NIL				TBCARE				

Screen, projection	NIL				TBCARE				
Cabinet	NIL				TBCARE				
Fan	NIL				TBCARE				
Fan	NIL				TBCARE				
Fan	NIL				TBCARE				
Fan	NIL				TBCARE				
Rug	NIL				TBCARE				
Rug	NIL				TBCARE				
Rug	NIL				TBCARE				
Rug	NIL				TBCARE				
Desk table single	NIL				TBCARE				
Cabinet	NIL				TBCARE				
Cabinet	NIL				TBCARE				
Cabinet	NIL				TBCARE				
Table	NIL				TBCARE				
Desk	NIL				TBCARE				
Desk	NIL				TBCARE				
Desk	NIL				TBCARE				
Table	NIL				TBCARE				
Table	NIL				TBCARE				
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Desk	NIL				TBCARE				
Desk	NIL				TBCARE				
Table	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Stabilizer	NIL				TBCARE				

Stabilizer	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Rug	NIL				TBCARE				
External Hard desk	NIL				TBCARE				
Camera	NIL				TBCARE				
Camera	NIL				TBCARE				
Camera	NIL				TBCARE				
Camera	NIL				TBCARE				
Camera	NIL				TBCARE				
Camera	NIL				TBCARE				
Printer	NIL				TBCARE				
Switch	07804901598				TBCARE				
UPS	080314-87730034				TBCARE				
Camera	1735831				TBCARE				
CDMA/for net	2009CP1510				TBCARE				
Mobile phone	352551-04-314834-1				TBCARE				
Mobile phone	354183-03-171154-8				TBCARE				
Mobile phone	354344-04-633544-8				TBCARE				
Mobile phone	355218-03-532795-5				TBCARE				
Mobile phone	355218035345940				TBCARE				
Mobile phone	355218-03-534666-6				TBCARE				
Mobile phone	358234-03-822657-0				TBCARE				
Mobile phone	358234-03-823553-0				TBCARE				
Mobile phone	359543-01-625586-7				TBCARE				
Scanner	CN81VTR10s				TBCARE				
Switch	CSV01HB34964				TBCARE				
Mobile phone	IMEI:352912/02/445 364/9				TBCARE				
CDMA/for net	KT7AAB1920801171				TBCARE				
CDMA/for net	KTAB10961900183				TBCARE				
UPS	NIL				TBCARE				
UPS	NIL				TBCARE				
Flash memory	NIL				TBCARE				
Flash memory	NIL				TBCARE				
External Hard desk	WX61A60E2961T				TBCARE				
External Hard desk	WX71C50L5029T				TBCARE				
External Hard desk	WXAOAC923732				TBCARE				
External Hard desk	WXH1E3058263T				TBCARE				
External Hard desk	WXN40S5A258				TBCARE				
Cabinet	NIL				TBCARE				

Monitor	CX000504782555				TBCARE-NTP				
Monitor	CX000505842266				TBCARE-NTP				
Computer, desktop	SGH3390BGL				TBCARE-NTP				
Computer, desktop	SGH3390BGZ				TBCARE-NTP				
Computer, desktop	SGH3390BH6				TBCARE-NTP				
Computer, desktop	SGH3390BH9				TBCARE-NTP				
Computer, desktop	SGH3390BJ5				TBCARE-NTP				
Computer, desktop	SGH3390BJB				TBCARE-NTP				
Computer, desktop	SGH390BGP				TBCARE-NTP				
Desktop computer					TBCARE-NTP				
motor Bike	20082925				BRAC				
Motor Bike	20082936				BRAC				
MotorBike	20083069				BRAC				
Motor Bike	20083109				BRAC				
Microscope	9G81006				BRAC				
Microscope	9G81039				BRAC				
Scanner	CN87HTO3N				13 USAID provinces				
Printer	CNCIJO1907				14 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0350				15 USAID provinces				
Stabilizer	SVC-2000 VA				16 USAID provinces				
Stabilizer	NIL				17 USAID provinces				
Scanner	CN869THO82				18 USAID provinces				
Printer	CNC1JOO793				19 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0446				20 USAID provinces				
Scanner	CN85DTHOCN				21 USAID provinces				
Printer	CNCIJO0723				22 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0029				23 USAID provinces				
Stabilizer	SVC-2000 VA				24 USAID provinces				
Stabilizer	NIL				25 USAID provinces				
Scanner	CN86KTHIVT				26 USAID provinces				
Printer	CNC1J00796				27 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0473				28 USAID provinces				
Stabilizer	NIL				29 USAID provinces				
Computer, laptop	13203320176				30 USAID provinces				
Scanner	CN86BTHO7J				31 USAID provinces				
Printer	CNC1JO1884				32 USAID provinces				
Scanner	CN87RT1103				33 USAID provinces				
Printer	CNCI300747				34 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0281				35 USAID provinces				

Stabilizer	SVC-2000 VA				36 USAID provinces				
Stabilizer	NIL				37 USAID provinces				
Computer, laptop	17288146288				38 USAID provinces				
Scanner	CN856THIFH				39 USAID provinces				
Printer	CNC1JO2218				40 USAID provinces				
Stabilizer	NIL				41 USAID provinces				
Scanner	CN86BTH12P				42 USAID provinces				
Printer	CNC1JOO815				43 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0243				44 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0299				45 USAID provinces				
Stabilizer	NIL				46 USAID provinces				
Computer, laptop	12963088432				47 USAID provinces				
Scanner	CN86KTHWQ				48 USAID provinces				
Printer	CNC1JO1897				49 USAID provinces				
Stabilizer	NIL				50 USAID provinces				
Computer, laptop	32854827376				51 USAID provinces				
Computer, laptop	43317108784				52 USAID provinces				
Scanner	CN86KTHIS3				53 USAID provinces				
Scanner	CN87HTHIHY				54 USAID provinces				
Printer	CNC1J00812				55 USAID provinces				
Printer	CNC1JOO824				56 USAID provinces				
Stabilizer	SVC 2000VA				57 USAID provinces				
Stabilizer	NIL				58 USAID provinces				
Scanner	CN86BTHOOT				59 USAID provinces				
Printer	CNC1JOO743				60 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0279				61 USAID provinces				
Microscope	9G81000				AADA				
Microscope	9G81003				AADA				
Microscope	9G81207				AADA				
Microscope	9G81211				AADA				
Microscope	9G81215				AADA				
Microscope	9G81235				AADA				
Microscope	9G81239				AADA				
Microscope	9G81242				AADA				
Microscope	9G81250				AADA				
Microscope	9G81251				AADA				
Microscope	9G81255				AADA				
Microscope	9G81258				AADA				
Microscope	9G81022				AKHS				
Microscope	9G81024				AKHS				
Microscope	9G81206				AKHS				

Microscope	9G81247				AKHS				
Microscope	9G81256				AKHS				
Microscope	9G81304				AKHS				
Microscope	9G81237				AHDS				
Microscope	9G81253				AHDS				
Microscope	9G81301				AHDS				
Microscope	9G80999				BDN				
Microscope	9G81012				BDN				
Microscope	9G81216				BDN				
Microscope	9G81244				BDN				
Microscope	9G81245				BDN				
Microscope	9G81248				BDN				
Microscope	9G81302				BDN				
Microscope	9G81005				CAF				
Microscope	9G81026				CAF				
Microscope	9G812110				CAF				
Microscope	9G81212				HealthNet				
Microscope	9G81246				HealthNet				
Microscope	9G81210				IMC				
Microscope	9G81303				IMC				
Microscope	9G81241				SDO				