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**TB CARE I**

# **TB CARE I - Afghanistan**

**Year 2  
Quarterly Report  
October-December 2012**

**January 30, 2013**

## Quarterly Overview

<b>Reporting Country</b>	<b>Afghanistan</b>
<b>Lead Partner</b>	<b>MSH</b>
<b>Collaborating Partners</b>	<b>KNCV, WHO</b>
<b>Date Report Sent</b>	30 January 2013
<b>From</b>	Dr. Khakerah Rashidi
<b>To</b>	USAID, Dr. Mohammad Shapor Ikram
<b>Reporting Period</b>	<b>October-December 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	95%
3. Infection Control	100%
6. Health Systems Strengthening	94%
7. M&E, OR and Surveillance	93%
<b>Overall work plan completion</b>	<b>95%</b>

### Most Significant Achievements

#### Access to TB services:

TB CAP and follow-up TB CARE I assistances to the NTP on SOP revision and the focus on its implementation resulted in increased access to TB services. Identification and examination of suspected TB cases increased from 85,000 in 2008 to 199,000 in 2011 country wide. Consequently, it led to increased TB case notifications which rose from 26,356 in 2009 to 28,167 in 2011. The treatment success rate was already very high and rose to 90% in 2011 compared to 88% in 2009 (*refer to album*).

**Urban DOTS:** DOTS expanded to five additional health facilities in Kabul city. Currently, there are 68 health facilities both public and private engaged in DOTS. This made a significant increase in coverage, from 22 (21%) in 2008 to 68 (61%) in 2012. Furthermore, it led to the identification of 14,732 suspected TB cases and 1,142 sputum smear positive and 2,728 TB cases (all forms) in 2012. Also, treatment success rate increased from, 44% in 2009 to 70% at the end of 2011 (*refer to album*).

**Community based DOTS (CB-DOTS):** During this period, DOTS services were provided at the door step of TB patients and communities. CB-DOTS implementation continued in four provinces. This resulted in identification of 6,114 suspected TB cases, and 603 sputum smear positive TB cases, in 2012. Also, in 2012, 1,451 TB patients received their DOT from CHWs at their door step (*refer to Album*). The considerable achievements of CB-DOTS include early suspect identification and notification of approximately 34% of all sputum smear positive cases in 2010 (compared to 0% in 2008). More importantly, its contribution to treatment outcomes was astonishing - the treatment success rate for those TB patients that received their DOT from CHWs was 98% compared to 90% for facility based DOTS; this made the NTP recommend the expansion of the full package CB-DOTS implementation in TB CARE I intervention areas (13 USAID supported provinces). Thus, TB CARE I suggested to USAID to increase the funds to expand full CB-DOTS package implementation in all 13 USAID supported provinces. The full package of CB-DOTS was implemented only in four provinces and TB CARE I was complementing the global fund CB-DOTS component in the remaining nine provinces.

During Oct-Dec 2012, TB CARE conducted a five day training for urban DOTS health facility staff on SOPs for case detection and treatment. During this period, 68 health facility staff from various cadre were trained. In addition, DOTS training was extended to female health care staff in insecure provinces and we trained 156 female staff in five provinces of Wardak, Zabul, Helmand, Nimroz and Farah.

Data accuracy assessment: Joint NTP and TB CARE I teams conducted data accuracy assessment field work in 15 provinces of Afghanistan. The aim of this study was to identify the magnitude of data quality issues, to develop an action plan for its improvement and also to identify the magnitude of improvements in this field compared to baseline value of 2008.

### Overall work plan implementation status

TB CARE I plan is on track in terms of implementation. We achieved 95% implementation despite all of the challenges.

### **Technical and administrative challenges**

Late start to the Year 3 workplan.

### **In-country Global Fund status and update**

The Global Fund Round-10 continued during this quarter. Currently, there are preparations within NTP and GF-R-10 for phase II for NTP PR-ship for phase II of round 10. The GF round -8 phase II was approved by GF, however, still the implementation has not started as the PR (BRAC) has not received the funds.

## Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		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.	2	2011	3	2012	3	10 health facilities in Kandahar and Ghazni provinces monitored by CB-DOTS teams in Dec 2012.	TB CARE I activities complement the GF community based DOTS components, so the delay in GF approval affected our activities and we did not reach all targets.
	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	1142	An additional 5 health centers were trained and started DOTS implementation in urban city of Kabul. Currently, 68 out of 111 health facilities are involved in DOTS in Kabul city. This contributed to notification of 1,142 sputum smear positive TB cases since the beginning of APA2.	Delay in approval of APA 3 work plan affected most of urban DOTS activities-

	<p>1.2.6 Proportion of TB suspects identified by Urban DOTS facilities in Kabul city</p> <p>Description: This indicator measures the output of the Urban DOTS facilities</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: Urban health facilities TB suspect register and quarterly TB suspect report</p> <p>Numerator: Number of TB suspects identified by urban health facilities</p> <p>Denominator: Number of total outpatient attendances of urban health facilities</p>	3%	1	5%	2	3%	<p>TB CARE was able to identify 14,375 suspected TB cases and examine all of them. This makes only approximately 3% of total OPD examinations in Kabul during the quarter.</p>	<p>The Urban DOTS implementation slowed as APA3 was not yet approved.</p>
	<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	9%	<p>During this reporting period, community health workers (CHWs) identified 1836 TB suspects and 169 new SS positive patients. The positivity rate indicates the increase in proportion of new SS+ cases diagnosed out of CHW-referred TB suspects from 9% in quarter 3 2012 to 9.2% in quarter 4 2012</p>	<p>TB CARE will push the contractor to increase the number of Suspected TB Cases diagnosed through the CHWs in the TB CARE intervention areas</p>

Technical Area		TB infection control					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y2		
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal 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. Denominator: Total number of health facilities in 19 provinces of the selected categories	3,3	1	10	2	9	During the period 5 additional health facilities were upgraded with TB IC. In total, there are 60 health facilities under TB IC coverage. Collectively, there are 667 health facilities in TB CARE I intervention area that are eligible for TBIC expansion. This makes 9% of total health facilities covered by TBIC in TB CARE I coverage areas.	Expansion of TB IC coverage to additional health facilities will be a challenge. Delay in APA3 approval will affect the plan implementation

Technical Area		6. Health system strengthening					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
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	Yes	TB services integrated into BPHS and EPHS.	

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	153% (47/30 visits)	During the period 46 supervisory visits were conducted to Kabul urban Health Facilities and 5 from Health posts and health facilities in Paktika, Ghazi, Kandahar and Bamiyan provinces. In total we planned 30 visits.	TB CARE will increase the number of supervisory visits to health facilities and health posts
	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 ensure implementation of HR strategic plan. In total, 19 individual (1 female and 18 male) were trained on Lab sputum smear microscopy procedure, and 87 males on TB IC assessment tool and SOPs in 13 USAID Provinces. 100 female health care workers were trained on SOPs in six quick impact	Delay in approval GF R-8 phase II and APA3 which will affect the TB CARE plan implementation
	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		In total 206 staff (166 female and 40 male) of various categories were trained on SOPs and Lab Sputum Microscopy from 19 provinces	Supervision/Monitoring of health care workers in six quick impact provinces remains as a challenge.

**Technical Area 7, M&E, Surveillance and OR**

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
<b>7.1 Strengthened TB surveillance</b>	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 reporting system has been in place since the beginning of APA2 and it continues to work. All staff (PTC, HMIS office and NGO staff) trained on TBIS database utilization and implementation. Currently, they sent their electronic reporting.	The implementation of TBIS electronic reporting through PTCs is a challenge and we will continue with HMIS dept of MOPH to consider an alternative.

<b>7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program</b>	7.2.1 National M&E plan is up-to-date Indicator Value: Yes/No	Yes	1	Yes	2	Yes		
	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		Most of the provinces receive their feedback from the electronic reporting system. Almost, 80% of the provinces received at least one feedback each quarter during APA2	The delay in feedback provision and its follow up by NTP is a challenge and we will work with NTP to overcome this challenge.
	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	Yes	During Oct-Dec, TB CARE and NTP was able to conduct the data accuracy assessment in 15 provinces of Afghanistan.	The data will be computerized, analyzed, a report will be developed and presented to NTP.
<b>7.3 Improved capacity of NTPs to perform operational research</b>	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	2	NTP was assisted to implement the operational research of data accuracy in 15 provinces and 70 health facilities. Currently, we are in the stage of data entry and analysis and the report will be shared with stakeholders later.	To develop the assessment report and present to all stakeholders.

## Quarterly Activity Plan Report

1. Universal and Early Access						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
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	100%	Aug	2012	In total there are now 68 health facilities that provide DOTS in Kabul city.
	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	100%	Aug	2012	All planned task force meetings for this quarter were conducted. Currently, NTP is leading/chairing such as preparing agenda, preparing minutes and circulating it. In addition, in each meeting they report the progress toward agreed action in previous meetings.
	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 trained on initial DOTS over 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 were 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	100%	Sept.	2012	In total, 102 joint visits with PTC, and NTP were conducted this year.
	1.2.6	Provide assistance to NTP to renovate five urban health facilities in Kabul city.	MSH	12500	100%	Sept.	2012	All planned renovations were conducted this quarter; in total 7 facilities were renovated.
	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	100%	Sept.	2012	In total 68 individuals (22 female and 46 male) from Urban health facilities were trained on SOPs for case detection, treatment and TBIC during this quarter.
	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	100%	Sept.	2012	The workshop conducted to members from MOPH and public and private health sector in Sep 2012.
	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	100%	Sept.	2012	All planned awareness raising activities were conducted during this quarter, in total, 2,400 individuals attended these events.
	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	Owing to delay in GF round 8 phase II, TB CARE I was not able to fully implement the CB-DOTS in nine provinces as TB CARE I complements the GF round 8. In four provinces there was full package implementation through sub-contract with implementing NGOs.
					95%			

3. Infection control									
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
						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	 100%	Sept	2012	This quarter three meetings were conducted at national level.	
	3.2.2	100 health care workers will be trained on SOPs for community level TBIC SOPs in 19 provinces.	MSH	9.456	Cancelled	Jun	2012	This activity was cancelled	
	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	 100%	Feb	2012	In total, 90 health care staff were trained on the assessment tool.	
	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	 100%	Sept	2012	In total, 27 facilities were renovated in 13 USAID supported provinces in quarter three of 2012.	
	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	 100%	Sept	2012	In total, 1440 individuals attended 180 meetings conducted in 60 health facilities that were conducted once a month.	
	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	Cancelled	Jul	2012	This activity was cancelled	
	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	Cancelled	Jul	2012	Cancelled	
					 100%				

6. Health System Strengthening								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
<b>6.1 Ensure that TB control is embedded as priority within health systems and plans, with commemorate domestic financing and support by the engagement of partners</b>	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	100%	June	2012	There were seven task force meetings conducted this quarter by NTP.
	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) were 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		100%	Sep	2012	There was a significant increase in the number of events that were attended by the NTP at the ministry level.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
<b>6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&amp;E) formed integral part of national plans, strategies and service delivery of these components.</b>	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	TB CARE I was able to train 300 staff on the job and 156 on SOPs for case detection and treatment.
	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	100%	Jul	2012	In total, 156 female staff were trained in six quick impact provinces in Oct 2012. All staff were trained on SOPs for case detection and treatment. The female staff aligned to be engaged in TB case findings because 68% of reported TB cases are among women.
	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	Cancelled	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	Collectively, 54 individuals from all 13 USAID supported provinces were trained on MOST for TB follow up in Q2 of 2012.
	6.2.6	Preparation and development of proposal for Global Fund round 12.	MSH	35.941	Cancelled	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.
						94%		

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 were trained on the TBIS database. NTP received the first ever electronic copy of	
	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	100%	Jul	2012	During two quarters, 29/34 provinces were visited with assistance from TB CARE I. TB CARE I asked the home office for additional funding to support this activity and we did receive the funds.	
	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. TB CARE I was granted USD 10,400 for implementation	
	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	75%	May	2012	The TBIS procedure manual was translated into local language and will be printed.	
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	100%	Sep	2012	In Jul 2012, the quarterly review workshops were conducted in 12/13 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	Cancelled	May	2012	This activity was cancelled and the 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	Cancelled	May	2012	This activity was cancelled and the 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 the first quarter.	
						Planned Completion			
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date	
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Provide technical and financial support to NTP to conduct two operational research studies during APA 2	MSH	10.000	75%	Sept.	2012	The data accuracy assessment was conducted in 15 provinces. The data were collected and we are in the process of data analysis and report writing.	

93%

## Quarterly MDR-TB Report

Country	Afghanistan
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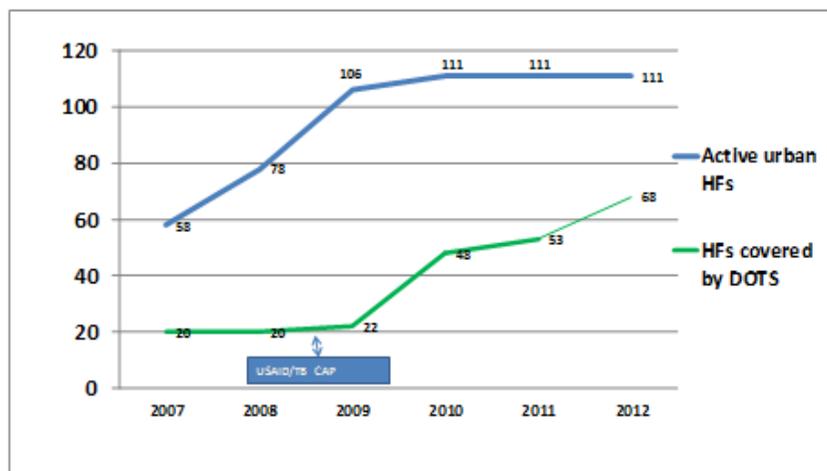
Period	OCTOBER-DECEMBER 2012
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### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	19	0
<b>Total 2011</b>	22	22
Jan-Mar 2012	6	6
Apr-Jun 2012	12	12
Jul-Sep 2012	7	7
Oct-Dec 2012	13	13
<b>Total 2012</b>	38	38

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

**Urban DOTS Coverage in Health Facilities, Kabul (2007-2012)**



**CB-DOTS contribution in TB SS+ in 4 provinces (2008-2012)**

Year	Total TB SS+ notified	TB SS+ referred by CHWs	Percentage of TB SS+ referred by CHWs
2008	1,741	0	0%
2009	1,469	359	24%
2010	2,100	710	34%
2011	2,250	810	36%
2012	3,765	603	16%

### Urban DOTS Outcomes in Kabul (2008-2012)

Indicator	2008	2012	% increase	Projected 2012 outcomes
Health facilities implementing DOTS	20	68	240%	68
TB suspected cases identified	1,220	14,732	1108%	13,000
TB SS+ cases notified	797	1,142	43%	1,200
TB cases of all form notified	2,012	2,728	36%	3,300
Treatment success rate	46%	70%	24%	74%

### CHWs contribution on suspect identification and detection of SS+ in 2012 in 13 provinces.

Indicators	1st Q	2nd Q	3rd Q	4th Q	G.Total
Total suspect identified	14715	13476	11725	15304	55220
TB suspects referred by CHWs	1175	1505	1598	1836	6114
Total suspects diagnosed to be SS+	1052	972	590	1151	3765
suspects referred by CHWs and diagnosed	176	117	141	169	603
Total under DOT patients	1052	972	519	1151	3694
# of under DOT patients by CHWs	473	342	199	437	1451
Awareness sessions			173	331	504
coordination meeting			73	42	115
# of visited HPs by PTO			152	176	328
# of visited HPs by CHS			977	1209	2186

## **TB Outcomes in USAID-supported Provinces (2009 2011)**

Indicator	USAID-supported Provinces			Non-USAID supported provinces		
	2009	2011	% change	2009	2011	% change
TB suspected cases identified	49,630	99,272	<b>100% increase</b>	45,812	93,730	<b>100% Increase</b>
TB SS+ cases notified	6,139	7,051	<b>15% increase</b>	6,358	6,750	<b>6% increase</b>
TB cases notified, all forms	12,454	14,792	<b>19% increase</b>	13,904	13,372	<b>4% decline</b>
Treatment success rate	83%	89%	<b>6% increase</b>	89%	92%	<b>3% increase</b>

**Inventory List of Equipment - TB CARE I**

<b>Organization:</b>	<b>TB CARE I</b>
<b>Country:</b>	<b>Afghanistan</b>
<b>Reporting period:</b>	<b>October-December 2012</b>
<b>Year:</b>	<b>APA 2</b>



**TB CARE I**

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				
Table	NIL				TBCARE				
Desk	NIL				TBCARE				
Desk	NIL				TBCARE				
Desk	NIL				TBCARE				
Desk	NIL				TBCARE				
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				
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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				
Table	NIL				TBCARE				
Chair	NIL				TBCARE				
Chair	NIL				TBCARE				
Switch cage	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				
Table	NIL				TBCARE				
Cabinet	NIL				TBCARE				
GPS	790 368 28				TBCARE				
GPS	790 395 22				TBCARE				
GPS	790 444 72				TBCARE				
Computer, laptop	3720839248				TBCARE				
LCD projector	7027200938s				TBCARE				
Printer	NIL				TBCARE				
Radio	749TJAU847				TBCARE				
Thuraya	35601300-367822-7				TBCARE				
Chair	NIL				TBCARE-NTP				
Chair	NIL				TBCARE-NTP				
Table	NIL				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	CNC1J01907				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	CNC1J00793				19 USAID provinces				
Computer, laptop	CN-OHN338-48643-8BS-0446				20 USAID provinces				
Scanner	CN85DTHOCN				21 USAID provinces				
Printer	CNC1J00723				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	CN86BTH07J				31 USAID provinces				
Printer	CNC1J01884				32 USAID provinces				
Scanner	CN87RT1103				33 USAID provinces				
Printer	CNC1300747				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	CNC1J02218				40 USAID provinces				
Stabilizer	NIL				41 USAID provinces				
Scanner	CN86BTH12P				42 USAID provinces				
Printer	CNC1J00815				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	CNC1J01897				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	CNC1J00824			56 USAID provinces			
Stabilizer	SVC 2000VA			57 USAID provinces			
Stabilizer	NIL			58 USAID provinces			
Scanner	CN86BTHOOT			59 USAID provinces			
Printer	CNC1J00743			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			