



TB CARE I

TB CARE I - Afghanistan

**Year 4
Quarterly Report
January – March 2014**

April 30, 2014

This report was made possible through the support for the TB CARE I provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-10-00020.

Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.



Table of Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 4 TECHNICAL OUTCOMES AND ACTIVITY PROGRESS	5
2.1 Universal Access	5
2.2 Infection Control	8
2.3 Health System Strengthening	10
2.4 Monitoring and Evaluation, Operations Research, and Surveillance	11
3. TB CARE I'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 4	13
4. MDR-TB CASES DIAGNOSED AND STARTED ON TREATMENT IN AFGHANISTAN	14
5. TB CARE I-SUPPORTED INTERNATIONAL VISITS	15
6. FINANCIAL OVERVIEW	17

1. Quarterly Overview

Country	Afghanistan
Lead Partner	Management Sciences for Health (MSH)
Coalition Partners	World Health Organization (WHO), KNCV Tuberculosis Foundation (KNCV)
Other partners	non-governmental organizations (NGOs), Bangladesh Rural Advancement Committee (BRAC)
Timeframe	October, 2013-December, 2014 (including close out)
Reporting period	January-March, 2014

Most Significant Achievements

TB CARE I contribution in TB case notification

The historic data analysis from 2006-2013 shows significant contribution of USAID TB projects (TB CAP and TB CARE I) in TB case notification of all form TB(Graph1). For example, in the intervention provinces, between 2009 and 2013, presumptive TB case identification increased by 118% (t-statistic 2.64, 95% CI, p=0.009), case notification for all forms of TB rose by 35% (t-test 5.13, 95% CI, p<0.00001), sputum smear positive (SS+) TB case detection increased by 22% (t-statistic 4, 95% CI, p=0.0001), and the treatment success rate (TSR) improved by 7%. However, in the 21 control provinces, during same period, presumptive TB case identification improved by just 84%, case notification for all forms of TB increased by 14%, SS+TB case detection increased just 2%, and TSR increased by 3%.

Health system strengthening

TB CARE I continued to assist the national TB program (NTP) in improving access to tuberculosis (TB) services in the project's 13 intervention provinces. In 2013, the cumulative number of presumptive TB cases identified and screened for TB in the 13 provinces reached 108,623, and from January to March of 2014, the provinces identified and tested 26,000 additional presumptive TB cases. Furthermore, in 2013, the number of cases notified in the provinces reached a peak of 17,400 compared to 15,960 in 2012 (See Graph 1).¹

Epidemiological assessment

In January of 2014, three consultants from KNCV and MSH conducted an epidemiological assessment of national TB data from 2006 to 2013. This assessment was part of the TB CARE I's technical assistance to the NTP in developing its national strategic plan and an application for the Global Fund's New Funding Mechanism (NFM). After compiling the data and transferring it to Epi Info, MSH and KNCV conducted an analysis of the data. Results showed that there was a higher proportion of TB cases among women than men and a low TB case notification rate of just 52 percent. In addition, the study team analyzed the location, age, and gender distribution of the reported TB cases and presented these results to NTP. This data will be used to develop a Global Fund concept note.

National Strategic Plan (NSP) for 2014-2018

TB CARE I shared recommendations from the Italy workshop on NSP development with the ministry of public health (MOPH) and suggested that the NTP update the NSP's situation analysis and country context in a manner that addresses critical issues such as multidrug resistant TB (MDR-TB) control, new technologies (e.g. GenXpert), gender issues, and human right issues.

United States Agency for International Development (USAID)/Washington visit

Clydette Powell, USAID's Medical Officer, visited Afghanistan from January 28 to February 14, 2014. During this time, she met with various TB control partners and stakeholders, including the TB CARE I team, three consultants, the NTP, the MOPH, and health facilities in Kabul. She also travelled to Mazar e Sharif in northern Afghanistan. The main purpose of her visit to Afghanistan was to assess the TB CARE I project and collect ideas for the design of an upcoming USAID TB project in Afghanistan. The TB CARE I staff facilitated and coordinated Ms. Powell's visits to provinces. In addition, 20 NGO managers and leaders attended a workshop that was organized by TB CARE I to advocate for increased stakeholder involvement in TB service delivery and increased NGO participation in DOTS implementation and follow up. Although Ms. Powell was unable to attend this event, TB CARE I shared the workshop notes and findings with her.

¹ Although Afghanistan's recent elections inhibited the project team's ability to collect all quarterly data in time for this report, the annual data cited here reflects TB CARE I contributions to TB control in Afghanistan.

Frontline health care staff capacity building

From January to March of 2014, TB CARE I helped the NTP conduct four trainings on standard operating procedures (SOPs) for TB case detection and treatment. The partners held these trainings in Kandahar province and 41 frontline health care staff (36 males and 5 females) participated in the sessions. In January, TB CARE I also trained 36 laboratory technicians in Kabul on sputum collection and slide reading. This resulted in expansion and enhancement of TB case detection and diagnosis at 45 health facilities. In total, the SOPs are being implemented in 370 health facilities in TB CARE I intervention 13 provinces.

TB CARE I also helped the NTP conduct quarterly review workshops in each of the 13 provinces. Collectively, 737 staff (693 males and 43 females) attended the workshops. Participants included those in charge of health facilities, laboratory technicians, and NGOs' TB focal persons. During the workshops, staff members reviewed the previous quarter's TB data and used it to analyze the current quarter's data and set targets for the upcoming quarter. The workshops also gave the NTP an opportunity to provide feedback to health care staff, NGOs, and provincial public health offices (PHOs) on how to increase TB case notification. Through these workshops, TB CARE I and the NTP aimed to help staff at local decision-making levels identify TB service delivery gaps and prepare plans to address these gaps.

Evidence-based decision making

TB CARE I's technical team continues to help the NTP conduct research, promote evidence-based decision making, and disseminate research results to a broad audience. This quarter, TB CARE I helped the NTP write eight abstracts and submit them to the 45th Union World Conference on Lung Health. If accepted as conference posters or presentations, the abstracts will allow TB CARE I and the NTP to share TB control experiences from Afghanistan with a wider audience. The abstracts will also help to improve evidence-based decision making at the NTP.

Operations research

In addition, TB CARE I assisted NTP to conduct the operation research on gender distribution of presumptive TB cases in six provinces of Afghanistan. The main findings and conclusions are: among the 21,963 reviewed records, 14,712 (67%) were from female patients and 7,251 (33%) were from male patients. One thousand of the female patients were diagnosed with sputum smear positive (SS+) TB, compared to just 478 of the male patients. There were more pulmonary TB cases among females than males. The proportion of SS+ TB cases among the female presumptive TB cases was 6.8%, compared to 6.6% among the male presumptive TB cases. This demonstrates an odds ratio of 1.03 (95% CI=0.11) and a P-value of 0.57. From the results it can be concluded that proportion of SS+ pulmonary TB cases diagnosed among the presumptive TB cases was equally distributed among women and men at the study sites. The higher number of reported TB cases among women was due to a higher proportion of women attending health facilities and being screened for TB. The NTP and TB CARE I recommend that the Ministry of Health conduct a comprehensive cross sectional study in all provinces of Afghanistan to further explore why fewer men attend health facilities. This research will inform future interventions to enhance TB screening among Afghan men.

Technical and Administrative Challenges

This quarter, one of the project-supported NGOs, faced implementation delays. The BPHS contract also ended in September of 2013. Next quarter, TB CARE I will sign contracts with two new NGOs: Bakhtar Development Network (BDN) and Solidarity of Afghan Families (SAF).

2. Year 4 Technical Outcomes and Activity Progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date ²	Comments
1.1.1	Number of facilities where quality of services is measured	1,197	1,400	1,197	This is a cumulative number since the beginning of Year 4. Quality assurance data from this quarter will be released at the end of next quarter.
1.1.3	TB personnel trained on the Patients' Charter	N/A	300	0	This activity has not been conducted yet
1.2.1	Private providers collaborating with the NTP	91	96	91	
1.2.2	TB cases diagnosed by private providers	1,861	2,200	57	TB CARE I has not yet analyzed data from the private sector. We will analyze and report on this data next quarter.
1.2.3	Status of public private mix (PPM) implementation	8 provinces	10 provinces	8 provinces	
1.2.4	Children younger than 5 (contacts of sputum smear positive adults) that were put on intermittent preventive treatment (IPT) during APA4	1,129	2,000	1,809	Results from Oct 2013 – Mar 2014.
1.2.5	Childhood TB approach implemented	2	3	2	
1.2.6	Number of TB cases (all forms) diagnosed in children ages 0 to 4	1,129	2,000	681	
1.2.8	Community-based DOTS (CB-DOTS) program implemented	3	3	3	
1.2.9	Population covered by CB-DOTS (13 provinces)	9,254,000 (100%)	9,254,000 (100%)	9,254,000 (100%)	
1.2.10	Health facilities offering CB-DOTS services	276 (27%)	609 (61%)	276	
1.1.4	Number (%) of presumptive TB patients identified - <i>Numerator: number of suspected TB cases over 15 years of age identified and registered at health facilities</i>	91,854	120,000	48,940	

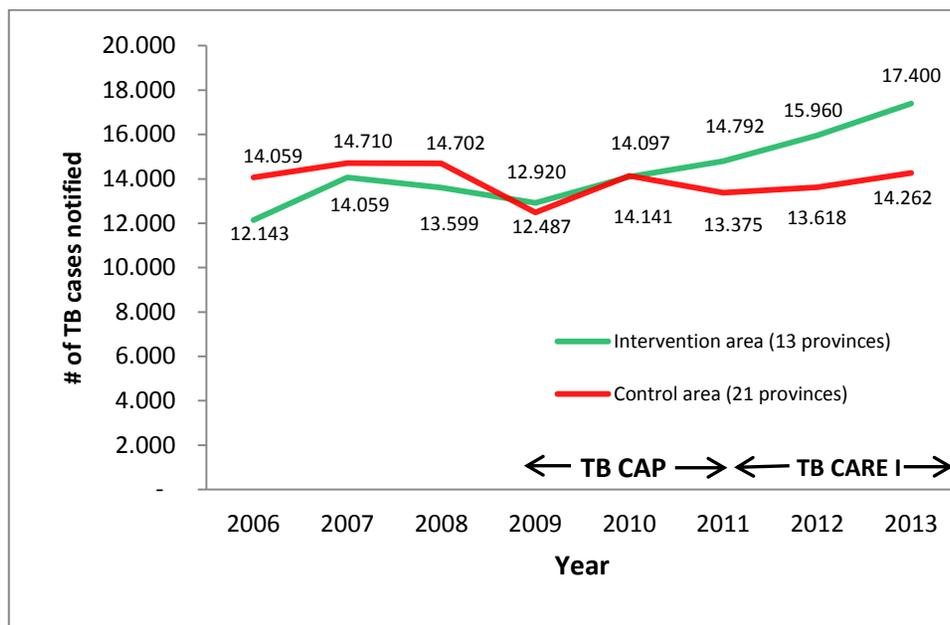
² If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

	-	<i>Denominator: total number of patients over 15 years of age who attended health facilities as out-patients</i>				
1.1.5		Number (%) of contacts screened for TB - Numerator: number of TB patients' contacts screened for TB - Denominator: total number of contacts (i.e. TB patients multiplied by 6)	14,400 (80%)	20,400	4,621	
1.1.6		Number (%) of under-five put on IPT - Numerator: number of children under the age of five put on IPT - Denominator: total number of children under the age of five screened for TB	3,576 (79%)	4,000 (90%)	1,897 (71.6%)	
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status ³
				Start	End	
1.1.1	MSH, WHO	Expand DOTS to urban health facilities	73 health facilities covered by DOTS in Kabul city	Oct 13	Sep 14	Ongoing
1.1.2	MSH	Increase health care workers' capacity in quality DOTS implementation	From January to March of 2014, TB CARE I trained 13 laboratory technicians (11 males, 2 females) on TB diagnosis.	Nov 13	Aug 14	Ongoing
1.1.3	MSH	Increase health care workers capacity in quality DOTS implementation	Refresher trainings planned for next quarter.	Nov 13	Aug 14	Pending
1.1.4	MSH	Increase access to TB services	TB CARE I has not yet collected epidemiologic data for this activity. The team maintained CB-DOTS implementation from January to March of 2014, despite the challenge of delayed subcontracts with NGOs.	Oct 13	Sep 14	Ongoing
1.1.5	MSH	Implement CB-DOTS with BPHS implementers and Bangladesh Rural Advancement Committee (BRAC)	TB CARE I signed a CB-DOTS contract with two NGOs in March of 2014 and will signed with two more in April of 2013.	Oct 13	Sep 14	Ongoing
1.2.1	MSH	To conduct a coordination workshop for 150 individuals from various health care providers in Kabul city	TB CARE I conducted a coordination workshop on January 22, 2014 that was attended by 51 individuals (49 males, 2 females). The participants included private sector members and managers. They reiterated their commitment to implement DOTS at	Dec 13	Jan 14	Completed

³ Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

			their health facilities and five hospitals voluntarily accepted DOTS implementation.			
1.2.2	MSH	Conduct supervisory/monitoring visits to urban health facilities	Visits were conducted at 40 health facilities and TB CARE I provided the facility staff with feedback. The main findings were poor presumptive TB case identification and contact screening. Thus, it was communicated with health care staff and they were trained on the job on how to increase their efforts to identify and examine presumptive TB cases and contact to patients with TB.	Oct 13	Sep 14	Ongoing
1.2.3	WHO	Conduct one-day workshops on strengthening coordination between public and private sectors	A one-day technical workshop was conducted for senior physicians from various public and private hospitals in February of 2014 in Kabul. In total, 50 individuals attended this event.	Jul 14	Jul 14	Completed
1.2.4	WHO	Train senior clinicians on TB	Two batches of training conducted to senior pediatricians and provincial TB coordinators from 34 provinces. In total, 46 individuals including 2 female and 44 males attended these events.	Oct 13	Mar. 14	Completed
1.3.1	MSH	Conduct community awareness meeting	Six batches of awareness training conducted in Kabul in six schools and educational institutes in Kabul city. In total, 1,500 individuals attended these events.	Apr 14	Aug 14	Ongoing

Graph 1: TB CARE I's contribution to TB case notification (all forms) in Afghanistan



2.2 Infection Control

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments	
3.1.1	National TB Infection Control (IC) guidelines that are in accordance with the WHO TB IC policy have been approved	Yes	Yes	Yes		
3.1.2	TB IC measures included in the overall national infection prevention plan policy	Yes	Yes	Yes		
3.2.2	Facilities implementing TB IC measures with TB CARE I's support	110	140	134	Results cumulative from beginning of TB CARE I.	
3.1.3	Health care staff screened for TB <i>Numerator: Number of health care staff screened for TB</i> <i>Denominator: Total number of health care staff</i>	240	400	20		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	

3.1.1	MSH	Integrate the TB IC plan into the general IPC plan at the health facility level	134 health facilities covered with TB IC measures and TB IC plan integrated into it's the general IPC plan at the health facility level.	Oct 13	Sep 14	Ongoing
3.2.1	MSH	Establish TB IC committee in TB IC-covered health facilities	22 TB IC committees established at 22 health facilities. Each committee held one meeting per month. In total, the committees held 66 meetings during the period. An average of 10 individuals attended each meeting.	Oct 13	Sep 14	Ongoing
3.2.2	MSH	Expand TB IC measure application	26 of 40 health facilities were covered with TBIC measures during the period.	Oct 13	Jun 14	Ongoing
3.2.3	MSH	Renovate health facilities	7 out of 20 health facilities were renovated during the period. This activity was cancelled by USAID.	Oct 13	Jun 14	Cancelled
3.2.4	MSH	Train health facility staff on TB IC assessment tool implementation and Gap prioritization table in 13 provinces	In total, 184 health care staff (162 males, 22 females) from various cadres were trained on the TB IC assessment tool.	Oct 13	Sep 14	Completed
3.3.1	MSH	Monitor TB IC implementation	8 monitoring visits were conducted; these visits reached 46 health facilities in eight provinces. The challenges identified were low presumptive TB case notification and recording of CB-DOTS performance.	Oct 13	Sep 14	Ongoing

2.3 Health System Strengthening

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
6.1.1	Country coordinating mechanism (CCM) and/or other coordinating mechanisms include TB civil society members and TB patient groups		Yes	Yes	Yes	
6.2.1	TB CARE I-supported supervisory visits conducted		30 visits	40 visits	12 visits	The winter and preparation of presidential election campaigns and election itself limited the team's movements to provinces and health facilities.
6.2.2	People trained using TB CARE I funds		833	500	242 (203 males, 39 females)	
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
6.1.1	MSH	To provide assistance to the NTP in celebrating World TB Day in 13 provinces.	TB CARE I assisted the NTP in developing and printing of information, education and communication (IEC) materials such as banners, pamphlets, notebooks and brochures. The partners then disseminated IEC materials to 13 provinces and celebrated World TB Day at 320 health facilities in the 13 provinces. In addition, TB CARE I and the NTP printed and disseminated 609 copies of the SOPs for TB case detection and treatment and national TB guidelines to 600 health facilities.	Mar 14	Apr 14	Ongoing
6.2.1	MSH	To support the supervision and monitoring visits from the national to the provincial and health facility levels in 13 provinces	TB CARE I conducted visits to two health facilities in two provinces.	Oct 13	Sep 14	Ongoing
6.2.2	MSH	To conduct SOP training for newly hired health care staff	41 staff (36 males, 5 females) from 35 planned health facilities were trained on SOPs for TB case detection and treatment in the Kandahar provinces. TB CARE I reached the target in this province.	Apr 14	Jul 14	Ongoing

2.4 Monitoring and Evaluation, Operations Research, and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels		Yes	Yes	Yes	
7.2.1	Data quality measured by NTP with the support from MSH/KNCV		Yes	Yes	Yes	
7.2.2	NTP provides regular feedback from the central level to the intermediate levels		Yes	Yes	Yes	
7.3.1	Operations research (OR) studies completed		1	2	1	TB CARE I has completed one OR, the team will submit 8 abstracts to the Union World Conference on Lung Health.
7.3.2	OR study results disseminated		1	2	5	Last year, two staff from TB CARE I and the NTP presented 5 posters at the 44 th Union World Conference on Lung Health. This year, TB CARE I assisted the NTP in writing 8 abstracts to document Afghanistan's key TB findings and achievements. These will be submitted to the 45 th Union Conference that will be held in November of 2014.
7.3.3	Train senior NTP staff on conducting OR		No	25		Planned for next quarter
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
7.1.1	MSH	Assist NTP to conduct a workshop on the data analysis version of the TB information system (TBIS)	Finally, the policy and planning department of MOPH issued a letter to all NGOs to be engaged in TBIS system. Thus, we will be able to train NGO staff in May-Jul 2014.	Jan 14	May 14	Pending
7.2.1	MSH	Assist the NTP to conduct an annual national evaluation workshop	Planned for May 2014	Apr 14	Apr 14	Pending

7.2.2	MSH	Assist the NTP to conduct provincial quarterly review workshops	TB CARE I and the NTP conducted quarterly review workshops in 11 provinces from January to February, 2014. In total, 781 health care staff (737 males, 44 females) from various cadres attended these workshops. They reviewed their facilities' performance from the previous quarter and set targets for the next quarter. TB CARE I and the NTP will assess their performance against these targets in April of 2014. These workshops are conducted once a quarter.	Jan 14	Sep 14	Ongoing
7.2.3	KNCV	Conduct training on OR		Feb 14	Feb 14	Pending
7.3.1	MSH	Conduct OR on diabetes prevalence among TB patients in Kabul city	Planned to be completed by Jun 2014	Jan 14	Mar 14	Pending
7.3.2	MSH	Assist the NTP in disseminating the OR results	Two individuals, one from the NTP and one from TB CARE I Afghanistan, attended the 44 th Union World Conference on Lung Health in Paris, France in November of 2013. During this event, the NTP/TB CARE I team presented 5 posters to the conference audience. In addition, these 5 abstracts were published in the International Journal of TB and Lung Diseases' (IJLTD) abstract book.	Nov 13	Dec 13	Completed

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 8	A2, B1, B2	B2	USD 14,749,056	USD 16,097,008
Round 10	B2 improved to B1	B1	USD 3,393,056	USD 2,641,50

* Since January 2010

Source of information:

<http://portfolio.theglobalfund.org/en/Grant/Index/AFG-809-G07-T>

<http://portfolio.theglobalfund.org/en/Grant/Index/AFG-011-G12-T>

In-country Global Fund Status: Key Updates, Challenges and Bottlenecks

Afghanistan's TB control program is supported by two grants from the Global Fund for AIDS TB and Malaria (GFATM), Round-8 and Round-10. The principal recipient for the GF's Round-8 grant is BRAC. Currently, this grant is in Phase II of implementation. BRAC is subcontracting the grant's activity implementation to sub-recipients. Some of the NGO sub-recipients' contracts ended at the beginning of January 2014, so BRAC restarted the sub-recipient selection process. This sub-recipient selection and contract signing process is taking longer than expected, so grant activities have been delayed or postponed.

The principal recipient for the GF's Round-10 grant is the Japanese International Cooperation Agency (JICA). The grant's Phase I of implementation ended in March of 2014. Because the GF has not agreed to make the NTP/MOPH the principal grant recipients, JICA will remain the principal grant recipient for implementation Phase II. The transition from Phase I to Phase II resulted in delayed activity implementation and postponement of activities.

TB CARE I Involvement in Global Fund Grant Support and Implementation

Through the CCM, TB CARE I assisted both BRAC and JICA in grant implementation and coordinated with various MOPH departments and BPHS implementers. For instance, TB CARE I facilitated the sub-recipient selection process and enhanced the implementation of GF activities in Afghanistan. Through the MOPH's Grant and Contract Management Unit, TB CARE I and USAID also informed NGOs of the GF's grant implementation plans and they agreed with the GF's selected principal recipients and established terms of reference. Moreover, TB CARE I/MSH assisted NTP on development of national strategic plan for 2014-2018 and to ensure that key challenges of TB program in Afghanistan is addressed. In addition, TB CARE I/MSH is a key member of the new concept note development working group. We are providing technical assistance to NTP to develop quality concept note and to ensure that key strategies that contribute greatly to main challenges of NTP such as low case notification and MDR.

Effect of the Global Fund on the TB CARE I Workplan

The GF's Round-8 grant activities, such as the implementation of CB-DOTS, have a direct impact on TB CARE I's activities in the seven provinces. For example, the delayed approval of Round-8, Phase II implementation has resulted in the delay of TB CARE I's CB-DOTS implementation in the seven provinces.

4. MDR-TB Cases Diagnosed and Started on Treatment in Afghanistan

Quarter	Number of MDR-TB cases diagnosed	Number of MDR-TB cases put on treatment	Comments:
Total 2010	19	0	During 2013, one MDR-TB patient did not initiate treatment.
Total 2011	22	22	
Total 2012	38	38	
Total 2013	49	48	
Jan – Mar 2014	7	7	
Total 2014	7	7	

5. TB CARE I-Supported International Visits

#	Partner	Activity Code	Name	Purpose	Planned Month, Year	Status (pending, ongoing, completed, postponed, cancelled)	Date Completed	Additional Remarks (Optional)
1	KNCV	1.2.1	Jerod Scholten	Supervision and monitoring of the local office	July 2014	Completed	Jan 2014	Kathy Fiekert and Job Van Rest from KNCV conducted an epidemiological assessment.
2	KNCV	7.2.3	Katja Fiekert	Facilitate an OR training (2x1 week)	Q4 of 2013 and Jan/Feb of 2014	Completed	Dec 2013	Kathy Fiekert visited Afghanistan two times to help the NTP complete the NSP for 2014-2018. She will conduct another visit to assist the NTP in conducting an epidemiological assessment and completing the NSP.
3	KNCV	7.2.4	Edine Tiemersma	Facilitate an OR training (1x1 week)	Q3	Pending		
4	KNCV	7.2.5	Ineke Huitema	Facilitate an OR training (2x1 week)	Q3 + Q4	Pending		
5	MSH	6.1.1	Pedro Suarez	World TB Day	TBD	Completed		Because Dr. Suarez could not complete this visit, TB CARE I funded visits from Navindra Persuad, Kathy Fiekert, and Job Van Rest to conduct an epidemiological assessment in January of 2014.
6	MSH	7.3.2	TBD	Union Conference	October	Pending		
7	MSH	7.2.1	Pedro Suarez	National Evaluation Workshop	TBD	Pending		
Total number of visits conducted (cumulative for fiscal year)							4	

Total number of visits planned in the project's workplan	7
Percent of planned international consultant visits conducted	57%