



TB CARE I

TB CARE I – Afghanistan

**Year 4
Quarterly Report
April–June 2014**

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Acronyms

ACF	allocable cost factor
APA	Annual Plan of Activities
BPHS	Basic Package of Health Services
BRAC	Bangladesh Rural Advancement Committee
CB-DOTS	community-based DOTS
CCM	country coordinating mechanism
CN	concept note
DOTS	directly observed treatment, short course
FHI 360	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
IC	infection control
IEC	information, education, and communication
IPT	isoniazid preventive therapy
JATA	Japan Anti-Tuberculosis Association
JICA	Japanese International Cooperation Agency
KNCV	KNCV Tuberculosis Foundation
MDR-TB	multidrug resistant TB
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
NGO	nongovernmental organization
NTP	National TB Program
OR	operations research
PPM	public private mix
SOP	standard operating procedure
SS+	sputum smear–positive
TB	tuberculosis
TBIS	TB information system
The Union	Union World Conference on Lung Health
USAID	United States Agency for International Development
USD	United States dollar
WHO	World Health Organization

1. Quarterly Overview

Country	Afghanistan
Lead Partner	Management Sciences for Health (MSH)
Coalition Partners	World Health Organization (WHO), KNCV Tuberculosis Foundation (KNCV)
Other Partners	Nongovernmental organizations (NGOs), Bangladesh Rural Advancement Committee (BRAC)
Timeframe	October 2013–December 2014 (including closeout)
Reporting Period	April–June, 2014

Most Significant Achievements

TB Case Notification

The United States Agency for International Development (USAID)'s TB CARE I program focuses on helping Afghanistan's National Tuberculosis Program (NTP) maximize its outcomes. During quarter 3 of the Annual Plan of Activities (APA) 4, the NTP identified 30,821 presumptive tuberculosis (TB) cases that were tested for pulmonary TB, notified 1,742 sputum smear positive cases, and notified 3,973 TB cases of all forms in the 13 project-supported provinces. The NTP also conducted TB screening among 6,138 contacts of TB patients, notified 58 as sputum smear positive TB and 75 all form TB. Also, NTP screened 1,097 under five children who had contacts with TB patients for signs and symptoms of TB, and put 894 of them in INH preventive therapy.

In addition, the screening of children under five year of age at TB CARE I intervention areas enhanced and we managed to hit annual target. In total, cumulatively so far 2,708 under five children put on INH preventive therapy that is 35% more than annual target of 2,000.

TB CARE I's DOTS implementation in densely populated areas of Kabul City has produced significant results. In March 2014, a project-led assessment of urban DOTS implementation revealed that participating health facilities had identified five times as many TB suspects from June 2013 to June 2014 as they had from January to December of 2009. Furthermore, the number of TB cases notified (all forms) had increased by 84 percent, the number of newly identified sputum smear TB positive cases had increased by 48 percent, and the conversion rate had improved by 29 percent. By 2012, the TB patient treatment success rate had improved by 32 percent to reach 76 percent (Table 1).

Table 1. Results of PPM (Urban DOTS) Approach in TB Control Services, 2009–2013

Indicators	2009	2010	2011	2012	2013	January– June 2014	% Improvement, 2009–2013
No. of health facilities with TB laboratory services	106	111	111	111	111	111	N/A
No. of health facilities with DOTS services	22	48	53	68	73	80	232%
No. of TB suspects identified/examined at the health facilities	2,856	10,150	11,900	13,644	14,181	9,574	396%
No. of all TB cases notified at the health facilities	1,934	2,738	2,728	3,208	3,548	1,004	84%
No. of new sputum smear–positive (SS+) TB cases notified at the health facilities	814	1,022	1,082	1,173	1,204	281	48%
Indicators	2009	2010	2011	2012	2013	January– June 2014	% change
Conversion rate among SS+ TB cases at the health facilities	43%	65%	70%	74%	72%	72%	29% (2009-2013)
Treatment success rate among new SS+ TB cases at the health facilities	44%	62%	74%	76%	NA	75%	32% (2009-2012)
Transferred-out rate among new SS+ TB cases at the health facilities	46%	26%	16%	19%	NA	20%	27% (2009-2012)

Health System Strengthening

TB CARE I continued to assist the NTP in improving access to 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 through June 2014, the provinces identified and tested 58,000 additional presumptive TB cases. Furthermore, in 2013, the cumulative number of cases notified in the provinces reached 17,400, compared to 15,960 in 2012 (see Table 1). This quarter, the project team also assisted the NTP in conducting quarterly review workshops in the 13 provinces. During these workshops, TB CARE I and the NTP sensitized health care staff on the importance of presumptive TB case identification, reviewed their performance from the previous quarter, and set new targets for the coming quarter. The performance review revealed that facilities had made significant improvements in early TB case notification: 30,000 presumptive TB cases had been identified and nearly 1,900 (6%) cases of active pulmonary TB of sputum smear positive TB had been notified.

NTP TB control support

This quarter, TB CARE I also supported the NTP's efforts to increase TB case notification. For instance, the team ensured that people residing in hard-to-reach and remote areas received access to TB services through community-based (CB) DOTS. They also ensured that urban-dwelling residents received access to TB services through the NTP's urban DOTS programs. Furthermore, TB CARE I supported the NTP's efforts to rectify missed opportunities for screening outpatients at health facilities; this was addressed by engaging private sector partners to create a public-private mix (PPM) of services under Urban DOTS in Kabul. The engagement of private and public non MOPH health facilities resulted in improved access to TB services, e.g. during first two quarters of 2014, 9,122 presumptive TB cases identified/examined and notified 2,220 TB cases of all forms. Moreover, the urban DOTS contribution to TB case notification was 11% in 2013 i.e. 11% (3,553) of all TB cases (31,622) notified in 2013, were notified in Kabul.

Also, CB-DOTS resulted in identification of 6,025 presumptive TB cases that makes 18% of all presumptive TB cases identified in 13 USAID supported provinces and notification of 579 sputum smear positive TB case identification which makes 16% of all smear positive TB cases diagnosed in 13 provinces also, 610 diagnosed TB patients receive their treatment from community health workers (CHWs) under CB-DOTS at their villages in 13 provinces.

Concept Note Development for the New Funding Mechanism

TB CARE I is member of the Concept Note (CN) Development Committee for Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)'s new funding mechanism. In addition to TB CARE I, this committee includes representatives from NTP, Japanese International Cooperation Agency (JICA), BRAC, and the WHO. So far, the committee has developed two drafts of the CN and submitted them to the GFATM. The GFATM has commented on these drafts and the committee has revised them accordingly. The final comments from GFATM are that, in general, the CN is in a good shape and acceptable form.

Frontline Health Care Staff Capacity Building

From April–June 2014, TB CARE I helped the NTP conduct two trainings on standard operating procedures (SOPs) for TB case detection and treatment. The TB CARE I held these trainings in Kabul province and 36 frontline health care staff (22 males and 14 females) participated in the sessions. In total, the SOPs are being implemented in 370 health facilities in the 13 TB CARE I intervention provinces.

Monitoring and Evaluation and Operations Research

TB CARE I also helped the NTP conduct quarterly review workshops in each of the 13 provinces. Collectively, 845 staff (792 males and 53 females) attended the workshops. Participants included those in charge of health facilities, laboratory technicians, and TB focal persons from NGOs. 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 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.

This quarter, TB CARE I also helped the NTP change its policy/approach for data collection and data entry by further integrating a TB information system (surveillance) into Afghanistan's general health management information system. The Ministry of Public Health (MOPH) agreed to shift the data collection and entry strategy from provincial TB coordinators to NGOs implementing the Basic Package of Health Services (BPHS) in all 34 provinces of Afghanistan. The MOPH circulated an official letter to all related departments declaring this shift.

Submission of Abstracts for the Union World Conference on Lung Health

The TB CARE I team assisted the NTP in writing abstracts to share its TB control experiences and best practices with wider audiences at the 45th World Conference on Lung Health. The project team submitted nine abstracts and the organizers accepted five - three for oral poster presentation and two for poster discussion presentation. The key areas documented in these abstracts included the following: public health approaches (including SOP implementation) at public health facilities that resulted in improved TB case notification; results from urban DOTS implementation and screening malnourished children for TB in three provinces; the results of TB infection control (IC) implementation in public facilities; and experiences of DOTS implementation in hard-to-reach areas of central Afghanistan.

Advocacy, Communication, and Social Mobilization

This quarter, TB CARE I organized 26 school events aimed at increasing awareness of TB, reducing stigma against people living with TB, mobilizing communities and school students to refer presumptive TB cases to health centers for diagnosis, and helping TB patients complete their six-month treatment regimes. In total, 3,800 students and teachers in eight provinces attended these events and received TB information, education, and communication (IEC) materials (see Photos 1–3). At least in one instances, these educational activities resulted in referral of five presumptive TB cases to public health facilities for diagnosis.





Photos 1–3. Students and teachers at TB awareness events with IEC materials on TB control

Technical and Administrative Challenges

This quarter, Afghanistan witnessed electoral campaigns and two rounds of elections that caused security challenges throughout the nation. This resulted in delayed activity implementation owing to TB CARE I's limited ability to conduct field visits.

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 ¹	Comments
1.1.1	Number of facilities where quality of services is measured	1,197	1,400	1,250	This is a cumulative number since the beginning of year 4 of project. 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. Planned for next quarter
1.2.1	Private providers collaborating with the NTP	91	96	93	TB CARE I will ensure to engage additional private hospitals in DOTS during next quarter
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	NTP planned to expand PPM to additional provinces that planned in concept note for NFM.
1.2.4	Children younger than 5 (contacts of sputum smear-positive adults) who were put on isoniazid preventive therapy (IPT)	1,129	2,000	2,708	Cumulative, Oct 2013–April 2014

¹ 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.

	during APA4					
1.2.5	Childhood TB approach implemented	2	3	2		
1.2.6	Number of TB cases (all forms) diagnosed in children ages 0–4 years	1,129	2,000	1349	Cumulative, Oct 2013–April 2014	
1.2.8	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%)	380	Owing to six months delay in subcontract signing with NGOs	
1.1.4	Number (%) of presumptive TB patients identified <ul style="list-style-type: none"> Numerator: number of suspected TB cases over 15 years of age identified and registered at health facilities Denominator: total number of patients over 15 years of age who attended health facilities as outpatients 	91,854	120,000	79,761	Cumulative, Oct 2013–April 2014	
1.1.5	Number (%) of contacts screened for TB <ul style="list-style-type: none"> 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	10,759 (55%)	In total, there were 13,767 symptomatic TB cases and we managed to screen 10,759 (55%) of them for sputum smear microscopy.	
1.1.6	Number (%) of under-5 children put on IPT <ul style="list-style-type: none"> Numerator: number of children under 5 years put on IPT Denominator: total number of children under 5 years screened for TB 	3,576 (79%)	4,000 (90%)	2,708 (80%)		
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status ²
				Start	End	

² Status options: Pending (the activity has not yet started, but is not delayed); ongoing (the activity has started and is in process); completed (all subactivities 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 work plan year); canceled (the activity, which may or may not have started, will not be completed by TB CARE I).

1.1.1	MSH, WHO	Expand DOTS to urban health facilities	88 health facilities covered by DOTS in Kabul city	Oct 2013	Sep 2014	Ongoing
1.1.2	MSH	Increase health care workers' capacity in quality DOTS implementation	From April–June 2014, TB CARE I trained 36 health care workers, including doctors and nurses (22 males, 14 females), on case detection and treatment SOPs	Nov 2013	Aug 2014	Ongoing
1.1.3	MSH	Each health facility will visit the home of smear-positive TB patients for screening of households.	During the last two quarters a total of 2,119 contacts were screened and 15 TB cases identified among them, and 293 children put on IPT.	Oct 2013	Sep 2014	Ongoing
1.1.4	MSH	Each health facility will visit the home of smear-positive TB patients for screening of households.	TB CARE I under the Urban DOTS program piloted the contact screening program in Kabul city. During the last 6 month, a total of 2,119 contacts were screened and 15 TB cases identified among them. Also, 293 children under 5 years started IPT.	Oct 2013	Sep 2014	Ongoing
1.1.5	MSH	Implement CB-DOTS with BPHS implementers BRAC.	TB CARE I signed a CB-DOTS contract with two NGOs in March 2014 and signed with two more NGOs in April 2013.	Oct 2013	Sep 2014	Ongoing
1.2.1	MSH	Conduct a coordination workshop	This activity was already	Dec	Jan	Completed

		for 150 individuals from various health care providers in Kabul city	done in the previous quarter.	2013	2014	
1.2.2	MSH	Conduct supervisory/monitoring visits to urban health facilities	Visits were conducted at 68/88 (75%) health facilities and TB CARE I provided the facility staff with feedback. The main findings were poor presumptive TB case identification and contact screening. This 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 2013	Sep 2014	Ongoing
1.2.3	WHO	Conduct one-day workshops on strengthening coordination between public and private sectors	The activity was done in the last quarter.	Jul 2014	Jul 2014	Completed
1.2.4	WHO	Train senior clinicians on TB	The activity was done in the last quarter.	Oct 2013	Mar 2014	Completed
1.3.1	MSH	Conduct community awareness meeting	TB awareness training conducted in Kabul in one private medical institute. In total, 500 individuals attended this event.	Apr 2014	Aug 2014	Ongoing

2.2 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results 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 the support of TB CARE I		110	140	138		
3.1.3	Health care staff screened for TB <ul style="list-style-type: none"> Numerator: Number of health care staff screened for TB Denominator: Total number of health care staff 		240	400	20		Cancelled
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of 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	138 health facilities covered with TB IC measures and TB IC plan integrated into the general IPC plan at the health facility level. From April–June 2014, TB CARE I implemented TB IC at 4 health facilities. The project implemented TB IC at a total of 38 health facilities in APA 4.	Oct 2013	Sep 2014	Ongoing	
3.2.1	MSH	Establish TB IC committee in	134 TB IC committees established at 134 health facilities. From April–June 2014,	Oct 2013	Sep 2014	Ongoing	

		TB IC-covered health facilities	committees were established at four health facilities. A total of 38 committees were established in APA4. Each committee held one meeting per month. In total, the committees held 12 meetings during the quarter. An average of 10 individuals attended each meeting.			
3.2.2	MSH	Expand TB IC measure application	4 of 1,380 health facilities were covered with TB IC measures during the period. In total 134 health facilities covered by TB IC.	Oct 2013	Jun 2014	Ongoing
3.2.3	MSH	Renovate health facilities	7 of 20 health facilities were renovated during the period. This activity was canceled by USAID. This was owing to new USAID regulation for renovations and renovation comes under restricted activities. Thus, it cancelled.	Oct 2013	Jun 2014	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 2013	Sep 2014	Completed
3.3.1	MSH	Monitor TB IC implementation	15 monitoring visits were conducted; these visits reached 80 health facilities in 12 provinces. Challenges identified were low presumptive TB case notification and recording of CB-DOTS performances.	Oct 2013	Sep 2014	Ongoing

2.3 Health System Strengthening

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results 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	28 visits	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	278 (225 males, 53 females)	
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of Quarter's End	Planned Month		Status
				Start	End	
6.1.1	MSH	To provide assistance to the NTP in observing World TB Day in 13 provinces.	TB CARE I assisted provincial and central NTP in observing World TB Day in 13 USAID-supported provinces. World TB Day was celebrated in 320 health facilities and 26 schools. The direct audience was 21,200 people and the indirect audience was 150,000. 26 monitoring visits were conducted from the province to monitor the celebration.	Mar 2014	Apr 2014	Completed

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 42 health facilities in 12 provinces out of all planned for this quarter.	Oct 2013	Sep 2014	Ongoing
6.2.2	MSH	To conduct SOPs training for newly hired health care staff	A total of 234 health care workers were trained up to March 2014 and 66 health workers will be trained in August.	Apr 2014	Jul 2014	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	Results to Date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or subnational levels	Yes	Yes	Yes	
7.2.1	Data quality measured by NTP with support from TB Care I/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 project; the team submitted 9 abstracts to the Union World Conference on Lung Health.
7.3.2	OR study results disseminated	1	2	5	This year, TB CARE I assisted the NTP in writing 9 abstracts to document Afghanistan's key TB findings and achievements. These were submitted to the 45th 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 Quarter's End	Planned Month		Status
				Start	End	
7.1.1	MSH	Assist NTP in conducting 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 the TBIS. Thus, we will be able to train NGO staff in May–July 2014.	Jan 2014	May 2014	Pending
7.2.1	MSH	Assist the NTP in conducting a annual national evaluation workshop	Planned for August 2014	Apr 2014	Apr 2014	Pending
7.2.2	MSH	Assist the NTP in conducting provincial quarterly review workshops	TB CARE I and the NTP conducted quarterly review workshops in 13 provinces from April to May, 2014. In total, 845 health care staff (792 males, 53 females) from various cadres attended these workshops. Facilities' reviewed their 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 July 2014. These workshops are conducted once a quarter.	Jan 2014	Sep 2014	Ongoing
7.2.3	KNCV	Conduct training on OR		Feb 2014	Feb 2014	Pending

7.3.1	MSH	Conduct OR on diabetes prevalence among TB patients in Kabul city	Planned for next quarter	Jan 2014	Mar 2014	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 44th Union World Conference on Lung Health in Paris, in November 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 <i>International Journal of TB and Lung Diseases</i> abstract book.	Nov 2013	Dec 2013	Completed

3. TB CARE I's Support to Global Fund Implementation in Year 4

Table 2 summarizes the ongoing GFATM TB grants applicable to Afghanistan.

Table 2. Current Global Fund TB Grants

Name/Round	Average Rating*	Current Rating	Total Approved Amount (in US dollars [USD])	Total Dispersed to Date (in USD)
Round 8	A2, B1, B2, B1	B1	14,749,056	16,097,008
Round 10	B2, B1, B1	B1	3,393,056	2,641,50

* Since January 2010.

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

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

Afghanistan's TB control program is supported by two grants from GFATM, Round 8 and Round 10. The principal recipient for the Global Fund's Round 8 grant is BRAC. Currently, this grant is in Phase II of implementation and was expected to end in September 2013, but according to recent information from the Global Fund portfolio manager, this grant was extended until the end of March 2014. BRAC is subcontracting the grant's activity implementation to sub-recipients. The sub-recipient selection and contract signing processes have taken longer than expected, so grant activities have been delayed or postponed.

The principal recipient for GFATM's Round 10 grant is the JICA. The grant's Phase I of implementation was set to end in March 2014 but was extended through the end of September 2014. It was expected that the NTP would take over the Phase II of Round 10, but this was not approved by the GFATM; thus, JICA is continuing to implement the current Round 10 grant.

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 coordination with various MOPH departments and BPHS implementers. In addition, the TB CARE I team is providing technical assistance to the NTP in developing a quality CN and presenting it to GFATM. Thus far, two drafts have been submitted and the GFATM rated these as acceptable drafts. The second draft of the CN was reviewed by Dr. Ersin Topcuoglu from TB CARE I's Program Management Unit, Dr. Giuliano Gargioni from WHO headquarters, Mr. Sevim Ahmedov from the USAID, and Dr. Lucica Ditiu from the STOP TB Partnership.

Effect of the Global Fund on the TB CARE I Work Plan

The GFATM'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. Multidrug Resistant TB Cases Diagnosed and Started on Treatment

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 defaulted from treatment and another did not initiate treatment.
Total 2011	22	22	
Total 2012	38	38	
Total 2013	49	48	
Jan-Mar 2014	7	7	
Apr-Jun 2014	24	24	
Total 2014	31	31	

5. TB CARE I–Supported International Visits

#	Partner	Activity Code	Name	Purpose	Planned Month, Year	Status (Pending, Ongoing, Completed, Postponed, Canceled)	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 (below) and Job Van Rest from KNCV conducted an epidemiological assessment.
2	KNCV	7.2.3	Katja Fiekert	Facilitate an OR training (2x1 week)	Quarter 4 of 2013	Completed	Dec 2013	Kathy Fiekert visited Afghanistan two times to help the NTP complete the National Strategic Plan for 2014–2018.
3	KNCV	7.2.3	Katja Fiekert	Facilitate an OR training (2x1 week)	Jan/Feb of 2014	Completed	Jan/Feb 2014	Kathy Fiekert visited Afghanistan two times to help the NTP complete the National Strategic Plan for 2014–2018. She conducted another visit to assist the NTP in conducting an epidemiological assessment and completing the NSP.
3 4	KNCV	7.2.4	Edine Tiemersma	Facilitate an OR training (1x1 week)	Q3	Cancelled		
5 4	KNCV	7.2.5	Ineke Huitema	Facilitate an OR training	Q3	Cancelled		

				(2x1 week)				
6	KNCV	7.2.5	Ineke Huitema	Facilitate an OR training (2x1 week)	Q4	Cancelled		
5	MSH	6.1.1	Pedro Suarez	World TB Day	Jan	Completed		Because Dr. Suarez could not complete this visit, TB CARE I funded a visit from Navindra Persuad to conduct an epidemiological assessment in January 2014 with 2 KNCV colleauges (see above).
6	MSH	7.3.2	TBD	Union World Conference on Lung Health	October	Pending		
8								
9	MSH	7.2.1	Pedro Suarez	National Evaluation Workshop	August	Pending		
7								
Total number of visits conducted (cumulative for fiscal year)								4
Total number of visits planned in the project's work plan								9
Percentage of planned international consultant visits conducted								44%