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**TB CARE I**

# **TB CARE I - Ethiopia**

**Year 2  
Quarterly Report  
July-September 2012**

**October 30, 2012**

## Quarterly Overview

<b>Reporting Country</b>	<b>Ethiopia</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	<b>MSH, WHO</b>
<b>Date Report Sent</b>	October 30, 2012
<b>From</b>	Ezra Shimelis, Country Director
<b>To</b>	Yared Haile & Helina Worku
<b>Reporting Period</b>	<b>July-September 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	100%
2. Laboratories	91%
3. Infection Control	95%
4. PMDT	99%
5. TB/HIV	91%
6. Health Systems Strengthening	90%
7. M&E, OR and Surveillance	100%
8. Drug supply and management	85%
<b>Overall work plan completion</b>	<b>94%</b>

### Most Significant Achievements

#### **The first national TOT on childhood TB**

Training on childhood TB conducted by FMOH and Ethiopian Pediatric society in collaboration with TB CARE, August, 15 – 17, 2012. A total of 25 (M=22; F=3) participants including pediatricians and TB program managers attended the training. The training was facilitated by global renowned expert on childhood TB, Professor Robert Gie, from South Africa. The training aimed to strengthen the diagnostic and management skills of Ethiopian pediatricians in identifying TB suspected children. It is also a national TOT whereby the trainees are expected to cascade the training to HCWs nationally so as to improve childhood TB related practices like case detection, IPT, care and management. Trainees also supposed to actively participate in the TWG and will advise the NTP in the revision and development of guideline and training materials related to childhood TB. TB CARE I support for childhood TB trainings will continue in APA3. **(Photo Album: Participants of the training)**

#### **GeneXpert training for Xpert placement sites**

Ethiopian Health and Nutrition research institute (EHNRI) in collaboration with TB CARE I organized the first national training on GeneXpert, September 7 - 8, 2012, as part of the national DR-TB laboratory diagnostic expansion and introduction of new technologies. Participants, 13 (M=6; F=7), were from the five sites selected for the Xpert placement and validation process, three in Addis ( St. Peter Hospital, Zewditu Regional lab and Teklehaimanot Heath Center) and two out of Addis (Adama regional lab and Gondar University Hospital). TB CARE I also procured three Xpert to support the national scale up of diagnostic capacity in DR TB as part of APA2b. Validation of Xpert has been finalized in two of the five sites, and testing begin shortly in all five sites.

#### **EQA decentralization workshop**

Oromia Regional Health Bureau in collaboration with TB CARE I and other partners organized a three day workshop to sensitize the decentralization of EQA to selected hospitals. Medical directors, Zonal TB focal person, laboratory heads and hospital laboratory quality officers have participated in the workshop. At the end of the workshop consensus reached to decentralize EQA to selected hospitals to assist in blind rechecking.

#### **TB IEC material for schools developed**

MOH and Ministry of Education with technical & financial assistance by TB CARE I developed TB IEC material to be used by mini media programs at schools. The material is prepared with national language and will give school children adequate knowledge on TB prevention & control. This is considered as an efficient mechanism to improve public awareness on TB.

#### **National TOT on Programmatic Management of Drug Resistance TB**

As part of the national expansion program of Programmatic management of DR TB (PMDT) the FMOH in collaboration with TB CARE I developed a modular training material on PMDT for middle level workers and program managers. Following the completion of the training material, the first national TOT for 50

(M=41; F=9) HCWs was conducted in August 20-24, 2012. The participants were selected from all regions in the country, selected regional hospitals for subsequent start up of MDR service and universities.

**Proposal submission**

The APA-2b workplan was submitted on time and approved in August. APA3 workplan has also been submitted in time and waiting for approval.

**Overall work plan implementation status**

The overall implementation of the planned activities is at 93% .

**Technical and administrative challenges**

No major technical and administrative challenges in the reporting period .

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

Ethiopia has been granted three rounds of Global Fund including round 10 (2012-2016), which mainly devoted to disease control activities including TB. The grant agreement for the first phase signed on March 22, 2012. The GF will be the major source for procurement of all the first line TB drugs, laboratory reagents, to support TB/HIV activities and procurement second line drug for 1500 MDR TB patients. More than 50% of the requested GF round 10 budget for the coming six months has been released , activities are underway at national level. The remaining budget is expected to be released soon.

## 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	Y1		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered)	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	0	2011	1	2012	0	1) Monthly follow up meeting with Women's association & PLHIV assoc (Mekedem & Lucy) conducted, reports reviewed. 2) M & E tool revised, progress discussed with AA health office & future plan outlined. 3) Success story on the performance of CSO's i.e suspect referral & case identification prepared & shared.	<b>Challenges:</b> 1) Follow up & mentorship compromised due to competing activities. 2) Health bureau engagement. (formal referral linkage, reporting system is not yet established) <b>Next Step:</b> planned to continue discussion on APA3
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.	1	2011	2	2012	3	HEWs reference material, TTS training manual & M & E tools translated into four local languages (Amharic, Tigrigna, Oromiafa, Somaligna). Total of 25,000 copies of Amharic & 15,000 copies of Oromifa language of HEWs reference material printed.	Scale up continues, and the printing of this tool is essential to the scale up of CB DOTS program in Ethiopia
1.3 Reduced patient and service delivery delays (Timing)	1.3.2 Provider Delay Indicator Value: Number (of days or weeks)	4 Wks	2011	2 Wk	2012	0	To improve provider delay in diagnosis of childhood TB, TB CARE I in collaboration with FMOH and Ethiopian Pediatric society organized a three days (August, 15 - 17/2012) training on child hood TB for 25(M=22; F= 3) health care workers. The training will be cascaded using these pool of trainers in APA3.	

Technical Area 2. Laboratories								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		

2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test	450/1596 =28% (for a)  0(for b,C & d)	2011	50%	2012	1119/1946 (for a)  2/5 (for b,c,d)	Supported international training for EHNRI staff and EQA decentralization workshop in Oromia region	<b>Challenges:</b> Regional laboratories were not ready as expected to start TB culture service.
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<p>4.1 Improved treatment success of MDR TB</p>	<p>4.1.1 Number of MDR cases put on treatment          Description: number of MDR cases put on treatment funded by USAID          Indicator Value: Number          Level: national          Source: MDR treatment register          Means of Verification: field visits (national and TB CARE project sites), checking MDR treatment registers with reports          Numerator: The number of MDR patients put on treatment disaggregated by gender and type of patient (new or previously treated)</p>	150	2011	300	2012		<p>Additional 51 (M=29; F=22) MDR TB patients put on SLD between July 1 -Sep 30, 2012, which makes a total number of patient on treatment 559(M=282; F=277). 150 of the patients put on SLD were using USAID fund located in APA I and TBCAP project.</p>	<p>Procurement of drugs using USAID fund is underway for this year and the first shipment will arrive in December 2012.</p>
	<p>4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment          Indicator Value: Percent          Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since)          Denominator: Total number of MDR patients who started treatment in the cohort.</p>	= 31/85	2011	55%	2012	7/62(11%)	<p>It was able to collect six month culture conversion result of 09 (07 negative; 02 positive) MDR TB patient of the total 62 patient started treatment in the calendar year, the result of patient's results were unknown during the reporting period.</p>	<p><b>Challenges:</b> getting back of culture result is still a problem for MDR TB patients.  <b>Next Step:</b> like APA2, TB CARE I will try to bridge the gap of the Regional laboratories selected for TB culture service through procuring of necessary supplies and equipment in APA3.</p>

Technical Area		5. TB/HIV					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
5.1 Strengthened prevention of TB/HIV co-infection	<p>5.1.1 New HIV patients treated for latent TB infection during reporting period</p> <p>Indicator Value: Percent</p> <p>Numerator: Total number of newly-diagnosed HIV-positive clients in whom active TB has been excluded who start (given at least one dose) treatment of latent TB infection.</p> <p>Denominator: Total number of newly-diagnosed HIV-positive clients.</p>	= 21%(6636/31650)	2010	80%	2015	= 21%(6636/31650)	<p>data not yet complete</p> <p><b>Challenges:</b>National TB/HIV data is uncertain due to revision process of the HMIS formats &amp; indicators. Moreover, the previous program based reporting formats is being phased out; and this created a gap in collecting quality data from respective regions. Therefore, NTP is still using the year 2010 TB/HIV data for reference; TB CARE I also using this data to compile the report.</p> <p><b>Next step:</b> TB CARE I through Technical working group will push the national the HMIS to initiate use of the new indicators.</p>	
5.2 Improved diagnosis of TB/HIV co-infection	<p>5.2.1 HIV-positive patients who were screened for TB in HIV care or treatment settings</p> <p>Indicator Value: Percent</p> <p>Numerator: Number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services who were screened for TB symptoms, over a given time period.</p> <p>Denominator: Total number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services, over the same given time period.</p>	=79% (43837/55350)	2010	100%	2015		<p>data not yet complete</p> <p>See activity No 5.1.1</p>	

	<p>5.2.2 TB patients with known HIV status</p> <p>Indicator Value: Percent</p> <p>Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment</p> <p>Denominator: Total number of TB patients registered over the same given time period.</p>	45%(66955/149508)	2010	90%	2015	45%(66955/149508)	data not yet complete	See activity No 5.1.1
5.3 Improved treatment of TB/HIV co-infection	<p>5.3.1 Registered HIV infected TB patients receiving ART during TB treatment</p> <p>Indicator Value: Percent</p> <p>Numerator: All HIV-positive TB patients, registered over a given time period, who receive ART (are started on or continue previously initiated ART)</p> <p>Denominator: All HIV-positive TB patients registered over the same given time period.</p>	39%(3823/9809)	2010	100%	2015	39%(3823/9809)	data not yet complete	See activity No 5.1.1
	<p>5.3.2 HIV-positive TB patients who receive CPT</p> <p>Indicator Value: Percent</p> <p>Numerator: Number of HIV-positive TB patients, registered over a given time period, who receive (given at least one dose) CPT during their TB treatment</p> <p>Denominator: Total number of HIV-positive TB patients registered over the same given time period.</p>	69%(6723/9809)	2010	100%	2015	69%(6723/9809)	data not yet complete	See activity No 5.1.1

Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching 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	No	2011	Yes	2012	Yes	HSS proceedings reviewed and ready for final print.	<b>Challenge:</b> Follow up of Oromiya RHB on progress / implementation of action items outlined during the workshop, couldn't be done due to several competing priorities. <b>Next Step:</b> Planned to continue discussion in APA3

Technical Area 7. M&E, OR and Surveillance								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
7.3 Improved capacity of NTPs to perform operations research	7.3.1. OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	1	2011	2	2012	1	Reported in the previous quarter	

	7.3.2. Number of NTP staff trained on OR Description: NTP staff who will actively participate in training on OR on TB Indicator Value: Number Level: National Source: TB research advisory committee of MOH Means of Verification: Numerator: Number Denominator:	0	2011	25	2012	15	Reported in the first quarter	
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.3. A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	No	2011	Yes	2012	No		<b>Challenges:</b> the HMIS of Ethiopia has its own tool to assess the data quality of all health program in the country but do other priorities in the department they are not doing it as per schedule. <b>Next Step:</b> TB CARE I has a plan to work with them in APA3.

Technical Area 8. Drug supply and management		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y1		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available Indicator Value: Number (as months of stock for FLDs and SLDs separately)	NA	2011	6-12(FLDs)	2012		System in place, regular (every two month) national stock information available for decision makers.	
	8.1.2 Updated SOPs for selection, quantification, procurement, and management of TB medicines available Indicator Value: Yes/No	No	2011	yes	2012	Yes	Reported in the previous quarter	

## Quarterly Activity Plan Report

1. Universal and Early Access								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered Approach)	1.1.1	Workshop with mentee organization	KNCV	5.280	 100%	Jul	2012	Regular monthly follow up and group mentorship have been taken place for trained individuals working in civil society organizations. During the reporting period, referral linkage between community, health facilities & health extension workers established.
	1.1.2	Mentoring workshop	KNCV	921	Cancelled	Sep	2012	It's not applicable in the Ethiopian context, since there is no appropriate organization that could be identified as 'Mentoring CSO'. Budget of this activity is used for activity No 1.1.1
	1.1.3	Stakeholders workshop	KNCV	1.620	Cancelled	Aug	2012	It was not possible to organize this workshop. No national TB specific ACSM strategy. Budget used for activity No 1.1.1
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 among all care providers (Supply)	1.2.1	Updated HEWs TB Reference Material	WHO	15.000	 100%	Mar	2012	HEWs TB Reference Material updated
	1.2.2	HEW Reference Material translated to local Language	WHO	12.000	 100%	Jun	2012	HEWs reference material translated into four(Amharic,Oromifa,Somalia & Tigrigna)local language
	1.2.3	Update HEW Reference Material is printed	WHO	20.000	 100%	Sep	2012	40,000(25,000 Amharic &15,000 Oromifa) copies of HEWs reference material printed and distribution to the health post underway.
	1.2.4	TB Treatment supporters Training material Developed	WHO	33.000	 100%	Mar	2012	Training materials developed
	1.2.5	M& E tool for TTS is developed	WHO	10.000	 100%	Mar	2012	Tool developed

	<b>1.2.6</b>	M& E tool for TTS is translated to 4 local Languages	WHO	10.000	100%	Jun	2012	M & E tools translated in to four local language
	<b>1.2.7</b>	M& E tool for TTS is printed	WHO	30.000	100%	Sep	2012	30,000 (22,000 Amharic & 8,000 Oromifa) M & E tools & TTS training materials printed and ready for use.
	<b>1.2.8</b>	International Travels Made	WHO	5.000	100%	Dec	2011	One WHO expert attended the STAG-TB and TB TEAM meetings organized by WHO HQ in Geneva between 18-20 June 2012.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
1.3 Reduced patient and service delivery delays (Timing)	<b>1.3.1</b>	Consultative meeting on Child TB	KNCV	5.980	100%	Apr	2012	TB CARE I sponsored the national childhood TB consultative workshop, which was conducted on April 12,2012. As part of the childhood TB activity TA for Childhood TB was provided between April 9 14, 2012 by Dr. Vincent from KNCV HQ. Further, TB CARE I in collaboration with FMOH and Ethiopian Paediatric society organized a three days (August, 15 – 17/2012) training on child hood TB for 25(M=22; F= 3) individuals. The training was aimed to strengthen the diagnostic and management skills of Ethiopian pediatricians in identifying TB suspected children.
	<b>1.3.2</b>	Protocol preparation	KNCV	2.980	100%	Jun	2012	The childhood TB section included in the national TBL guideline as one chapter and TB CARE I expert participated in the process.
	<b>1.3.3</b>	Provider support tool	KNCV	3.460	100%	Sep	2012	Provider tool drafted and under review
					<b>100%</b>			

2. Laboratories								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date

2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	<b>2.1.1</b>	Revise/Develop manual/training module/ guideline for AFB or culture & DST	MSH	9.514	 100%	Jun	2012	A four day work shop was organized to strengthen AFB microscopy EQA. On this workshop, the AFB microscopy EQA guideline was revised. The document will be printed in AP3.
	<b>2.1.2</b>	Training on TB Culture and DST	MSH	11.859	 100%	Sep	2012	14 (M=10;F=4) staffs from four regional laboratories have been trained on TB culture and identification in the pervious quarter. After the training, the validation process of Adama and Bahirdar regional laboratories finalized, hence they are ready to give TB culture service.
	<b>2.1.3</b>	Laboratory networking strengthening at supra national	MSH	3.889	 0%	Jun	2012	This activity doesn't cost any budget. Request for activity modification approved.Budget of this activity used for activity No. 2.1.4
	<b>2.1.4</b>	Conduct supportive supervision to 5 Regional labs	MSH	1.920	 100%	Sep	2012	Supportive supervisions have been conducted by EHNRI for Bahirdar and Adama regional laboratories.
	<b>2.1.5</b>	Support culture sample transportation from RRLs to EHNRI for EQA	MSH	100	 100%	Jul	2012	Supported TB culture sample transportation from the two regional laboratories to EHNRI for quality control.
	<b>2.1.6</b>	Provide international TA to laboratory networking	MSH	7.481	 100%	Mar	2012	International TA on AFB microscopy lab network was provided by Charles Kagoma between March 4-10/2012. The objective of TA was to strengthen the AFB microscopy network. Site visit and discussion has been made with EHNRI and two regional laboratories (Adama and Hawasa). After assessing the current situation, he developed a concept and briefed EHNRI and USAID Ethiopia on future directions to strengthen lab network and improve AFB EQA in the country.
	<b>2.1.7</b>	Procurement of Olympus microscope to EHNRI	MSH	46.000	 100%	Mar	2012	Twenty Olympus microscopes with starter kits procured and distributed for two regions (Oromia and Amhara).

	<b>2.1.8</b>	Support and participate the national Laboratory TWG	MSH		100%	Apr	2012	Participated in three TWG meetings organized by EHNRI
	<b>2.1.9</b>	Support oversee training on new diagnostics	MSH	4.490	100%	Sep	2012	One EHNRI staff attended laboratory training on PMDT in Rwanda
	<b>2.1.10</b>	Preparation and transportation of cultures to 5 RRLs	MSH	900	100%	Sep	2012	Supported TB culture sample distributed to regional laboratories.
	<b>2.1.11</b>	Consultative meeting to define a national TB diagnostic strategy	MSH	2.915	100%	Mar	2012	TB CARE I supported two days (March 16-17, 2012) national consultative work shop. The objective of the workshop was to develop national diagnostic strategy on existing and new TB diagnostics. As a follow up of the workshop outcomes discussions are under way on how to act and implement new diagnostics especially Xpert MTB/RIF and alleviate challenges on existing TB diagnostics.
					<b>91%</b>			

<b>3. Infection Control</b>								
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Completion Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
3.2 Scaled-up implementation of TB-IC strategies	<b>3.2.1</b>	Provider support tools	KNCV	4.480	100%	Feb	2012	Provider support tool developed, Printing underway
	<b>3.2.2</b>	IEC materials on TB IC	KNCV	20.940	100%	Feb	2012	TB IEC for schools developed and 8,000 copies printed
	<b>3.2.3</b>	Produce handkerchiefs	KNCV	3.363	100%	Sep	2012	Produced and being distributed to the health facilities.
	<b>3.2.4</b>	Supportive supervision on TB IC	KNCV	11.745	100%	Sep	2012	In addition to the supportive supervision conducted in the previous quarters, additional 38 health facilities(4 hospitals & 29 health centers) from four regions benefited from supportive supervision.

	<b>3.2.5</b>	Renovation of TB clinics	KNCV	60.000	100%	Jun	2012	Renovation of TB unit and patient's waiting area at Gondar University Hospital & TB unit at Semien HC completed.
	<b>3.2.6</b>	Prepare model design for sputum collecton	KNCV	14.800	100%	Apr	2012	Besides the four models produced in the pervious quarter, additional 19 booths produced and distributed to the HF's
	<b>3.2.7</b>	National guideline on health facility design	KNCV	2.520	25%	Jun	2012	Baseline assessment (document review) conducted; FMOH communicated to develop the document, this activity postponed to next year by FMOH
	<b>3.2.8</b>	Updating national guideline on TB IC	KNCV		100%	Sep	2012	TB IC component incorporated in the comprehensive TBL and TB/HIV Guideline
	<b>3.2.9</b>	Surveillance of TB among HCW	KNCV	1.503	100%	Sep	2012	Activity incorporated with follow-up activity in 32 HF's of Addis Ababa
	<b>3.2.10</b>	Equipment	KNCV	5.000	100%	Mar	2012	Budget shifted to activity No. 3.2.3
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approve d Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
3.4 Improved TB-IC human resources	<b>3.4.1</b>	National training on TB IC	KNCV	25.400	100%	Sep	2012	Regional Training conducted for 29 (M=15; F=14) selected from 12 health facilities from Oromiya Regional Health Bureau
	<b>3.4.2</b>	Overseas training on TB IC	KNCV	8.900	100%	Jun	2012	Two (M= 2; F=0)TB CARE I staffs attended advanced TB IC training course in South Africa in June 4- 8/2012.
	<b>3.4.3</b>	Training for Architects	KNCV	5.313	100%	Mar	2012	17(M=14;F=3) Engineers and Architects working at MOH and Regional Health Bureau participated in the workshop of TB IC, which was conducted between Feb 27-29/2012.
	<b>3.4.4</b>	TA on TB IC	KNCV	70.327	100% 95%	Aug	2012	Two TAs conducted in the year

4. PMDT								
Outcome	Activity #	Activity	Activity Leader	Approve d Budget	Cumulative Completion	Planned Completio Month	Year	Cumulative Progress and Deliverables up-to-date

4.1 Improved treatment success of MDR TB	4.1.1	Procure SLDs	KNCV	750.000	 75%	Sep	2012	Payment of Second Line Drugs for 150 MDR TB patients has been done to GDF by KNCV HQ , first shipment is expected to arrive in Decemeber 2012, and budget for second shipment is carried over to APA3.
	4.1.2	Procure ancilliary drugs	KNCV	45.000	 100%	Jun	2012	Ancillary drugs procured for Gondar and ALERT MDR sites. Additionally Reagent for hormonal assay purchased for Gondar MDR site to increase the capacity of the hospital in conducting follow up laboratory investigations for MDR TB patients. Because of critical shortage of Pyridoxine TBCARE I procured the drug through the GDF, and product arrived in the country.
	4.1.3	International training on PMDT	KNCV	15.104	 100%	Jun	2012	Team from ALERT MDR unit led by the TB CARE I PMDT coordinator traveled to Namibia for experience sharing visit between July 16-20, 2012.
	4.1.4	Local training on PMDT	KNCV	27.335	 100%	Mar	2012	In addition to the training held for 20 health care workers in previous quarter, In the reporting quarter, two round of PMDT training for 68 (M=33 F=35)staffs of Addis Ababa Health Centers, St.Peter and ALERT staffs were provided. All the public health facilities of the region have got chance to participate in the training and helped to fill the gap created by staff turnover and new assignment.
	4.1.5	Provider support tools	KNCV	5.025	 100%	Jun	2012	Reprinting of adverse event chart done considering potential shortage of the chart during national site expansion.

	<b>4.1.6</b>	Support MDR technical working group	KNCV	5.640	 100%	Sep	2012	Like previous quarters, support of the MDR TB TWG group continued; and TB CARE I supported MDR TB review meeting of Amhara Regional Health Bureau which was held at Gondar University Hospital on July 11/2012. Beside these TBCARE supported the first Gene xpert training conducted for the staff identified from the Xpert placement sites. The training was conducted by EHNRI in collaboration with TBCARE, a total of 13(M=6 ;F=7 ) HCW participated and the training was conducted from September 7-8,2012.
	<b>4.1.7</b>	Orientation on PMDT	KNCV	19.440	 100%	Mar	2012	Conducted orientation workshop for more than 600 staffs of Gondar University hospital and 80 support staffs of ALERT center in January 2012.
	<b>4.1.8</b>	Supportive supervision	KNCV	7.830	 100%	Sep	2012	As part of supportive supervision, catchment area meeting at ALERT MDR and St.Peter MDR centers started in the third last quarter with full support of TB CARE I. A total of three catchment area meeting were conducted, this activity will continue at monthly based in APA3.
	<b>4.1.9</b>	International conference	KNCV	18.640	 100%	Oct	2012	Reported in the first Quarter

4.1.10	TA on PMDT	KNCV	65.179	 100%	Sep	2012	<p>The first TA was conducted in March 11-17, 2012 by Dr Victor from Africa Regional office, detail reported the second quarter. In the third quarter, TA on Childhood TB was provided by Dr. Vincent Kuyvenhoven from KNCV HQ between April 9- 14, 2012. The purpose of visit was to provide technical assistance for NTP/FMOH, TB CARE 1-Ethiopia and other stakeholders in assessing Childhood TB and develop a strategy/plan on how to improve diagnosis and treatment of TB in children in Ethiopia. Few of the recommendations forwarded by the TA includes: TB CARE I shall support MOH in adopting the National Guidelines (Manual) on Childhood TB; development of an approach/plan to implement Contact investigating all over the country; introduction of tools for improving Diagnosis in Childhood TB and advocate for FMOH to choose 1 Pilot Region to improve Childhood TB care and support the development of a Regional Childhood TB Pilot.</p>
4.1.11	Socio-economic support	KNCV	18.000	 100%	Sep	2012	<p>TB CARE I is supporting monthly transportation allowance of 30 MDR TB patients who were admitted in ALERT hospital and now being treated as ambulatory patients, covers the cost of all follow up laboratory investigation of the patients for the tests which are not available at hospital, covers the house rent of 04 patients based on the house assessment of individual patient done by the hospital MDR TB management team.</p>
4.1.12	Nutritional support	KNCV	10.500	 100%	Sep	2012	<p>TB CARE I continued nutritional support for ALERT MDR TB patients and in the process to support 420 MDR TB Patient being treated in St.Peter hospital for 06 months.</p>

	<b>4.1.13</b>	Update PMDT guideline	KNCV	4.400	Cancelled	Sep	2012	FMOH postponed the revision of the guideline for next year, activity modification requested to use the budget for development PMDT training material for middle level health care workers and program managers. Activity modification approved, the training material for midlevel health professionals developed, Additionally, following the completion of the national Ambulatory care protocol, TBCARE took the responsibility of printing of the material and printing on progress.
	<b>4.1.14</b>	Equipment for MDR ward	KNCV	31.000	 100%	Jun	2012	Medical equipments and supplies were purchased for ALERT MDR ward and St.Peter MDR program in the previous quarters. The support continued and in this quarter laboratory supplies and reagent were procured.
	<b>4.1.15</b>	Nationl protocol on application of GenXpert	KNCV	8.720	 100%	Feb	2012	See activity 2.1.11
	<b>4.1.16</b>	Data management	KNCV	8.044	 100%	Jun	2012	The Development of the electronic data base system is completed and it is in the process of piloting at St.Peter Hospital under the leadership of FMOH but this process does not take much budget and the budget for this activity was modified to conduct national TOT on PMDT. This training was conducted from August 20-24,2012 At ALERT training center. The training was conducted by FMOH in collaboration with TBCARE, a total of 50(M=41;F=9) from 11 regions participated in the training. These trainees are expected to support regional training of HCWs as part of the national PMDT expansion program
	<b>4.1.17</b>	Procurement of respirators	KNCV	6.000	 100%	Aug	2012	A total of 4750 pieces procured..

	<b>4.1.18</b>	Procurement of surgical masks	KNCV	4.000	100%	Mar	2012	A total of 23,850 pieces procured and being distributed to MDR TB sites .
	<b>4.1.19</b>	Vehicles	KNCV	60.000	100%	Jun	2012	Two cars(Toyota Hi-Lux and one Honda CRV 2012 model )for MDR TB sites procured and delivered to the sites.
	<b>4.1.20</b>	TA on laboratory for PMDT	KNCV	44.167	100%	Jun	.	The second round TA on laboratory strengthening was conducted by Dr. Valentina from July 29- August 10,2012
	<b>4.1.21</b>	Dissemination of experience	KNCV	951	100%	Sep	2012	Final draft document produced on contribution & experience of TB CAP/TB CARE I for PMDT program in Ethiopia with KNCV HQ.
	<b>4.1.22</b>	Training material	KNCV	2.520	100%	Mar	2012	TB CARE I fully supported development of PMDT training material for Midlevel health care workers.
	<b>4.1.23</b>	Renovation	KNCV	84.184	100%	Sep	2012	The St.Peter training center renovation is completed.
	<b>4.1.24</b>	Sensitization workshop	KNCV	7.032	100%	Mar	2012	TB CARE I supported the national PMDT expansion scale up consultative workshop which was conducted between Feb 9-10 / 2012 at Addis Ababa. A total of 62 (M=51; F=11) participants from NTP, Regions and partner organizations attended the meeting. During the meeting, Regional health Bureaus has presented their MDR TB service expansion plan for the year 2012- 2015.
					99%			

5. TB/HIV								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date

5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	Organize MOST for TB/HIV workshop	MSH	30.838	 100%	Jun	2012	Two MOST for TB and TB/HIV follow up workshops conducted in Oromia-Adama (April 30-May 01 2012) and Amhara -Bahir Dar (May 3-4 2012). Follow up of plan of action was done in this 4th quarter via telephone and the action plan implementation is going well in the two regions and 4 zones
	5.1.2	Support FMOH HMIS activities	MSH		 100%	Sep	2012	TB CARE I supported Gondar University Hospital TBL and TB/HIV training from August 13-18,2012, HMIS/M & E was addressed as part of the training.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	Participate in the national TB/HIV TWG meetings	MSH		 100%	Sep	2012	TB CARE I participated in all FMOH TB and TB/HIV TWGs in the year.
	5.2.2	Pilot TB/HIV SOPs	MSH	25.133	 75%	Sep	2012	TB/HIV care SOP drafted and engaging FMOH and stakeholders will be done in APA3.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
5.3 Improved treatment of TB/HIV co-infection	5.3.1	Revision and printing of the national TBL and TB/HIV guidelines	MSH	5.000	 75%	Mar	2012	Revision of the TBL and TB/HIV guidelines and training materials was finalized in the previous quarter but printing was pushed to APA3.
	5.3.2	Organize TB/HIV TOT	MSH	22.714	 100%	Jun	2012	National TBL and TB/HIV TOTs conducted in Adama town from May 21-26, 2012 in collaboration with FMOH. A total of 46 participants (M=33; F=13) from 11 regions participated in the TOT. In this quarter additional 34 (M=25 ;F=9) general HCWs were trained in collaboration with Gondar university hospital from August 13-18, 2012.

	<b>5.3.3</b>	Follow-up of TB case detection SOPs pilot program	MSH	24.211	75%	Mar	2012	The final follow up of the pilot program was done in collaboration with west Arsi ZHD from July 02-14 2012. Evaluation will be done in first quarter of APA3.
	<b>5.3.4</b>	Support the national EH-RH regimen shift initiative	MSH	7.914	100%	Sep	2012	93 (M=41 ; F=52) HCWs oriented on EH-RH regimen shift and group discussions conducted on DOT. The outcome of this workshop was decided to be used as an initial document to continue the evaluation of the regimen shift nationwide.
					<b>91%</b>			

<b>6. Health Systems Strengthening</b>								
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Completion Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	<b>6.1.1</b>	TA on HSS	KNCV	34.979	100%	Jun	2012	Dr Bert Schreuder provided two weeks (April ,9- 12, 2012) technical assistance on how to make a health system scan & identify gaps using the WHO's Health system tool. Accordingly, Health System Strengthening(HSS) scan exercise workshop was conducted in Oromiya region and major gaps of the health system identified. Lack of community awareness, delay in TB diagnosis, lack of adequate IC system, lack of access to community TB service, lack of active case findings were identified as major gap to provide quality TB service. Based on the identified gap, HSS action plan was developed. In this workshop a total of 31(M=26 & F= 05) individuals were participated. HSS proceedings final document to be printed for documentation in APA3.
	<b>6.1.2</b>	Participate in the national TWGs	MSH		100%	Sep	2012	See activity No. 5.2.1

<b>6.1.3</b>	TB messages broadcasting	MSH	35.000	 100%	Sep	2012	As per agreement with FM radio station, the weekly TB message broadcasting for half an hour has been going on smoothly in all quarters.
<b>6.1.4</b>	TB message disseminated via Print media	MSH		 100%	Sep	2012	TB messages were printed and disseminated to the public via different public and private print media (news papers) in both Amharic and English languages.(See photo Album)
<b>6.1.5</b>	WTD commemoration	MSH	17.700	 100%	Mar	2012	TB CARE I supported printing of 40 banners in 5 different languages, a banner and 400 t-shirts, refreshment for the commemoration at St Peters Hospital and procured pajamas for 500 TB patients. TB CARE I covered expense of seven TB Media Forum members to report commemoration and TRAC events in print & electronic media.
<b>6.1.6</b>	Support other TB event	MSH	16.114	 100%	Sep	2012	Pannel discussions with various congregated settings( elementary & high scholls,universities,cinema & theatre houses,transport sector)
<b>6.1.7</b>	Support TB Media Forum quarterly meeting	MSH	12.795	 75%	Sep	2012	One TB media forum meeting sponsored in the quarter, the remained Budget from this activity utilized by activity modification for impact assessment.
<b>6.1.8</b>	Support STOP TB partnership	MSH	3.920	 10%	Sep	2012	Remaining budget of this activity utilized by activity modification
<b>6.1.9</b>	MOST for TB Follow up workshop	MSH	10.300	 100%			Follow up of plan of action was done in this 4th quarter via telephone and the action plan implementation is going well in the two regions and 4 zones
<b>6.1.10</b>	Support the JSSV	MSH	17.600	 100%	Sep	2012	Fully supported supportive supervision of Oromia Regional Bureau

	<b>6.1.11</b>	Union conference participation	MSH	9.678	 100%	Oct	2011	The annual lung conference in Lile/France was attended by TB CARE I & EHNRI staff
					 <b>90%</b>			

7. M&E, OR and Surveillance								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	Registers and formats	KNCV	12.000	 100%	Jun	2012	Newly developed and revised recording & reporting format for MDR TB service printed and distributed for the sites.
	7.2.2	Supportive supervision	KNCV	3.915	 100%	Jun	2012	As part of supportive supervision, TB CARE I participated and technically assisted review meeting of Addis Ababa region on TB Data Quality. TB CARE I also supported pre testing of MDR TB reporting formats and preparation of backlog report on MDR TB activities at three MDR TB sites. MDR TB services were not reported to the national TB program at regular bases previously.
	7.2.3	Training on data quality	KNCV	8.870	 100%	May	2012	TB CARE I supported training on use of TB information for decision making in May 27 & 28/2012. The main objective of the training was to equip TB program managers and TB focal persons with adequate knowledge and skill on TB data use for evidence based TB program planning improvement, and decision. A total of 30 (M=21; F=9) participants from 11 regions of the country were attended the training.
	7.2.4	International TB conference	KNCV	4.660	 100%	Oct	2011	The annual lung conference in Lile/France was attended by MOH staff
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 operations research	7.3.1	Operational research agenda	KNCV	3.250	 100%	Mar	2012	Operation research priority setting exercise conducted as satellite session during TRAC TB conference in March 2012.

	<b>7.3.2</b>	TA on Operational research	KNCV	33.421	 100%	Jun	2012	A short visit was conducted by Dr Eveline Klinkenberg to assist operational research activities in May 29-31,2012. A framework on national OR strategy drafted to be implemented starting from APA-2b
	<b>7.3.3</b>	Training on operational research	KNCV	11.000	 100%	Dec	2011	A ten day training on methods of Epidemiology for Operational research and ethics was provided for 15(M=13 ; F=2) participants from regions through the Federal Ministry of Health. The main objective of the training was to capacitate health professionals and academicians with a skills of proposal development to further conduct research on the area of TB, HIV, TBHIV and other related health issues. TB CARE I Ethiopia fully sponsored this training. According to the new OR capacity building project - It's planned to conduct 3-4 rounds of OR training per annum, starting from APA 3.
	<b>7.3.4</b>	Sponsor researches	KNCV	6.000	 100%	Mar	2012	Two OR reviewed & sponsored: MDR-TB patients survival assessment and IPT impact on the incidence of TB disease
	<b>7.3.5</b>	Conduct operational research	KNCV	20.350	 100%	Mar	2012	In collaboration with AHRI, five operational researches on TB have started and activity on progress and result will be communicated in APA3.
	<b>7.3.6</b>	TB prevalence survey	KNCV	4.020	 100%	Dec	2011	National prevalence survey final result dissemination workshop conducted and TB CARE I sponsored this event in addition to technical and financial support provided during the survey period. TB CARE I was awarded a certificate of recognition.
	<b>7.3.7</b>	TB conference	KNCV	16.287	 100%	Mar	2012	The seventh TB Research Advisory Committee (TRAC) conference held from March 21- 23 / 2012. TB CARE I financially supported the event & sponsored satellite session on OR

 100%

8. Drug supply and management								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1	Follow up of IPLS implementation .	MSH	12.960	 100%	Sep	2012	28 (3 hospitals & 23 health centers) HFs on West Arsi are supervised in collaboration with Oromia Regional Health Bureau, West Arsi Zone Health Department to assess the level of IPLS implementation in their facility with special emphasis has been given on the DSM of anti-TB pharmaceuticals.
	8.1.2	Introducing proper DSM system of SLDs in all MDR sites	MSH	7.560	 100%	Aug	2012	Two rounds of training on Basic TBL & TB/HIV was provided to pharmacy staffs of Gondar university hospital & MDR treatment follow up centers in August 13-14 & 17-18, 2012 A total of 62 participants (F=33 ,M=29) from 3 Hospitals, 19 HCs & PFSA Gondar Branch had attended the training.
	8.1.3	Support the integration of TB pharmaceuticals distribution with ARV drugs.	MSH	15.120	 100%	Sep	2012	In addition to previously supervised facilities in the previous quarters, additional 28 HFs from West Arsi are supervised in collaboration with Oromia Regional Health Bureau, and West Arsi Zone Health Department to assess the implementation of Integration of Anti-TB pharmaceuticals distribution to their facility. 3 are Hospitals & 23 are HCs.

<b>8.1.4</b>	Support national review meeting on the implementation of IPLS and TB DSM.	MSH	18.078	 100%	Jun	2012	A Regional workshop on Selection, Quantification & preparation of essential drug list(EDL) for HFs was conducted on 6-8 September, 2012 at Central Hotel, Hawassa in collaboration with PFSA & south nation & nationality Regional Health Bureau. 33 Woreda Health Offices & 75 HCs were invited to attend the workshop. A total of 165 ( M=140 & F=25 )participants have attended the workshop.
<b>8.1.5</b>	Support national TB DSM assessment.	MSH	30.110	 100%	Sep	2012	After the quarterly DSM assessment and the gap identified,the second round training on basic TBL & TB/HIV was given to PFSA staffs from central office & all branches. A total of 42 staff (M=40, F=2) have attended the training. The first round was held on April 29-30, 2012 at the same venue. Health facilities of the W. Arsi ZHD was also assessed for the availability & DSM of anti-TB pharmaceuticals.
<b>8.1.6</b>	Support EH/RH regimen shift.	MSH		 100%	Sep	2012	EH/RH regimen shift status of health facilities of west Arsi Zone assessed fourth quarter.
<b>8.1.7</b>	Support MDR TB DSM training.	MSH	10.875	 100%	Apr	2012	A training on TB DSM was provided to 31(M= 22; F=9) pharmacy professional from 29 MDR TB treatment and follow up sites in 10-12 April, 2012.
<b>8.1.8</b>	Assess the feasibility of introducing patient kits in Ethiopia	MSH	8.511	 0%	Jun	2012	This activity is carried to APA3 (schedule modified)
<b>8.1.9</b>	Support national Logistics / IPLS related TWGs	MSH		 50%	Sep	2012	No TWG meeting conducted in the third & fourth quarter.
<b>8.1.10</b>	Overseas training on DSM	MSH	9.810	cancelled	Aug	2012	Overseas trainings on DSM started in January 2012 & we couldnot process the registration earlier due to the delayed approval of APA2. This activity budges is modified to be used for activity No. 5.3.1.

	<b>8.1.11</b>	Support national forecasting and quantification of anti-TB drugs.	MSH	11.875	 100%	Jun	2012	TB CARE I supported regional workshop on Selection, Quantification & preparation of essential drug list for HFs was conducted in 6-8 September, 2012 33 were invited to attend the workshop. A total of 165 (M=140 and F=25) participants Woreda health offices & 75 HCs from have attended the workshop.
					 85%			

## Quarterly MDR-TB Report

<b>Country</b>	<b>Ethiopia</b>
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<b>Period</b>	<b>JULY-SEPTEMBER 2012</b>
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### MDR TB cases diagnosed and put on treatment in country

<b>Quarter</b>	<b>Number of MDR cases diagnosed</b>	<b>Number of MDR cases put on treatment</b>
<b>Jan-Dec 2010</b>	140	85
<b>Jan-Sep 2011</b>	109	139
<b>Oct-Dec 2011</b>	27	75
<b>Total 2011</b>	136	214
<b>Jan-Mar 2012</b>	16	91
<b>Apr-Jun 2012</b>	24	60
<b>Jul-Sep 2012</b>	45	71
<b>To date in 2012</b>	85	222

## Quarterly GeneXpert Report

Country	Ethiopia
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Period	JULY-SEPTEMBER 2012
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**Table 1: GeneXpert instruments and cartridges procured or planned by quarter**

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Sept 2012	Cumulative Total		
# GeneXpert Instruments	Jan-00		Jan-00	Jan-00	
# Cartridges	Jan-00		Jan-00	Jan-00	

**Table 2: Cumulative List of **GeneXpert Instruments** Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Partner/ Implementing Organization; Additional Comments
	Jan-00				

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

**Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
	Jan-00				

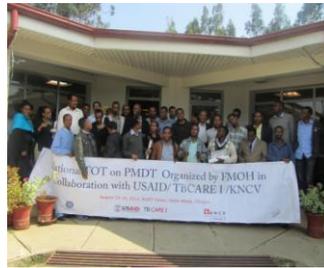
\*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)  
 Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

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

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

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



Side View of Gondar TB Room –(four room complex)



TB waiting area-Gondar; with ramp for weak &



The ventilated Metal Doors-(louvered doors)



Front of the Block-TB room at Mekelle HC, with ramp

## Inventory List of Equipment - TB CARE I

<b>Organization:</b>	<b>TB CARE I</b>
<b>Country:</b>	<b>Ethiopia</b>
<b>Reporting period:</b>	<b>July-September 2012</b>
<b>Year:</b>	<b>APA 2</b>



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**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 #
Digital Voice Recorder	KNCV-ETH-01-01-4112	13/7/12	114,30	17,14					
Toshiba Laptop	KNCV-ETH-01-01-4131	18/09/12	894,41	134,14					
Toshiba Laptop	KNCV-ETH-01-01-4132	18/09/12	894,41	134,14					
Honda CRV	KNCV-ETH-01-03-302	20/09/12	36.878,88						
Toyota Hilux	KNCV-ETH-01-05-5012	04-09-12	28.725,00						
Respirator Mask N 95 pack of 50	KNCV-ETH-01-03-304	27/09/12	5.112,93	766,93					
Window 7 soft ware	KNCV-ETH-01-01-4135								
Window 7 soft ware	KNCV-ETH-01-01-4136								
Window 7 soft ware	KNCV-ETH-01-01-4137								
SHARP Coffee maker	KNCV-ETH-01-01-6051								

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info