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**TB CARE I**

# **TB CARE I - South Sudan**

**Year 3  
Quarterly Report  
October-December 2012**

**January 30, 2013**

## Quarterly Overview

<b>Reporting Country</b>	<b>South Sudan</b>
<b>Lead Partner</b>	<b>MSH</b>
<b>Collaborating Partners</b>	<b>KNCV, WHO</b>
<b>Date Report Sent</b>	30 January 2013
<b>From</b>	Stephen Macharia
<b>To</b>	Martin Swaka, USAID Mission
<b>Reporting Period</b>	<b>October-December 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	92%
2. Laboratories	50%
4. PMDT	94%
5. TB/HIV	100%
6. Health Systems Strengthening	69%
<b>Overall work plan completion</b>	<b>81%</b>

### Most Significant Achievements

Universal and early access to TB services remains a focus for the TB CARE I project. Following an assessment conducted in Duk Payuel County in Jonglei state, Duk Lost Boys' Clinic (DLBC) was identified to have met the minimum standards for integrating TB services. Through the support of TB CARE I, NTP and IMA, TB services have been established in DLBC. The facility is expected to start reporting in January 2013. (Figure 1 & 2)

The high rate of primary defaulters i.e. confirmed smear positive cases who are not enrolled for treatment, in Juba county had been noted as a big challenge in the previous quarter. Following a meeting with key staff from Tuberculosis Management Units (TBMUs) in Juba, the primary defaulter rate has dropped from 32% (April – June 2012) to 13% (July – September 2012). This shows that simple strategies can be employed to minimize the number or percentage of primary defaulters in TBMs (Tables 1 and 2).

Quality of laboratory services is essential in TB diagnosis and the use of SOPs is mandatory. The current lab SOPs were released in 2009 and are now obsolete by international quality management standards (QMS). The NTP lab team with advice from TB CARE I lab advisor has started the process of reviewing the guidelines in conformity with international standards. The review process is expected to continue in the coming quarter. TB CARE I procured 11 sets of Microscope kits, Equipment kits, consumable kits and sputum containers. The consignment was received on 14<sup>th</sup> December 2012. The handover to the NTP was done on 17<sup>th</sup> December 2012 (Figure 5 & 6). The supply will complement NTP efforts to expand quality TB diagnosis in newly established diagnostic centers and at the same time replace the old microscopes in some units.

In order to improve on case finding among HIV patients, a 3-days training was conducted for 25 VCT counselors (8 Female and 17 Male) from the Eastern Equatoria State. During the training, the standardized TB screening tool was introduced. This tool was earlier reviewed by the TB/HIV technical working group and agreed to be rolled out. Dissemination and close monitoring on the implementation of the tool was a major recommendation that came from the participants. TB screening tools that were jointly revised by the TB and HIV working groups have been introduced and referral mechanisms established.

The draft of the TBIC guidelines were ratified through a consensus meeting held on 30<sup>th</sup> November 2012. The final document is ready for printing. TBIC TOT training for state TB coordinators will be held in the coming quarter.

South Sudan participated in the 43<sup>rd</sup> UNION Conference that was held in Kuala Lumpur, Malaysia from 13<sup>th</sup> – 17<sup>th</sup> November 2012. Two presentations were given in a symposium titled "Saving lives in areas of conflict or disaster". A poster presentation was also displayed on "Integration of TB into primary health care in South Sudan: challenges and lesson learnt".

### **Overall work plan implementation status**

This report, although covering the first quarter in APA 3, is reporting on remaining APA 2 activities as the APA 3 workplan is still under review for approval. Overall APA 2 work plan implementation is at 81%. The APA 3 workplan will be rapidly implemented once approved to make up for the delayed start.

### **Technical and administrative challenges**

Despite having a robust plan to rapidly expand the TB services into PHCC, the NTP is worried about the availability of adequate anti-TB drugs to cater for the increased anticipated patients. This follows the conditions for applying for the TFM in which the Global Fund insists on limiting expansion of services. The TFM proposal does not allow for program expansion.

Austerity measures have necessitated the government to delay payment of health care workers in public health facilities. Some have gone without payment for months. This has reduced the morale of the few and committed health care workers in TB program.

Frequent insecurity in Jonglei state has slowed down the implementation of or expansion of TB into PHCC. The health facility TB coverage is low in this state.

Human resources is still a major problem in the laboratory sector and despite all efforts made by the TB CARE I lab advisor, the team had to stop working on these reviews due to constraints relating to availability of personnel. However, the Lab advisor is dedicated to continue and develop the Master SOP list and suggest SOP codes/names in preparation for review by the Lab technical working group (LTWG) and the MoH eventually. This is expected to form a basis for the CTRL documentation. The review will resume in January 2013.

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

The current GF grant supporting TB control (GF Round 7) expires in December 2013. As a result, NTP applied for TB TFM grants to start in January 2014. However, it was rated category four, which meant the proposal had to be revised based on the TRP comments. The revision process of TB TFM proposal was supported by TB CARE I through a consultant hired by KNCV. The revised TB TFM proposal was endorsed by CCM and re-submitted to GF on 22nd October 2012. The proposal has been approved although some issues need clarifications according to the TRP by 4th March 2013. The issues are majorly three as listed below;

1. The NTP should comply with international guidelines for EQA rechecking of smears and the related performance indicators.
2. The TRP requests the applicant to confirm that sufficient ARVs and capacity exist within the NAP to manage additional HIV testing among TB patients.
3. The applicant is requested to include a separate objective for the support of the Central Tuberculosis Reference Laboratory (CTRL), as well as an indicator for this objective in the Performance Framework.

## 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
		Data	Year	Data	Year	Y2		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.	2	2011	3	2012	2	PCT guidelines under review	The NTP has not finalised the guidelines. Another TA may be requested to support finalization of these document.
	1.2.5 Increase TB case notification by 10% in the country Description: Proportion of cases notified Indicator Value: percentage Level: National Source: NTP quarterly reports Means of Verification: Quarterly reports Numerator: Number of cases notified Denominator: Expected cases to be notified	6426	2011	7070	2012	Reporting period Oct 2011 - September 2012 (7975)  =(7975-6426)/6426  24%	All the data for the reporting period Oct 2011 to Sept 2012 have been included	Late reporting by the health facilities. Improving communication with the health facilities will help the programs report on time.

Technical Area 2. Laboratories								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP Indicator Value: Score (0-3) based on definition.	3	2011	3	2012	3	Strategic plan has been revised.	There is a huge gap in the strategic plan for implementation. Advocacy needed at all levels.

Technical Area 4. PMDT									
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the	
		Data	Year	Data	Year	Y2			
4.1 Improved treatment success of MDR	4.1.1 Patients, suspected of MDR-TB, dying between request for lab examination and start of MDR treatment Indicator Value: Percentage Numerator: The number of TB patients (Cat I, Cat II) with confirmed HR or R resistance, who died between the date of the lab request and the start of MDR treatment Denominator: The total number of TB patients (Cat I, Cat II) with confirmed HR or R resistance.	n/a	n/a			0	Referral of samples is not routinely being done	CRL is not functional. GF is supporting the re-designing of the TB CRL.  MDR TB case management is not available.	

Technical Area 5. TB/HIV									
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the	
		Data	Year	Data	Year	Y2			
5.1 Strengthened prevention of TB/HIV co-infection	5.1.2 Facilities that are providing HIV prevention message at TB services Indicator Value: Percent Numerator: Number of randomly-selected facilities, providing DOTS, which have a trained staff on HIV counseling. Denominator: Total number of facilities providing DOTS	67%	2011	90%	2012	Oct - Dec 2011 65% (28/43)  Jan - Mar 2012 65% (28/43)  Apr - Jun 2012 72% (31/43)  Jul - Sept 2012 65% (29/43)	Below the target	The proxy measurement of this indicator is based on the number of TB H/facilities providing DOTS that are reporting on HIV testing among TB patients. Thus lack of HIV test kits results in a facility's inability to report accordingly, creating a bias in reporting.	

5.2 Improved diagnosis of TB/HIV co-infection	5.2.2 TB patients with known HIV status Indicator Value: Percent 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 Denominator: Total number of TB patients registered over the same given time period.	56%	2011	80%	2012	Oct - Dec 2011 49% (912/1877)  Jan - Mar 2012 50% (1186/2352)  Apr - Jun 2012 49% (1239/2511)	Below the target	Lack of HIV test kits in health facilities. Directorate of HIV is in the process of procuring the HIV test kits.
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**Technical Area 6. Health Systems Strengthening**

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
6.1 Ensure that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.2 Government budget includes support for anti-TB drugs Indicator Value: Yes/No	No	2011	Yes	2012	No	No support from the government for TB drugs	Austerity measures by government due to lack of revenue

6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	99 (F:33, M:66)	2011	200 (F:80, M:120)	2012	Oct 11 - Dec12 247 (F:59,M:188)	Training for VCT counselor on TB screening tools & basics of TB Oct - Dec 2012 25	Challenge remains in having female participation in trainings.
	6.2.4 Establish 20 new TB diagnostic and treatment centers Description: The number of facilities providing TB diagnosis and treatment Indicator Value: number Level: National Source: NTP quarterly reports Means of Verification: health facilities reporting on TB/HIV activities Numerator: Number of health facilities with TB diagnosis and treatment Denominator: Number of functional state, county and PHCC in the country	42	2011	62	2012	65 (22 diagnostic centers, 44 diagnostic and treatment centers)  19% (66/345) of functional Primary health care centers and hospitals.	An additional TB diagnostic and treatment center has been added (Duk County).	Refurbishment of additional 7 health center laboratories is on-going. 5 of these are new centers, which will bring the total number of facilities to 71.  Low health facility DOTS coverage due to poor infrastructure and lack of human resources.

## Quarterly Activity Plan Report

1. Universal and Early Access								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Distribute annual report, SOPs, training manuals and job aids and develop NTP's 2012 annual plan	MSH	27,015	75%	Dec	2012	NTP operation plan 2013 to be developed in February 2013
	1.2.2	Support Supervision	MSH	5,940	100%	Dec	2012	Follow up on primary defaulters from JTH was also conducted in the quarter.
	1.2.3	Train clinicians and nurses	MSH	64,600	100%	Aug	2012	45 trained against a target of 50.
					92%			

2. Laboratories								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	Refurbishment of laboratories	MSH	82,500	50%	Apr	2013	Microscopes, Lab equipment and supplies have been delivered and handed over to NTP.  Renovation of 7 PHCC labs is in process and will be completed in the coming quarter.
	2.1.2	Train laboratory technicians/assistants	MSH	17,090	100%	May	2012	20 laboratory technicians (19 males and 1 female) have been trained on smear microscopy. The training was facilitated by NTP. Target was 25.
	2.1.3	Support EQA system and CRL	MSH	17,309	0%	Sep	2012	Cancelled. To be carried out in APA 3.
					50%			

4. PMDT								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Improved treatment success of MDR	4.1.1	MDR-TB and infection control guidelines	KNCV	57,063	100%	Jan	2013	Finalised. Ready for printing
	4.1.2	Training materials on MDR-TB	WHO	20,456	75%	Jan	2013	Finalised. Ready for printing
	4.1.3	Training of 2 staff on MDR-TB (regional training)	WHO	15,987	100%	Sep	2012	Two NTP central level staff attended an MDR-TB training in Cairo Egypt from 4th - 16th June 2012.
	4.1.4	Stakeholders meeting on MDR and infection control guidelines	MSH	6,420	100%	Sep	2012	This activity was to support development of the guidelines including TWG meetings and assessment visits.
					94%			

5. TB/HIV						Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	Support strengthened prevention of TB/HIV activities.	MSH	29,500	 100%	Mar	2012	TB CARE I supported the World TB day that was observed in Torit, EES on 30th March 2012. The activity was jointly conducted with NTP and WHO. IEC materials were printed and distributed during the celebrations. TB CARE I supported radio talk shows to disseminate TB/HIV educative messages national-wide using local FM stations.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	TB/HIV coordination meetings	MSH	26,119	 100%	Sep	2012	Conducted in June 2012. TB/HIV quarterly review meeting was attended by state TB coordinators and State HIV directors.
	5.2.2	Training of health care workers on PICT	MSH	20,317	 100%	Jun	2012	In order to improve on HIV testing among the TB patients and providing early quality services to TB/HIV infected patients, 22 (10 males and 12 female) health workers were trained on PICT. The training was conducted in Wau and included participants from health facilities in WBG, NBG and Warrap states.
						 100%		

6. Health Systems Strengthening						Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1	Support Global Fund TFM Proposal R12 for South Sudan	MSH	13,814	 100%	Dec	2012	The TB TFM proposal was submitted on 22nd October 2012. The last clarification was on the budget which the CCM responded on 4th December 2012. The proposal has been approved with some issues to clarify to the TRP by 4th March 2013.

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Integrate TB into PHC	MSH	11,850	 75%	Sep	2012	One assessment and one hands-on training was conducted to Duk payuel County to establish TB diagnosis and treatment in Duk Lost Boys Clinic (DLBC). This will be in addition to the 65 already existing TB diagnostic centers.
	6.2.2	Support technical group meetings and attendance to international conference	MSH	5,360	 100%	Nov	2013	One NTP staff has been supported to attend a TBIC training regionally. 1 NTP and 1 TB CARE staff attended the UNION conference in Malaysia.
	6.2.3	MOST for TB	MSH	26,162	 0%	Mar	2013	MOST for TB/HIV was a follow up on the previous meeting held in APA 1. However, due to competing priorities and challenges with human resources, NTP requested for postponement of this activity.
					 69%			

## Quarterly MDR-TB Report

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

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	6	0
Jan-Dec 2011	6	0
Jan-Mar 2012	0	0
Apr-Jun 2012	0	0
Jul-Sep 2012	0	0
Oct-Dec 2012	0	0
Total 2012	0	0

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

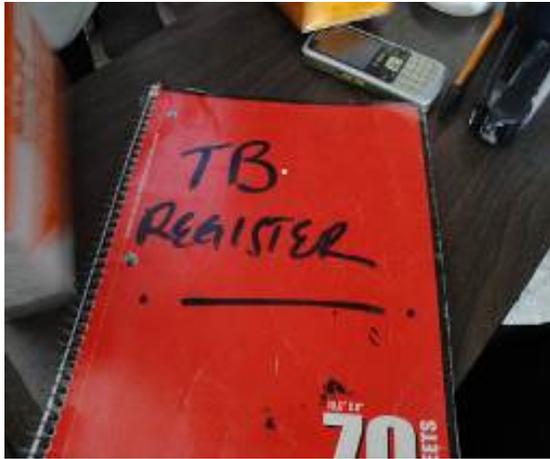


Figure 1: TB records before assessment



Figure 2: Dr. Macharia introducing standardized R&R tools

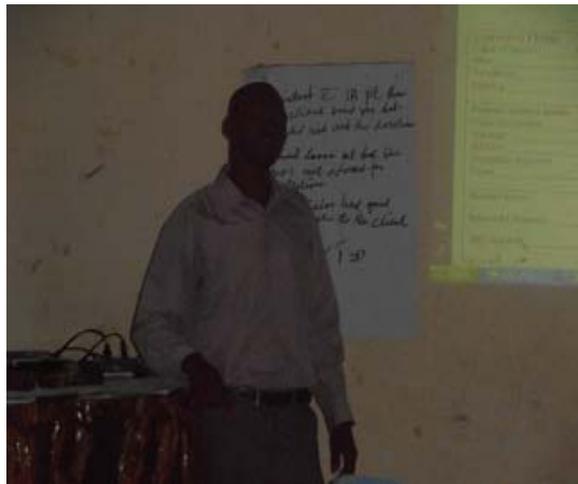


Figure 3: The State HIV Director facilitating a session



Figure 4: The field visit to Kapoeta ART center

Table 1: Enrollment of confirmed TB cases from JTH to other TBMU in Juba County - April - June 2012

**1<sup>st</sup> April – 30<sup>th</sup> June 2012**

		Lab Register JTH	No. Enrolled in TBMUs			Primary defaulters	
			JTH	Munuki	Kator	No.	%
<b>Sputum Smear results</b>	3+	25	17	2	1	5	<b>20%</b>
	2+	17	8	5	0	4	<b>24%</b>
	1+	25	8	5	1	11	<b>44%</b>
	Scanty	1	0	0	0	1	<b>100%</b>
<b>Aspirate</b>	Positive	1	0	0	0	1	<b>100%</b>
<b>Total</b>		69	33	12	2	22	<b>32%</b>

Table 2: Enrollment of confirmed TB cases from JTH to other TBMs in Juba County - Jul - Sep 2012

**1<sup>st</sup> July – 30<sup>th</sup> September 2012**

		Lab Register JTH	No. Enrolled in TBMUs			Primary defaulters	
			JTH	Munuki	Kator	No.	%
<b>Sputum Smear results</b>	3+	20	13	0	3	4	<b>20%</b>
	2+	25	19	3	0	3	<b>12%</b>
	1+	14	10	3	1	0	<b>0%</b>
	Scanty	3	2	0	0	1	<b>33%</b>
<b>Aspirate</b>	Positive	0	0	0	0	0	<b>0%</b>
<b>Total</b>		62	44	6	4	8	<b>13%</b>



**Figure 5 & 6: Kenyi Phillips verifying the content of lab equipment and supplies delivered to MSH office in Juba**

## Inventory List of Equipment - TB CARE I



# TB CARE I

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

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 #
Laptop Computer (Dell)		Aug 2009	\$2,000	0.00	Stolen	N/A			
Laptop Computer (Dell)	Dell LBL P/N: KX335A01	Aug 26, 2009	\$2,000	0.00	MSH office MoH complex, Juba	Good		MSH	
Microscope	Svizera Europe B.v	Mar 2010	\$1,190	0.00	MoH - Bentiu Hospital Laboratory	Good		MSH	
Microscope	Svizera Europe B.v	Mar 2010	\$1,190	0.00	MoH - Munuki PHCC laboratory	Good		MSH	
Microscope	Svizera Europe B.v	Mar 2010	\$1,190	0.00	MoH - Kator PHCC laboratory	Good		MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2,070	0.00	MOH- NTP warehouse (GLRA)			MSH	
Office chair	n/a	14/10/2011	\$190			Good		MSH	
Office chair	n/a	14/10/2011	\$190		MSH office MoH complex, Juba	Good		MSH	
Filling cabinet	n/a	14/10/2011	\$316		MSH office MoH complex, Juba	Good		MSH	
Book Case	n/a	14/10/2011	\$443		MSH office MoH complex, Juba	Good		MSH	

Book Case	n/a	14/10/2011	\$443		TB CARE I Country office (NTP / MoH-GOSS)	Good		MSH	
Laboratory desk	n/a	28/11/2011	\$316		Kaya PHCC	Good		MSH	
Laboratory chair	n/a	28/11/2011	\$114		Kaya PHCC	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Kaya PHCC	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Kaya PHCC	Good		MSH	
Laboratory desk	n/a	28/11/2011	\$316		Parjok PHCC	Good		MSH	
Laboratory chair	n/a	28/11/2011	\$114		Parjok PHCC	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Parjok PHCC	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Parjok PHCC	Good		MSH	
Laboratory desk	n/a	28/11/2011	\$316		Torit State Hospital	Good		MSH	
Laboratory Chair	n/a	28/11/2011	\$114		Torit State Hospital	Good		MSH	
Laboratory Stool	n/a	28/11/2011	\$190		Torit State Hospital	Good		MSH	
Laboratory Stool	n/a	28/11/2011	\$190		Torit State Hospital	Good		MSH	
Laboratory desk	n/a	28/11/2011	\$316		Juba Military Hospital	Good		MSH	
Laboratory chair	n/a	28/11/2011	\$114		Juba Military Hospital	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Juba Military Hospital	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Juba Military Hospital	Good		MSH	
Office desk	n/a	9/12/2011	\$316		TB CARE I Country office (NTP / MoH-GOSS)	Good		MSH	
Office desk	n/a	9/12/2011	\$316		TB CARE I Country office (NTP / MoH-GOSS)	Good		MSH	
Office desk	n/a	9/12/2011	\$316		TB CARE I Country office (NTP / MoH-GOSS)	Good		MSH	
Laptop Computer (Dell)	S/N: F497201	24,May, 2011	\$1,659	0.00	Hai Amarat, Airport Road, Juba, MSH	Good		Kenyi Phillips	
Laptop Computer (Dell)	S/N: 6ZSY2Q1	21,Jan, 2012	\$1,500	0.00	TB CARE I Country office (NTP / MoH-GOSS)	Good		Gladys Anyo	
Laptop Computer (Dell)	S/N: 46VY2Q1	21,Jan, 2012	\$1,500	0.00	TB CARE I Country office (NTP / MoH-GOSS)	Good		Dr. Stephen Macharia	
Canon Digital Copier (iR1024A)	2583B002[AB] DQY38939	July10, 2012	\$ 2,635.00	0	MSH office MoH complex, Juba	GOOD		MSH	
Dell optilex 990 desktop	6TZZBBX	July10, 2012				GOOD		MSH	
Dell monitor (19")	OT5JNN-728772-21V-DJ5M	July10, 2012	\$ 1,135.00	0	MSH office MoH complex, Juba	GOOD		MSH	

Dell Key Board	CN-01HF2Y-71616-1A4-0LTH	July10, 2012				GOOD		MSH	
UPS Mecer and Surge Protector	ME-3000-GRM	27-Sep-12	\$ 1,255.00	0	MSH office MoH complex, Juba	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B81030	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B81020	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B81022	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B81033	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B80975	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B81003	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B81023	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B81011	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2E80467	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B810994	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	
Olympus microscope Kit , C-plug Standard	S/N 2B81007	11-Sep-12	\$ 1,523.00	0	MOH- GLRA warehouse	New		MSH	

Key

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	TB CARE I
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- (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