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TB CARE I

TB CARE I - South Sudan

**Year 2
Quarterly Report
April-June 2012**

July 30, 2012

Quarterly Overview

Reporting Country	South Sudan
Lead Partner	MSH
Collaborating Partners	KNCV, WHO
Date Report Sent	
From	Stephen Macharia
To	Martin Swaka, USAID Mission
Reporting Period	April-June 2012

Technical Areas	% Completion
1. Universal and Early Access	50%
2. Laboratories	50%
4. PMDT	25%
5. TB/HIV	100%
6. Health Systems Strengthening	50%
Overall work plan completion	55%

Most Significant Achievements

Universal and Early Access: To improve on quality, TB CARE I has continued to support comprehensive visits comprising of clinicians and laboratory personnel to existing and new diagnostic and treatment centers. In total 2238 of all forms of TB and 773 new smear positive cases of TB cases were notified in period 1st January – 31st March 2012, which is 23% and 15% increase respectively compared to previous quarter. Only 70% (34/48) of the expected facilities reported during the period January – March 2012. Effort is being made to increase on DOTS coverage through integration of TB services into routine PHCC programs. Currently the number of TB diagnostic centers has increased from 65 to 70.

Laboratory: Strengthening of TB laboratory networking by establishing IQC systems in peripheral laboratories of the Central Equatoria State continues. A follow up to the baseline assessment was conducted in 7 out of 7 (100%) laboratories in CES and the information entered into database. Evaluation of the recommendations given during the baseline visit showed an improvement in quality of TB laboratory services and health workers are motivated through on-job trainings and availability of lab equipment and reagents. One remarkable achievement is that the laboratory health workers in Yei civil hospital have integrated TB diagnosis into their routine services and all staff now follows a duty roster (another achievement) to perform duties in the laboratory. Capacity of laboratory staff to carry out quality TB diagnosis continued with the training of 20 lab staff from WBG, NBG and Warrap states. The Lab Specialist has set up an intensive training procedure for building the capacity of lab technicians and the senior lab management officers at the level of the NTP. Eight job aids have been developed and validated by MoH/NTP and implementation has begun already

PMDT: NTP still sends samples to CRL in Nairobi for culture and DST for routine surveillance. To date 98 samples have been sent to Nairobi. Cumulative number of patients confirmed as MDR is 6.

TB/HIV: The percentage of the DOTS centers providing TB/HIV services is at 65% with about 51% of all diagnosed TB patients (previous quarter 48%) knowing their HIV test results for the period Jan – Mar 2012. The proportion was low due to lack of HIV test kits in some of the TB/HIV sites. TB/HIV quarterly review meeting was held in Juba and all the 10 states were represented. NTP and TB CARE I participated in a meeting organized by HIV the directorate where the tools were revised to capture adequate data on TB/HIV. TB screening tools were introduced and referral mechanisms discussed including the follow up of patients on TB treatment.

Health System Strengthening: In order to improve the capacity of central level NTP, 2 health workers attended inter-country workshop for MDR-TB community management in Cairo, Egypt and 1 health worker attended a TB Infection Control course in Kigali Rwanda.

Overall work plan implementation status

Overall workplan implementation is about 55%.

Technical and administrative challenges

There has been delays in the implementation of activities that require TA due to the fact that there were competing priorities within the NTP. The GF activities that were delayed had to be implemented to ensure that the grant scores high which has an effect on the future of GF funding.

The challenge remains of the CRL not being functional to date which is affecting the setting up of an EQA system in the improved laboratories. The Lab Specialist has worked intensely with an international architect to redesign the floor plan, containment and ventilation of the TB reference lab. The cost for re-designing was estimated in March of 2012 to be close to \$341,000

Development of PMDT guideline was supported with grants from GF and thus the funds will be re-programmed. TA on the follow up on MOST for TB/HIV workshop conducted in APA 1 will be postponed to next workplan.

Transport remains a challenge and the program is waiting for approval for procurement of the vehicle from USAID/Washington.

The challenge in the implementation of the workplan is with the STTAs which have been affected competing priorities in the NTP. Only one of the six TAs have been achieved so far. Discussion are underway to reprogram or postpone some TAs to the APA 3

In-country Global Fund status and update

TFM proposal was submitted. TB CARE I provided Technical Assistance to South Sudan to develop their Global Fund Transition Funding Mechanism proposal. MSH Regional Advisor, Eliud Wandwalo was the lead consultant in the TFM proposal development. The mission was conducted from 21st February to 6th March, 2012. During the mission the first draft of TFM proposal was developed. The proposal has four main objectives, six service delivery areas (SDA) and 14 activities. The total budget for the TFM for two years is USD 9.3 million; 4.8 million in year 2014 and 4.5 million in 2015. The performance framework with clear indicators was also developed. The proposal was presented in adhoc CCM meeting on 6th March 2012.

Based on the recommendation from the CCM members, the TFM was finalized and submitted for approval on 8th March 2012. The CCM submitted the final GFTFM proposal to Global Fund on 31st March.

PMDT guidelines have been developed through GF R7.

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y2		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.	2	2011	3	2012	3	NGO supported through GF have community based TB program. However, areas under NTP/WHO supervision use TB patients and the family members to provide CB-DOTS.	
	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	7400	2012	Reporting period Oct 2011 - Mar 2012 55% (4050/7400)	Based on quarter Oct-Dec 2011, there has been an increase in case notification of 23% (all forms) and 19% (new smear positive) in the period Jan - Mar 2012.	

Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		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	NTP strategic plan for TB control 2013-2017 developed. The biggest component of the strategic plan is on Pursue high quality DOTS Expansion and Enhancement	

Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
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	n/a	n/a				Despite having 6 confirmed MDR-TB cases and despite NTP sending samples to Nairobi for Culture and DST, the management of the MDR-TB has not been established in S. Sudan. Through GF support, MDR-TB guidelines were developed during this quarter.	There are no funds to support MDR-TB management in the country. WHO is looking for resources to procure drugs for the MDR-TB patients. Negotiations are taking place to have one structure in JTH renovated for M(X)DR-TB management.

Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		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 2012 65% (28/43) Jan - Mar 2012 65% (28/43) Apr - Jun 2012 Data not available	TB state coordinators and HIV directors from state held a two days meetings in Juba to discuss the lessons learned and how to work as a team in the state.	The challenge remains of lack of HIV test kits in the country. HIV directorate has received some funding from the government and the procurement of the kits is on-going.
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 50% Jan - Mar 2012 51% Apr - Jun 2012 Data not available	The government has mobilize resources to procure HIV test kits	The challenge remains of lack of HIV test kits in the country. HIV directorate has received some funding from the government and the procurement of the kits is on-going.

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	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	NTP strategic plan for TB control 2013-2017 developed to mobilize resources. Few other donors are expressing interest in funding TB control activities in the country. The government has expressed its inability to pay salaries for the employed or even to employ any new staff.	Limited government resources because of the oil shut down which was contributing to 98% of the government budget. There is a major shortage of human resources and logistics.
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	Apr - June 2012 63 (F:15, M:47) Cumulative to date (F:43, M:154)	Capacity of laboratory staff to carry out quality TB diagnosis continued with the training of 20 lab staff from WBG, NBG and Warrap states and 22 health workers trained on PICT to improve on HIV testing among the TB patients and providing early quality services to TB/HIV infected.	Challenge remains in having female participation in trainings. One training for clinicians and nurses on TB management and one for VCT counselors on the basics of TB has been planned for the coming quarter.
	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	43	Currently TB diagnostic and treatment centers that are regularly reporting are 43. 27 health facilities are diagnosing and referring TB patients. Assessment has been done to refurbish 7 additional in APA2.	27 health facilities are diagnosing and referring patients for treatment. Efforts are being made to upgrade h/facilities with TB diagnostic services to include TB treatment. Seven laboratories (6 new & 1 existing TB unit) will be refurbished to integrate quality TB diagnosis. This will bring to 76 (10 through TB CARE I) diagnostic centers in South Sudan.

Quarterly Activity Plan Report

1. Universal and Early Access					Planned Completion	Cumulative Progress and Deliverables up-to-date		
Outcome	Activity #	Activity	Activity Leader	Approved Budget				Month
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	25%	Dec	2012	SOPs have been validated for printing, Strategic plan is awaiting to be validation by the MoH before the printing is done.
	1.2.2	Support Supervision	MSH	5,940	75%	Sep	2012	A follow up visit was conducted to 7 health facilities by a joint lab team comprising of TB CARE I lab specialist, NTP lab and M&E personnel. Support visits ensued to Torit state hospital lab and Parjok PHCC - 2 of the newly established diagnostic & treatment centers
	1.2.3	Train clinicians and nurses	MSH	64,600	50%	Aug	2012	Training planned for August 2012
					50%			

2. Laboratories					Planned Completion	Cumulative Progress and Deliverables up-to-date		
Outcome	Activity #	Activity	Activity Leader	Approved Budget				Month
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	25%	Sep	2012	Assessment and final plans for the refurbishment of 7 laboratories have been finalized. The process of hiring a contractor to do the renovation works is on-going.
	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.
	2.1.3	Support EQA system and CRL	MSH	17,309	25%	Sep	2012	Strengthening of TB laboratory networking by establishing IQC training programs in peripheral laboratories of the Central Equatoria State continued. The non- functioning of CRL remains a challenge for EQA activities to begin.
					50%			

4. PMDT						Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	
4.1 Improved treatment success of MDR	4.1.1	MDR-TB and infection control guidelines	KNCV	57,063	0%	Sep	2012	MDR-TB guidelines have been developed through GF. There is a need for the funds to be re-programmed. SOW to develop TBIC guidelines has been shared with NTP for comments. This activity has been planned for September 2012.
	4.1.2	Training materials on MDR-TB	WHO	20,456	0%	Sep	2012	Not done. WHO is looking for a consultant to develop the training material
	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	0%	May	2012	This activity was to programmed to support activity 4.1.1
					25%			

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.
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 PITC	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 PITC. The training was conducted in Wau and included participants from health facilities in WBG, NBG and Warrap states.
					100%			

6. Health Systems Strengthening								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						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%	Mar	2012	GF TFM proposal developed and submitted to the GF through CCM South Sudan on 31st March 2012. GF have acknowledged receipt of the TFM TB proposal.
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	 50%	Sep	2012	Assessment has been completed for the 7 laboratories to be refurbished for integration. On-job trainings and mentorship will follow.
	6.2.2	Support technical group meetings and attendance to international conference	MSH	5,360	 50%	Nov	2013	NTP deputy manager supported to attend TBIC course in Kigali, Rwanda. 2 NTP staff and 1 TB CARE I staff to attend the Union Conference in Malaysia
	6.2.3	MOST for TB	MSH	26,162	 0%	Mar	2013	Postponed to 2013
					 50%			

Quarterly MDR-TB Report

Country	South Sudan
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Period	April-June 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-Sep 2011	0	0
Oct-Dec 2011	0	0
Total 2011	6	0
Jan-Mar 2012	0	0
Apr-Jun 2012	0	
To date in 2012	0	0

Quarterly GeneXpert Report

Country	South Sudan
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Period	April-June 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-Jun 2012	Cumulative total		
# GeneXpert Instruments	0		0	0	n/a
# Cartridges	0		0	0	n/a

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) ¹	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ 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) ¹	Comments
	1				
	2				
	3				
	4				
	5				

*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)



Figure 1: Dr. Lou (Deputy NTP manager) and Anthony (NTP laboratory program officer) during training on PMDT in Cairo, Egypt



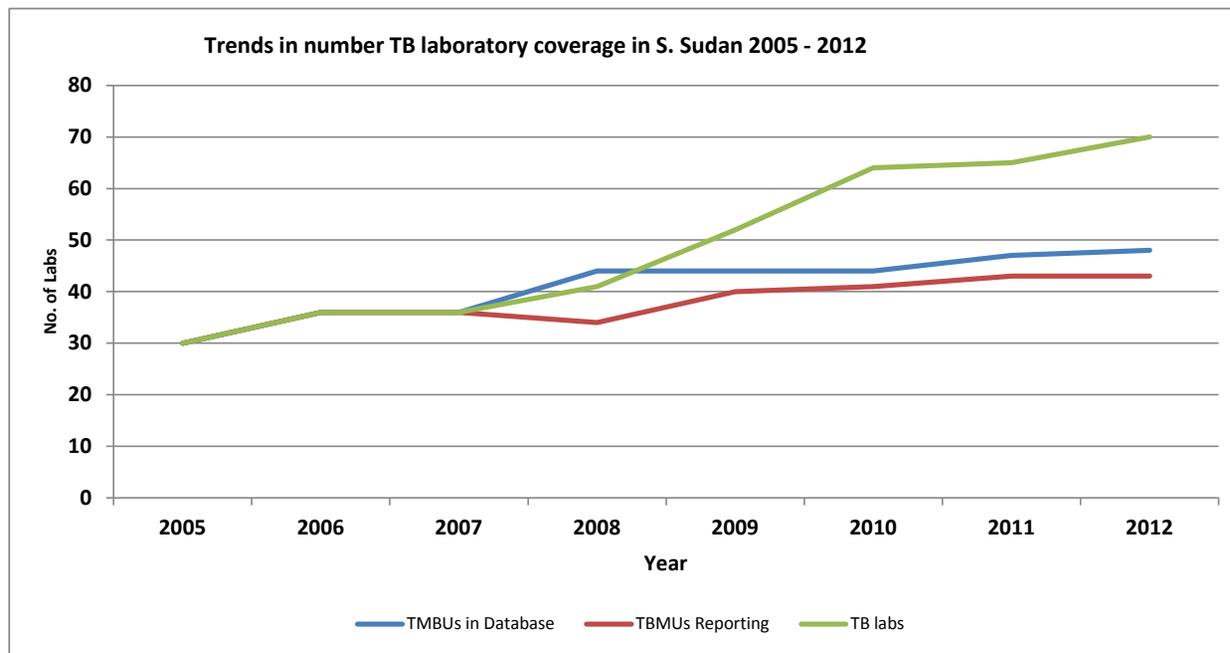
a study tour to learn infection control practices in Butaro Hospital, Northern Rwanda



Figure 3: Group photo for the participants attended the TB/HIV review meeting in Juba, South Sudan



Figure 4: HIV director, Upper Nile state giving a overview of HIV activities in the State.



DOTs facility coverage in S. Sudan 2005 - 2012

	2005	2006	2007	2008	2009	2010	2011	2012
No. h/f	n/a	n/a	n/a	n/a	n/a	n/a	1147	1147
Diagnostic &/or *DTC	30	36	36	41	52	64	65	70
% coverage	n/a	n/a	n/a	n/a	n/a	n/a	5.70%	6.10%



Dr. Gladys Anyo - On site training covering safety precautions for sputum collection, sample reception and smear preparation

Inventory List of Equipment - TB CARE I



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TB CARE I

Organization:	TB CARE I
Country:	South Sudan
Reporting period:	April-June 2012
Year:	APA 2

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	Hai Amarat, Airport Road, Juba, MSH	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		Hai Amarat, Airport Road, Juba, MSH	Good		MSH	
Office chair	n/a	14/10/2011	\$190		Hai Amarat, Airport Road, Juba, MSH	Good		MSH	
Filling cabinet	n/a	14/10/2011	\$316		Hai Amarat, Airport Road, Juba, MSH	Good		MSH	
Book Case	n/a	14/10/2011	\$443		Hai Amarat, Airport Road, Juba, MSH	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	Hai Amarat, Airport Road, Juba, MSH	GOOD		MSH	
Dell optilex 990 desktop	6TZZBBX	July10, 2012	\$ 1,135.00	0	Hai Amarat, Airport Road, Juba, MSH	GOOD		MSH	
Dell monitor (19")	OT5JNN-728772- 21V-DJ5M	July10, 2012				GOOD		MSH	
Dell Key Board	CN-01HF2Y-71616- 1A4-OLTH	July10, 2012				GOOD		MSH	

Key

	TB CAP
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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