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TB CARE I

TB CARE I - Uganda

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

October 30, 2012

Quarterly Overview

Reporting Country	Uganda
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	
From	TB CARE I Uganda
To	USAID Mission
Reporting Period	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	51%
4. PMDT	67%
5. TB/HIV	50%
6. Health Systems Strengthening	56%
Overall work plan completion	56%

Most Significant Achievements

Universal and Early Access:

Support supervisions to improve recording and reporting in Kampala: A total of 23 (out of the 38) health facilities were visited by a team of technical officers of TB CARE I, Kampala City TB control officer and the five division supervisors. The focus of the supervision was on proper recording and reporting to improve on treatment outcomes.

Revitalisation and update of Division TB registers: With support from TB CARE I, five division supervisors created and compiled division register for 2012 patients. This data has been used in the compilation of the third quarter NTLN reports.

Phone call reminders to reduce defaulters: Health facility TB focal persons were provided with monthly airtime to call patients who had defaulted or missed appointments. A total of 309 calls were made to patients who had defaulted; 59 patients were confirmed to be dead, 204 confirmed to have completed TB treatment from other health facilities and 24 were verified as defaulters while 7 were failures/MDR. With the positive results realised from this intervention, TB CARE I will continue providing monthly airtime to health facilities within Kampala

Printing and distribution of TB cards: 10,000 TB cards were printed and distributed to all health facilities providing TB services in Kampala

Weekly coordination meetings for Kampala: In order to strengthen coordination of activity implementation and information sharing in Kampala, weekly meetings have been introduced and supported by TB CARE I. These are attended by TB CARE I, KCCA and NTLN

Programmatic Management of Drug Resistant TB (PMDT)

Mulago MDR TB ward renovation: The selection for the a consultant to renovate Mulago ward was finalised and renovation will start in October 2012 and is expected to be completed in December 2012.

PMDT Technical Assistance (TA) Mission: During the quarter, two TA missions were received in the country. One mission on TB Infection Control related to MDR TB ward renovation in Mulago was led by Max Meis . Max Meis reviewed building designs ; ensured all previous TA recommendations were incorporated; developed terms of reference for all stakeholders during construction work; and reviewed renovation bills of quantity. The other was a joint KNCV/TBCARE I, UNION and WHO mission that reviewed the scale up of PMDT in the country and formation of PMDT central team.

TB/HIV

Joint TB/HIV support supervision visits to Zones: All 9 NTLN zones were visited during the first round of TB/HIV support supervision conducted by technical staff of TB CARE I, together with NTLN staff and implementing partners . In total 209 health facilities were visited. Key issues include low uptake of ART for TB/HIV patients, poor infection control practices, and unclear messages on IPT implementation. Comprehensive TB/HIV services are not offered across a spectrum of health facilities. On site support was given during the visits and emerging issues have been shared during the quarterly STOP TB partnership meeting and NTLN quarterly Zonal meeting.

Re-activation of TB/HIV National Coordination Committee meetings: TB CARE I supported the re-activation of the TB/HIV NCC meetings that brings together implementing partners under the National TB Program and the AIDS Control Program. All four technical working groups have be re-constituted and one meeting has been held by the policy and planning group to review the national TB/HIV guidelines. The meetings are held on a quarterly basis

Health Systems Strengthening

National TB Strategic Plan: 2012/13-2014/15: A local consultant was contracted by TB CARE I to support NTLN finalise the National TB Strategic Plan. Two stakeholders' meetings have been organised by the consultant to solicit for input from TB implementing partners and also review the draft plan. The consultant is finalizing the plan.

Uganda STOP TB Partnership Quartely meeting: TB CARE I supported the 3rd Quarter Uganda STOP TB partnership coordination meeting and one meeting for the Kampala DOTS expansion working group . In the USTP meeting, information from partners on the following issues were shared: TB prevalence survey , Isoniazid Preventive Therapy, among others. The Kampala DOTS expansion working group elected office bearers and agreed on plans to further support effective management of TB within Kampala

Overall work plan implementation status

Overall work plan implementation has reached 56% as compared to 60% of project lifetime completed. The bulk of the project procurements have been made and Mulago MDR TB ward renovation will start in October 2012. The routine health facilities support supervisions are on-going as well as programatic management of drug resistant TB

Technical and administrative challenges

1. Termination of the division supervisors by KCCA has greatly affected the support supervision activities within the Kampala health services
2. Inadequate human resources and infrastructure to support the MDR-TB roll out and implementation.

In-country Global Fund status and update

Global Fund has held a series of consultative meetings to draft TORs for the field teams that will be undertaking the TB prevalence survey. They have also provided technical support supervision at both central and zonal level; supported quarterly review meetings at central and zonal level and provided mentorship and support supervision under TB specimen referral system.

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	Y1		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.5 Number (and percent) of facilities in Kampala covered by support supervision visits Indicator Value: Number/Percent Level: Kampala Source: NTP records Means of Verification: Project technical and financial reports Numerator: Number and type of facilities in Kampala covered by support supervision visits Denominator: Total number of facilities in Kampala providing TB control services	8/36	2011	18/36	2012	19/38 (50%)	23 health facilities were visited by support supervision and mentorship teams including the TB CARE I Technical Officer, Kampala TB Control Officer and the Kampala Divisions TB & Leprosy Supervisors (DTLS)	Challenges: Effective August 2012, Kampala Capital City Authority (KCCA) terminated services of all staff of the defunct Kampala City Council (KCC), to which the division supervisors belonged. TB CARE I has had to hire the services of the division supervisors to conduct support supervision within the 23 health facilities Next Steps: KCCA has identified new division supervisor and their respective assistants. TB CARE I will support their training and orientation into TB management and supervision
	1.2.8 Number of defaulters receiving monthly SMS for treatment adherence Indicator Value: Number Level: Kampala Source: NTP Means of Verification: Project technical and financial records Numerator: Number of defaulters in Kampala receiving SMS	N/A	2011	700	2013	0	Negotiations to contract company to send SMS were halted due to the ban imposed by Ministry of Health on all e-health innovations in the country.	Challenges: Treatment adherence text messages have not been sent out to the patients. Next Steps: Dialogue with Ministry of Health to try to get clearance for sending monthly SMS for TB treatment adherence

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	4.1.2 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.	NA	2011	70%	2012	0	Some patients have been started on ambulatory treatment in Mulago as ward renovation is set to begin in October 2012.	Challenges: Enrolment of MDR TB patients initially delayed (January-March 2012) due to the insufficient MDR TB drugs within the country at the beginning of the year Next Steps: Follow up monitoring for MDR TB patients enrolled on drugs
	4.1.5 Number of diagnosed MDR-TB patients who are enrolled on treatment Indicator Value: Number Level: National Source: Quarterly reports Means of Verification: MDR TB register Numerator: Number of MDR TB patients enrolled on treatment	17	2011	60	2012	24	A total of 24 diagnosed MDR TB patients have been enrolled on treatment since April 2012. Of these, 21 were started in this quarter	Challenges: Inadequate human resources and infrastructure across the country to support the MDR-TB roll out and implementation. Next steps: Establish regional PMDT panels to support initiation of patients on second line drugs under ambulatory treatment
	4.1.6 Number of MDR-TB beds made available through renovation of wards in Mulago hospital Indicator Value: number Level: Hospital Source: NTP records Means of Verification: Project technical and financial reporting Numerator: Number of beds	0	2011	30	2012	0	Procurement of beds was deferred till when Mulago TB Ward renovations has been commenced	Next steps: Procurement of beds to be effected in the next quarter

Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
5.3 Improved treatment of TB/HIV co-infection	5.3.3 Number of TB/HIV National coordination committee meetings supported Indicator Value: Number Level: National Source: Project reports Means of Verification: Meeting minutes	0	2011	5	2012	2	TB/HIV National Coordination Committee (NCC) re-activation meeting held in July 2012. One meeting for the Policy and Planning technical working group was held to revise the National TB/HIV guidelines	Challenges: The process of revising guidelines to address issues of IPT and ART is still slow Next Steps: Support more technical working group meetings to accelerate revision of guidelines.
	5.3.4 Number of joint bi-annual supervision visits conducted Indicator Value: Number Level: National Source: Project reports Means of Verification: Supervision reports	0	2011	9	2012	9	For the first round of the TB/HIV joint supervision visits, all 9 NTP zones were visited; 6 of which in this quarter	Challenges: Preparing and conducting activities as scheduled is usually a challenge due to other emerging activities by the NTLP. Next steps: Presentation of First round visits' findings and preparation for the Second round visits to be conducted next quarter

Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national	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.	NA	2011	478	2013	12	None trained this quarter	Challenges: Intended training for KCCA divisional supervisors was deferred till when new division supervisors are appointed by KCCA Next steps: Train the newly appointed division supervisors next quarter

plans, strategies and service delivery of these components	6.2.4 National TB strategic plan finalized Indicator Value:Yes/No Level: National Source: Project reports Means of Verification: National Strategic Plan	No	2011	Yes	2012	No	Supported NTLP to hold 2 stakeholders' meetings to review the draft National TB strategic Plan. Consultant in process of effecting suggested changes	Next steps: Local consultant to finalise the plan and submit for approval
	6.2.5 Annual Implementation Plan developed Indicator Value:Yes/No Level: National Source: Project reports Means of Verification: Annual Implementation Plan	No	2011	Yes	2013	No	Development of the Annual Implementation Plan (AIP) is on going	Next steps: Local consultant to finalise the plan and submit for approval

Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Conduct quarterly supervisions by two zonal supervisors and monthly supervisions by six division supervisors	KNCV	32.225	50%	Quarterly	2013	TB CARE I Technical officers, together with the 6 Division supervisors and 1 KCCA TB Control Officer conducted support supervision visits to 23 health facilities within Kampala. Focus this quarter has been on tracing defaulter patients and those that have missed appointments.
	1.2.2	Conduct 2 trainings of 18 supervisors, by 4 facilitators for 5 days	KNCV	4.533	0%	April	2012	Training postponed because Kampala Capital City Authority (KCCA) terminated services of all staff of the defunct Kampala City Council (KCC), to which the division supervisors belonged. The new division supervisors that will be appointed, together with their assistants, will be trained in next quarter
	1.2.3	Revise & print 10,000 patient cards, unit Reg 200 copies Division Reg 30 copies	KNCV	3.167	80%	April	2012	10,000 patient cards revised, printed and delivered to health facilities. Unit and Division registers have been revised and are in the process of being printed and will be distributed to the health facilities next.
	1.2.4	Send reminders to patients by mobile phone and provide monthly airtime to facilities for defaulter retrieval	KNCV	40.755	50%	Monthly (Jan)	2013	23 health facility TB Focal Persons have been facilitated with monthly airtime to call defaulters and missed appointment patients. SMS reminders to patients by mobile phone has not taken off because of the ban placed by Ministry of Health on e-health innovations in the country
	1.2.5	Procure two computers for two zonal supervisors	KNCV	2.400	100%	March	2012	Activity completed by April 2012. Laptops were procured and handed over to the Kampala Zonal TB & Leprosy Supervisor and Kampala TB Control Officer. The laptops were branded with USAID TB CARE I logos and engraved as well.
	1.2.6	5 meetings of 6 DTLS ¹ for 3 days each	KNCV	3.750	40%	Monthly (Jan)	2013	2 meetings so far held; April and July 2012. The meetings are used to harmonise division data so as to improve reporting and treatment outcomes.
	1.2.7	A GIS will be designed to monitor case holding and defaulters as well as MDR	KNCV	4.800	90%	January	2013	GIS Local Consultant was engaged, training was done, training report finalized and GIS maps produced. GIS for MDR TB will be done in subsequent quarters.
	1.2.8	1 day training of field staff and 3 days of field work	KNCV	3.527	100%	March	2012	Activity conducted in April-May. It was an assessment of TB control activities within Kampala city health facilities and divisions. The findings have been used to re-align interventions to address the problems in Kampala

	1.2.9	Two technical officers will visit 10 neighboring districts for five days for the last 3 quarters	KNCV	12.500	 0%	January	2013	Activity not yet done because follow up cases to the 10 neighbouring districts are <3%. So far phone calls are being made to the distant districts to follow up those cases
	1.2.10	A lessons learned document will be developed, printed and disseminated based on experience with support of local consultant	KNCV	1.417	 50%	January	2013	Lessons learnt and best practices documentation consultant contracted. Log to capture lessons learnt developed and exercise of documenting these started.
	1.2.11	International TA to build capacity of the local team and monitor the quality of implementation	KNCV	33.762	 0%	June	2012	Consultant has been identified from the Regional Office in Nairobi and scope of work has been drafted. The consultant is expected to conduct this TA in the next quarter.
					 51%			

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	IC consultant 2 missions (the first mission (Max+Merid) already took place in October 2011). The second mission will take place in the 3rd quarter.	KNCV	27.718	100%	October	2012	TB infection control assessment was done in November 2011. Infection control consultant from KNCV HQ conducted PMDT TA in September 2012 that involved reviewing infrastructure in Mulago hospital in relation to infection control guidance, reviewed BoQs, provided guidance to the MDR TB ward renovation supervisors and was involved in the selection of the contractor to renovate the ward.
	4.1.2	Remodelling of MDR-TB unit. 2 wards each with 3 isolation rooms for XDR	KNCV	270.000	50%	July	2012	Contract for renovation of the Mulago MDR TB has been selected and work will begin in October 2012; expected to complete work by December 2012.
	4.1.3	500 copies will be printed and disseminated	KNCV	4.167	100%	March	2012	Guidelines for TB Infection control copies printed and dissemination in July 2012
	4.1.4	20 selected staff 5 days, non residential	KNCV	3.863	85%	August	2012	Activity completed in April-June period: 12 (10 Female, 2 Male) Mulago staff trained in MDR TB patient management during the second quarter. Additional staff to be trained in 4th quarter
	4.1.5	60 patients (30 x 2) will be supported through max. 60 local clinics	KNCV	29.250	0%	January	2013	To be done next quarter since renovation of the Mulago MDR TB ward has began
	4.1.6	6 staff from MDR-TB unit and NTLN will be trained at CoE in Kigali	KNCV	10.716	0%	Sept	2012	This activity was postponed. NTLN advised that the activity should be conducted after some MDR TB patients have started treatment.
	4.1.7	2 fridges for storage of PAS	KNCV	2.000	100%	July	2012	1 fridge procured and handed over to Mulago in the April-June period. NTLN preferred to have 2 small fridges instead of 1 big fridge. These have been procured and will be handed over to NTLN
	4.1.8	Procure audiometer	KNCV	5.000	80%	July	2012	Price exceeded money initially allocated to purchase this item. Request for additional funds was sent to USAID and approved. Process for procurement has been re-started and audiometer has been imported. Delivery and handover will be in the next quarter
	4.1.9	3 Missions	KNCV	51.923	33%	Dec	2012	One joint PMDT mission (KNCV/TB CARE I, WHO and UNION) conducted in September 2012. The mission focussed on re-vitalising PMDT, advising on PMDT scale up plan and reviewing selected PMDT sites. The mission debriefed NTLN stakeholders and the Director General of Health Services. Next 2 PMDT mission to be conducted; one in the quarter and one next year

	4.1.10	Dr. Samuel Kasozi will provide full-time support for the project	KNCV	25.000	60%	March	2013	Dr. Samuel Kasozi continues to support NTLP on MDR TB issues. Activities done include: writing the MDR TB expansion plan, training health workers on PMDT, participating in process to ensure renovation of MDR TB ward, revitalisation of PMDT team and supporting PMDT missions in country
	4.1.11	Central PMDT team will be revitalized through training and regular meetings	KNCV	1.458	100%	July	2012	Central PMDT team formed and oriented. Terms of Reference have been issued to the team members.
	4.1.12	A writing team will be formed and a stakeholders meeting will be organized	KNCV		100%	July	2012	PMDT roll out plan completed and submitted to Director General of health services for review and endorsement. TB CARE I, WHO, Global Fund, NTLP and other stakeholders have participated in its compilation.
					67%			

5. TB/HIV						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.3 Improved treatment of TB/HIV co-infection	5.3.1	9 teams per NTLP zone, each 2 officers, 1 vehicle/ team, 1 driver per team, 2 visits/year for 10 days	KNCV	36.188	50%	January	2013	TB/HIV joint support supervision visits conducted in all 9 NTLP zones. Dissemination of findings to different stakeholders is on-going. Second round of supervision to be done in the next quarter.
	5.3.2	5 Quarterly meetings of 1 day	KNCV	1.979	40%	January	2013	TB/HIV National Coordination Committee re-activation meeting held in July 2012. One additional meeting for the Policy and Planning technical working group was held to revise the National TB/HIV guidelines
	5.3.3	Salaries of 6 non governmental staff to complete HAART study	KNCV	31.032	60%	December	2012	Payments to TB HAART study staff were made for months of January to September 2012.
					50%			

6. Health Systems Strengthening						Planned Completion		
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,	6.2.1	Non residential workshop of 15 TWG members of 3 days each	KNCV	1.240	0%	June	2012	Planned for the period October-December 2012
	6.2.2	1 day workshop for stakeholders to review and give inputs to the draft for finalization	KNCV	2.396	100%	May	2012	A total of 18 TB implementing partners attended and participated in the National TB Strategic Plan stakeholders' review workshop held in September 2012
	6.2.3	Printing 1000 copies	KNCV	8.333	0%	June	2012	To be printed after finalization of the National strategic plan.

community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.4	Two day workshop for stakeholders	KNCV	2.500	 100%	June	2012	A total of 19 TB implementing partners were represented in the 2-day National TB Strategic Plan workshop that provided insight in drafting of the plan. This was held in August 2012
	6.2.5	One day meeting quarterly	KNCV	8.021	 75%	Quarterly (January)	2013	Supported coordination meeting for the STOP TB partnership in September 2012. So far, 3 meetings have been held since January 2012.
	6.2.6	Car maintenance, car rental, procurement of motorbikes	KNCV	38.438	 50%	March	2013	2 NTLP cars repaired (MDR TB consultant and Kampala ZTLS). Maintenance for the NTLP PM's car. Procurement of 3 motorcycles for division supervisors will be done next quarter after certificate of registration of KNCV as an NGO has been awarded.
	6.2.7	One TA for finalizing the national strategic plan	KNCV	1.500	 90%	May	2012	Contracted local consultant has collated and compiled information for the National TB Strategic Plan. The consultant has facilitated 2 stakeholders' meetings for review of the draft. Suggestions and recommendations have been incorporated.
	6.2.8	One TA to prepare annual implementation plan templates, facilitating the stakeholders and assisting NTP to prepare the plan	KNCV	1.500	 85%	June	2012	Activity is still on-going, done concurrently with National TB Strategic Plan revision
	6.2.9	International TA to build capacity of the local team and monitor the quality of implementation	KNCV	33.762	 0%	November	2012	Expected in next quarter.

 **56%**

Quarterly MDR-TB Report

Country	Uganda
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Period	JULY-SEPTEMBER 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
Total 2010	86	9
Jan-Sep 2011	57	2
Oct-Dec 2011	14	5
Total 2011	71	7
Jan-Mar 2012	7	0
Apr-Jun 2012	8	3
Jul-Sep 2012	24	21
To date in 2012	39	24

Quarterly GeneXpert Report

Country	Uganda
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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 2011	Cumulative Total		
# GeneXpert Instruments	0	0	0	0	jan-00
# Cartridges	0	0	0	0	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) ¹	Partner/ Implementing Organization; Additional Comments
	0	0	0	0	0

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
	0	0	0	0	0

*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)

TB CARE I in Uganda does not plan to procure any Gene Xpert machines or cartridges

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)



Program Manager NTLP (Left) handing over the MDR TB drug storage fridge procured by the TB CARE I project to the Head of TB Unit Mulago National Referral Hospital



Mulago National Referral Hospital administrator (Right) handing over the renovation plan of the Mulago MDR TB Ward to the contractor.



Part of Mulago National Referral Hospital MDR TB Ward that is to be renovated with support from TB CARE I project



Cross section of participants that attended the re-activation meeting of the TB/HIV National Coordination Committee held in July 2012



Stakeholders reviewing the draft National TB strategic plan (2012/13-2014/15) in September 2012

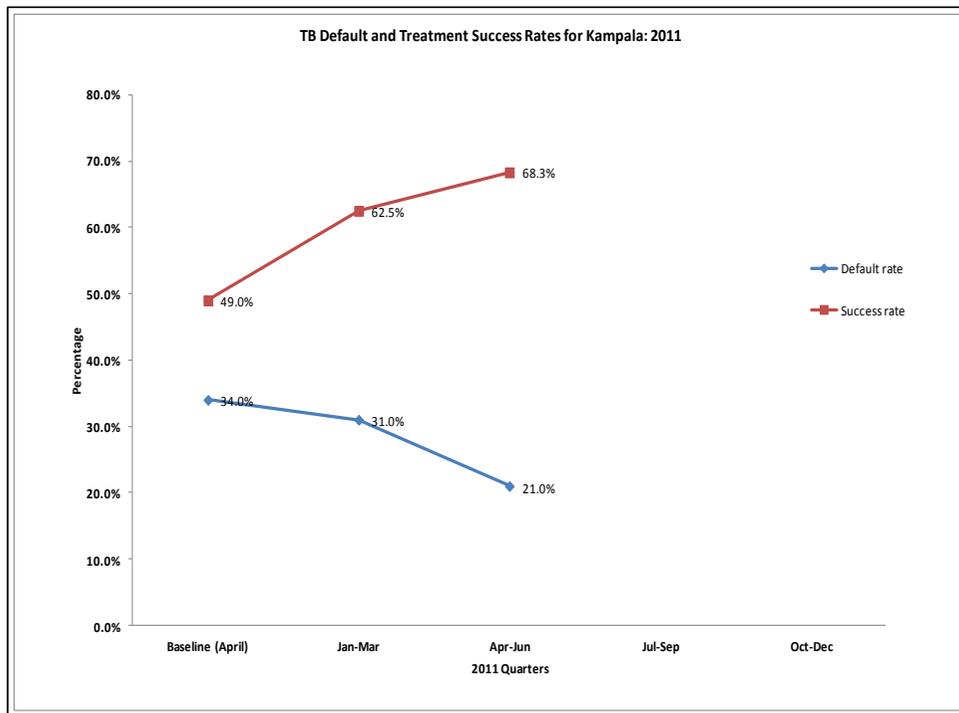


Fig 1 shows the default and treatment success rates for TB patients in Kampala . Improvement in treatment success rates and decline in default rates has been due to targeted supervision, improvement in recording and reporting and phone calls to defaulters

Inventory List of Equipment - TB CARE I



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Organization:	TB CARE I
Country:	UGANDA
Reporting period	30.09.2012
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 #
HP Laptop - Nbi office		16.01.2012			Kololo Office	Good	Not decided	KNCV-Nairobi	
Filing Cabinet -Zenith	N/A	10.03.2012	300000	45.763	Wandegeya Office	Good	Not decided	KNCV	
Dell Laptop	9D797RI	21.03.2012	2880000	0,00	Wandegeya Office	Good	Not decided	KNCV	
HP Laserjet printer	CNCF322319	21.03.2012	1200000	0,00	Wandegeya Office	Good	Not decided	KNCV	
HP Laptop	CNU2112540	26.04.2012	2.129.400	0,00	KCCA Supervisors	Good	Not decided	KNCV	
HP Laptop	CNU21125PP	26.04.2012	2.129.400	0,00	KCCA Supervisors	Good	Not decided	KNCV	
HP Laptop	CNU2030LLS	05.04.2012	2.129.400	0,00	Kololo Office	Good	Not decided	KNCV	
HP Laptop	CNU2030MG6	05.04.2012	2.129.400	0,00	Wandegeya Office	Good	Not decided	KNCV	
HP Laptop	CNU2030LL5	05.04.2012	2.129.400	0,00	Wandegeya Office	Good	Not decided	KNCV	
HP Laptop	CNU2081XY4	23.05.2012	2.129.400	0,00	Wandegeya Office	Good	Not decided	KNCV	
4 Office chairs	Low back black G331L	28.05.2012	835422	150.376	Wandegeya Office	Good	Not decided	KNCV	
4stackable chairs	Stackable chair BS 216	28.05.2012	441356	79.444	Wandegeya Office	Good	Not decided	KNCV	
Photocopier	QLM1645015	29.05.2012	3.156.614	568.190	Wandegeya Office	Good	Not decided	KNCV	
Filing Cabinet	FUR-GDJ-FCA-FILING CABIN	30.05.2012	398.305	71.695,00	Kololo Office	Good	Not decided	KNCV	
Scanner	SCA-HPC-SCA-SCANNER G40	30.05.2012	430.000	0,00	Kololo Office	Good	Not decided	KNCV	
Camera	08/2013	12.06.2012	625.000	0,00	Kololo Office	Good	Not decided	KNCV	
Fridge	Sharp SJK68	10.07.2012	2.372.881	427.119	Mulago	Good	Not decided	KNCV	
Safe	BS-1-10	30.07.2012	1.186.441,00	213.559	Kololo Office	Good	Not decided	KNCV	
Coloured printer	CNCJ103094	24.07.2012	1.390.000,00	-	Kololo Office	Good	Not decided	KNCV	
Iphone 4s	013073003223874	17.08.2012	2.100.000,00	-	Kololo Office	Good	Not decided	KNCV	

Filing Cabinet	N/A	07.08.2012	542.373,00	97.627	Kololo Office	Good	Not decided	KNCV	
Office conference table	N/A	17.08.2012	792.016,00	142.562	Kololo Office	Good	Not decided	KNCV	
Office cupboard	N/A	17.08.2012	237.605,00	42.769	Kololo Office	Good	Not decided	KNCV	
Office desk	N/A	13.09.2012	402.542,00	72.458	NLP Wandegaya	Good	Not decided	KNCV	
Medium back chair	N/A	13.09.2013	211.864,00	38.136	NLP Wandegaya	Good	Not decided	KNCV	

(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