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TB CARE I

TB CARE I - Uganda

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

July 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	April-June 2012

Technical Areas	% Completion
1. Universal and Early Access	34%
4. PMDT	40%
5. TB/HIV	32%
6. Health Systems Strengthening	15%
Overall work plan completion	30%

Most Significant Achievements

Staffing: Eight out of 10 staff have so far been recruited. The driver and one cleaner are yet to be recruited. The driver will be recruited when the process for vehicle registration have been finalized. A cleaner/ messenger is still needed in one of the TB CARE I offices.

Universal and Early Access:

Support supervisions in Kampala: A total of 19 health facilities were visited by a team of technical officers of TB CARE I, Kampala City TB control officer and the five division TB and leprosy supervisors. The team focused on on-site support supervision and on-job mentorship in the technical areas of: TB patient management, TB/HIV, laboratory, recording and reporting. Major issues include: low DOTs implementation, low uptake for ART, poor TB IC practices and inconsistent recording and reporting. The team together with health facility staff designed action plans to address the challenges identified. Progress on these will be tracked during subsequent visits.

Assessment of TB management in Kampala and GIS mapping: TB CARE I conducted a baseline assessment on TB patient management and care in the 38 TB diagnostic and treatment units in Kampala. Key findings on case notification, treatment success, DOT coverage, TB/HIV and combined with GIS mapping are being used to precisely align intervention in Kampala.

Programmatic Management of Drug Resistant TB (PMDT)

The process to start Mulago ward renovation is underway. A local consultant to supervise renovation of the MDR TB ward at the Mulago National Referral hospital has been identified through competitive bidding and is contracted. Since then the consultant has spearheaded finalizing the scope of work and advert soliciting for a firm to renovate the ward. In addition, 15 Mulago staff (10 female and 5 male) were trained on MDR TB patient management and care for five days. This is in preparation to start ambulatory treatment for drug resistant patients next quarter.

TB/HIV

Joint TB/HIV support supervision visits to Zones: Country wide TB/HIV support supervision visits were successfully conducted in 3 NTLP Zones. Technical staff of TB CARE I, together with National TB/Leprosy programme (NTLP) staff and implementing partners participated in these visits. 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 will be addressed to NTLP and the National AIDS Control programmes and also during the TB/HIV national coordination committee meeting.

Health Systems Strengthening

Uganda STOP TB Partnership meeting: To ensure effective coordination of partners, TB CARE I Uganda funded a Uganda STOP TB partnership coordination meeting. Several Technical Working Groups were formed which include MDR TB, Child hood TB, Kampala DOTS and ACSM. These groups will increase momentum of implementation, monitoring and evaluation of TB related activities in Uganda.

Overall work plan implementation status

Overall, 30% activity implementation has been realised. All technical staff have been recruited and activity implementation has gained momentum.

Technical and administrative challenges

1. Lengthy procurement processes: This is a short project yet the procurement processes are lengthy. This affects the expected rate of implementation.
2. Bureaucratic processes: Registration of KNCV as a Non Governmental Organisation (NGO) in Uganda is still on going. This has affected registration of the vehicles and procurement of motorcycles.,
3. Community engagement: Majority of health facilities do not have linkages to community structures and therefore Community DOT implementation is almost non existent.

In-country Global Fund status and update

A total of USD 1.4M was released for the April-June 2012 activities. The bulk of this money was spent on procurement of Anti TB medicines (FLDS -USD 3,121,477 & SLDS -USD 507,205) first consignment arrives in the country Mid August 2012. Other activities conducted include: preparatory activities for TB prevalence survey; funding towards the USTP secretariat; Distribution of microscope to DTUs (50 LEDs, 130 CX21 Binoculars) and signed MOUs with TASSO-the major sub recipient to coordinate CB-DOTS .

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	8/36	2011	18/36	2012	19/38 (50%)	A total of 19 out of the 38 facilities (50%) 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) Note: Although baseline indicates 36 health facilities there are 38 active TB health facilities.	Challenges: The DTLS are involved in other duties at their respective divisions. In the end, this leaves minimal time allocated to support supervision visits Next Steps: Joint monthly planning amongst the TB CARE I technical officers, Kampala TB Control Officer and the DTLS to realise a combined commitment from all the parties	
	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	TBD	2013	0	Bids solicited and successful company (Text to Change) contracted to start work in July 2012. A database of TB patient phone numbers (new and defaulters) from Kampala health facilities has been developed and will be routinely updated by Text to Change.	Challenges: Some TB patients don't have telephone contacts. Next Steps: For patients without telephone contacts, admission will be sought to contact them through their treatment supporters when the text messages services commence in July	

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			
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	100 courses of MDR TB drugs are in-country procured by Ministry of Health. Mulago Health Care workers have been trained in MDR TB patient management. Supervisor for the renovation of the Mulago MDR TB ward has been contracted and the advert for bids soliciting for Constructors run in the daily newspapers. One of the 2 fridges for the MDR TB drugs has been procured.	Challenges: The process of engaging a contractor required more than 2 months. This has led to delay in the renovation of the MDR TB ward in Mulago. Next Steps: The contractor will be engaged in the next quarter.	
	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	3	Since 2010, 172 MDR TB Cases have been diagnosed; of these 8 cases were diagnosed during April - June period. Three MDR TB patients were enrolled on treatment.	Challenges: There was delay in procurement of MDR TB drugs that can cover all patients. Next steps: Enrollment of MDR TB patients will be stepped up following the procurement of 100 courses of MDR TB drugs by the National Medical stores.	
	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	The process to procure beds has not yet started. since it was planned to start after renovation process is underway.	Next steps: Procurement of beds will be initiated next quarter when renovation begins.	

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		
5.3 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	0	Preparatory meetings were held to agree on reactivation of the TB/HIV National Coordination Committee meeting. The meeting is scheduled to be held next quarter. Challenges: It was a challenge to agree on a common date for holding the meeting with all the 3 Partners involved (NTLP, ACP and National Disease Control). Next Steps: The meeting will be held on July 12, 2012.	
	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	3	Joint support supervision has been carried out in 3 zones and is still ongoing. This is the first round of supervision visits to the 9 NTLP zones. Challenges: Preparing and conducting activities as scheduled is usually a challenge due to other emerging activities by the NTLP. Next steps: Teams to visit the remaining 6 Zones next quarter to complete first phase of Joint support supervisions.	

Technical Area		6. Health Systems Strengthening					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
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.	NA	2011	478	2013	12	12 (10 female, 2 male) Mulago staff trained in MDR TB Patient management. Challenges: Some staff did not turn up for the meeting due to competing priorities. Next steps: Organize a training for more staff to be trained.	
	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	Local consultant to draft the National TB Strategic Plan and develop Annual Implementation Plan has been contracted Next steps: Local consultant to work closely with NTLP to draft the National TB Strategic Plan and develop Annual Implementation Plan	
	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	Local consultant to develop Annual Implementation Plan has been contracted Next steps: Local consultant to work closely with NTLP to develop Annual Implementation Plan	

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	25%	Quarterly	2013	One zonal supervisor (Kampala TB Control Officer) conducted the quarterly visit to 13 health facilities reviewing logistics management system and availability of drugs. The six Division supervisors conducted visits only in the month of June to a combined total of 19 health facilities. The division supervisors concentrated on patient management and review of records.
	1.2.2	Conduct 2 trainings of 18 supervisors, by 4 facilitators for 5 days	KNCV	4,533	0%	April	2012	To be implemented in July 2012
	1.2.3	Revise & print 10,000 patient cards, unit Reg 200 copies Division Reg 30 copies	KNCV	3,167	0%	April	2012	Awaiting approval of revised formats by the National TB Programme. Printing to be effected next quarter
	1.2.4	Send reminders to patients by mobile phone and provide monthly airtime to facilities for defaulter retrieval	KNCV	40,755	20%	Monthly (Jan)	2013	SMS provider contracted. Database of TB Patients' telephone numbers set up and updated regularly. Text reminder messages to be sent effective July. Phone call reminders to patients whose results do not appear in Registers have started.
	1.2.5	Procure two computers for two zonal supervisors	KNCV	2,400	100%	March	2012	Laptops procured and handed over to the Kampala Zonal TB & Leprosy Supervisor and Kampala TB Control Officer. The laptops were branded Uwith USAID TB CARE I logos and engraved as well.
	1.2.6	5 meetings of 6 DTLS' for 3 days each	KNCV	3,750	20%	Monthly (Jan)	2013	One meeting held (April). Next meeting for July 2012
	1.2.7	A GIS will be designed to monitor case holding and defaulters as well as MDR patients	KNCV	4,800	85%	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	The Technical Officers visits to the 10 districts neighbouring Kampala will be commenced in the July-September 2012 quarter. The visits are aimed at locating and finding out the treatment outcomes of patients transferred out of Kampala health facilities
	1.2.10	A lessons learned document will be developed, printed and disseminated based on experience with support of local consultant	KNCV	1,417	20%	January	2013	The Lessons learned log was developed. The log is filled in with lessons learned as implementation progresses. A local consultant will be contracted to ensure its proper implementation and develop a final product together with TB CARE I staff.

	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 need to be identified
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 **34%**

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				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	 50%	October	2012	TB infection control assessment was done in November 2011. Last quarter the TB infection control assessment report was disseminated to stakeholders including the Executive Director of Mulago hospital, Assistant Commissioner for Infrastructure of Ministry of Health, National TB reference laboratory, Staff of Mulago ward 5&6 among others. Infection control consultant to come in September.
	4.1.2	Remodelling of MDR-TB unit. 2 wards each with 3 isolation rooms for XDR	KNCV	270,000	 20%	July	2012	A local Consultant to oversee the renovation has been engaged. An advert to engage a firm for renovation has been run. The construction firm will be engaged in the next quarter.
	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 to be effected in July 2012
	4.1.4	20 selected staff 5 days, non residential	KNCV	3,863	 85%	August	2012	12 (10 Female, 2 Male) Mulago staff trained in MDR TB patient management
	4.1.5	60 patients (30 x 2) will be supported through max. 60 local clinics	KNCV	29,250	 0%	January	2013	Not yet done. This will be done when programmatic management of DR TB is initiated in next quarter.
	4.1.6	6 staff from MDR-TB unit and NTLT will be trained at CoE in Kigali	KNCV	10,716	 0%	Sept	2012	Not yet done. This will be done in the next quarter.
	4.1.7	2 fridges for storage of PAS	KNCV	2,000	 50%	July	2012	1 fridge procured to store MDR TB drugs. The Fridge will be delivered and handed over to the Executive Director of Mulago hospital during next quarter.
	4.1.8	Procure audiometer	KNCV	5,000	 50%	July	2012	Procurement process is on. The price of the audiometer exceeds the actual budget. Will ask for approval of additional funding.
	4.1.9	3 Missions	KNCV	51,923	 0%	Dec	2012	3 PMDT Missions are planned. 2 will be conducted in September and the last next year.
	4.1.10	Dr. Samuel Kisozi will provide full-time support for the project	KNCV	25,000	 40%	March	2013	Dr. Samuel Kisozi was engaged and has been supporting MDR TB issues of the NTLT program. Activities done include: writing the MDR TB expansion plan, training health workers on PMDT, participating in process to ensure renovation of MDR TB ward.
	4.1.11	Central PMDT team will be revitalized through training and regular meetings	KNCV	1,458	 0%	July	2012	To be done next quarter

	4.1.12	A writing team will be formed and a stakeholders meeting will be organized	KNCV		85%	July	2012	PMDT roll out plan is almost complete will be submitted to Director General of health services for review and endorsement. TB CARE I, WHO, Global Fund, and NTLP are participating.
					40%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
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	35%	January	2013	3 Zones so far supervised. Technical staff of TB CARE I, together with National TB/Leprosy programme (NTLP) staff and implementing partners participated in these visits. 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.
	5.3.2	5 Quarterly meetings of 1 day	KNCV	1,979	20%	January	2013	Preparation for reactivation meeting finalised. To be held in July 2012
	5.3.3	Salaries of 6 none governmental staff to complete HAART study	KNCV	31,032	40%	December	2012	A list of staff was received from TB HAART. Payments were made for months of January to June 2012.
					32%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
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	Non residential workshop of 15 TWG members of 3 days each	KNCV	1,240	0%	June	2012	Local Consultant contracted, activity to be implemented this coming quarter
	6.2.2	1 day workshop for stakeholders to review and give inputs to the draft for finalization	KNCV	2,396	0%	May	2012	Local Consultant contracted, activity to be implemented this coming quarter
	6.2.3	Printing 1000 copies	KNCV	8,333	0%	June	2012	To be printed after finalization of the National strategic plan.
	6.2.4	Two day workshop for stakeholders	KNCV	2,500	0%	June	2012	To be conducted next quarter
	6.2.5	One day meeting quarterly	KNCV	8,021	50%	Quarterly (January)	2013	Supported Coordination meeting for the STOP TB partnership in June 2012. 2 meetings have been held so far.
	6.2.6	Car maintenance, car rental, procurement of motorbikes	KNCV	38,438	35%	March	2013	2 NTLP cars repaired (MDR TB consultant and Kampala ZTLS) Procurement of 3 motorcycles for DTLs in progress
	6.2.7	One TA for finalizing the national strategic plan	KNCV	1,500	25%	May	2012	Local Consultant contracted

	6.2.8	One TA to prepare annual implementation plan templates, facilitating the stakeholders and assisting NTP to prepare the plan	KNCV	1,500	 25%	June	2012	Local Consultant contracted
	6.2.9	International TA to build capacity of the local team and monitor the quality of implementation	KNCV	33,762	 0%	November	2012	To be planned.
					 15%			

Quarterly MDR-TB Report

Country	Uganda
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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
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
To date in 2012	172	19

Quarterly GeneXpert Report

Country	Uganda
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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 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

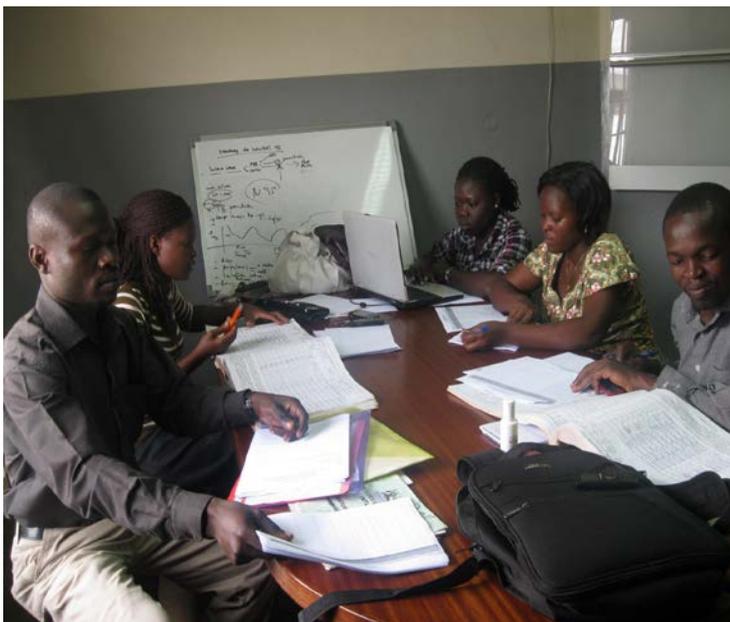
Any additional information/clarifications to the above (optional)

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

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.

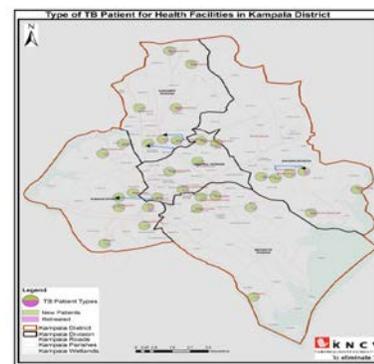
Quarterly Photos (as well as tables, charts and other relevant materials)



Health Facility Assessment Exercise: Data Collectors abstracting TB patient data from the TB Unit registers for Mulago National Referral Hospital TB Clinic (Ward 5 & 6) during the TB Health Facility Assessment exercise conducted in April-May 2012



GIS training: TB CARE I Uganda project staff undergoing training in Geographical Information System use conducted in June 2012. The project team can ably do GIS mapping and produce maps for TB indicator trends on a quarterly basis. **Bottom right:** is one of the maps produced using the Health Facility Assessment Data collected





Focused Support Supervision and Feedback Sessions:

Left: *KCCA TB Control Officer demonstrating proper completion of Patient cards to the TB Focal Person for Luzira Prisons Health Facilities during one of the support supervision visits this quarter*

Top Left: *TB CARE I Senior Technical Advisor (centre) mentoring Makindye DTLS and Nsambya Home Care TB FP in TB recording and reporting.*

Top: *TB CARE I Technical Officer disseminating support supervision exercise findings to Rubaga hospital staff in one of the Continuous Medical Education sessions*



Partnership Meetings: 2nd Quarter STOP TB Partnership meeting (June 2012): TB CARE I Project facilitated the 2nd quarter STOP TB partners meeting held at Fairway Hotel, Kampala. **Left photo** shows the National TB Programme Manager giving key note address; **Right photo** shows some of the participants in attendance

MDR-TB: MDR TB Consultant delivering a training to Mulago National Referral Hospital staff in MDR TB patient management (June 2012)



MDR TB Regional Referral Hospital (RRH) Assessments: Units/facilities identified and assessed by the MDR-TB Consultant to house MDR TB wards in Regional Referral Hospitals. **Left**, Mbarara RRH unit (Formerly Psychiatric ward) and **Right** is Gulu RRH (formerly Ebola Isolation Unit)

Inventory List of Equipment - TB CARE I



TB CARE I

Organization:	TB CARE I
Country:	UGANDA
Reporting period:	30.06.2012
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	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	150376	Wandegeya Office	Good	Not decided	KNCV	
4stackable chairs	Stackable chair BS 216	28.05.2012	441356	79444	Wandegeya Office	Good	Not decided	KNCV	
Photocopier	QLM1645015	29.05.2012	3,156,614	#####	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	625,000.00	0.00	Kololo Office	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