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TB CARE I

Cambodia

**Year 1
Quarterly Report
April - June 2011**

July 29th, 2011

Quarterly Overview

Reporting Country	Cambodia
Lead Partner	JATA
Collaborating Partners	FHI, MSH, KNCV, WHO
Date Report Sent	22-7-2010
From	Jamie Tonsing
To	Dr Chantha Chak
Reporting Period	April-June 2011

Technical Areas	% Completion
1. Universal and Early Access	52%
2. Laboratories	46%
3. Infection Control	25%
4. PMDT	33%
5. TB/HIV	75%
6. Health Systems Strengthening	75%
7. M&E, OR and Surveillance	17%
8. Drug supply and management	100%
Overall work plan completion	53%

Most Significant Achievements

(i) Kantha Bopha hospitals, lead by Dr Beat Richner, is a group of 4 children hospitals claiming to treat more than 25,000 cases of children with TB every year (against around 4,000 registered under the NTP in 2010). CT scans are used for routine diagnosis of TB and no bacteriological examinations performed. Children are hospitalised for about a month after which they are expected to come for monthly follow ups. The hospital claims around 90% of children complete the treatment, though observations from the field seem to indicate a high default rate. The hospital regularly publishes reports in local and international newspapers challenging internationally accepted policies and those of the Government. After repeated attempts, TB CARE I team finally met Dr Beat Richner and staff of Kantha Bopha hospitals on 19 April and visited his hospital on 26 April 2011 along with the focal person for childhood TB at CENAT. Kantha Bopha Hospital has agreed to be a member of the national childhood TB working group and participate in the Stop TB Partnership Childhood TB Working Sub-Group meeting in Geneva later this year, if invited.

(ii) TB CARE I participated in meetings and facilitated meetings with CENAT staff to contribute to revision of Integrated Management of Childhood Illnesses (IMCI) guidelines coordinated by the Department of Communicable Disease Control, Ministry of Health. For the first time, the IMCI guidelines for Cambodia will include TB and HIV in the protocol.

(iii) Expansion of activities planned for 2011 have been completed. This includes:

- x.Provision of TB/HIV services in 3 additional prisons
- x.Provision of childhood TB services in 5 additional operational districts
- x.Diagnostic Capacity improvement in 1 additional province

Overall work plan implementation status

While there has been a slow and late start, we expect it to pick up in the last quarter. As depicted in the summary above, about 53% of the overall workplan has been completed.

Technical and administrative challenges

Several CENAT staff are occupied with the ongoing national TB prevalence survey, thus joint activities such as supervision, NTP peer-review, and annual mass screening of prisoners have to be planned around the existing schedule for the prevalence survey.

Some new activities planned for 2011, particularly related to procurement and recruitment of new staff were delayed due to unavoidable circumstances.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	31	23
Number of MDR cases put on treatment	41	23
* January - December 2010 ** January - June 2011		

Technical Area 1. Universal and Early Acces

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Improved access for high risk populations	Increase coverage of prisons	N and % of TB patients reported in prisons among the total number of prisoners in project sites	101/3453 (3%)	>4%	47/3810 (1.2%)	Target not achieved. Low notification so far because it is based on passive case finding only.	Annual mass screening of all prisoners (using X-ray and sputum exam) has been delayed as the mobile team is currently busy with the ongoing national TB prevalence survey. Planned for next quarter
2	Earlier diagnosis	Promote earlier diagnosis through decrease in turn around	Average duration from sputum collection at Health Centres to receipt of lab results	NA	<5 days	Will report in next quarter	Use of the SMS system expected to begin in August 2011. This will be reported on after start of the SMS system	
3	Engage communities and all providers	Number of suspects referred by community health volunteers	Number of suspected TB cases referred by community volunteers to the Health Centre for sputum test.	22,665 (NTP)	30.000	Will report in next quarter		Since C-DOTS is implemented by more than 12 NGOs with different reporting lines, difficult to obtain this information from all partners on a quarterly basis. So we propose to report this on an annual basis.

Technical Area 2. Laboratories

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Improved TB diagnosis with the use of new diagnostics	Number of tests	Number and percent of tests performed by GeneXpert	NA	35,000	Will report in next quarter	Expected delivery of Xpert instruments and cartridges in July.	It took a long time for Cepheid to identify and authorize a local distributor (Medicom Co.Ltd) for supplying GeneXperts in Cambodia
2	Improved diagnostic capacity for smear negative TB patients	Diagnostic capacity improvement through establishments of diagnostic committees and use of digital x-rays	N and % of x-rays judged to have been read correctly by the diagnostic committees according to the expert cross reader	80%	>85%	85%	Target achieved. Expanded to one additional province covering 11/24 provinces in the country	
3	Quality assurance of sputum microscopy	EQA for sputum smear microscopy	N and % of laboratories with over 95% correct results	60/79 (76%)	>85%	78.3%	Target not achieved but it is showing an increasing trend	Inherent limitations of microscopes and human error make this a difficult indicator to achieve. It is planned to conduct on-site evaluations for those TB lab units who do not reach over 95% correct results to identify problems in the labs and provide on the job training for technicians.

Technical Area 3. Infection Control

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		

1	TB-IC measures implemented at Health Centres & Communities	HC staff trained on TB-IC	N and % of HCs with trained staff on TB-Infection Control in project areas	0/35	100%	Low notification because it is based on passive case finding only.	Planned for next quarter. Will be reported then	It is planned to broaden this training and include 3 other basic modules on IC (beside TB-IC) for this training. Waiting for finalisation of all four training modules.
2		HC staff screened for TB	Number and % of HCs performing annual TB screening of health care workers in project areas	0/35 Health Centres	100%	Will report in next quarter		Initial efforts to introduce

Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Strengthen PMDT under the NTP	Number of MDR cases put on treatment	Number of MDR cases put on treatment during the calendar year	34 (2010)	80	23		This is implemented by 2 NGOs and a formal system for reporting to the NTP is yet to be established, making it difficult to obtain consistent information.

Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Increased uptake of HIV testing among TB patients	HIV testing rates of TB patients	N and % of TB patients who had an HIV test result recorded in the TB register	28246/40199 (70%)	>80%	8291/9872 (84%)	Over-achieved the target (%)	Source of data is NTP reports. This is latest quarterly report available with NTP at this time (Jan- March 2011). April-June data will be available in August

Technical Area 6. Health Systems Strengthened								
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
6.1	NTP partner coordination strengthened	Regular meetings of TWG held	Number of TWG meetings held	8	10	7	TB CARE I facilitated establishment of the childhood TB working group which held its first meeting in May 2011	

Technical Area 7. M&E, OR and Surveillance								
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Strengthened monitoring and evaluation	Peer review of the performance of the NTP in at least two provinces every quarter	Peer review of the performance of the NTP in at least two provinces every quarter	NA	4 provinces	Not yet started	Planned for next quarter	This activity needs involvement of CENAT staff. Many of the key staff are fully occupied with the national TB prevalence survey so we need to plan it around their availability

Technical Area 8. Drug supply and management								
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Promote operations research	Research agenda for the NTP developed	Research agenda for the NTP developed	NA	Done	Done	Completed activity	

Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access				Planned Completion		Cumulative Progress and Deliverables up-to-date	
	Lead Partner	Approved Budget	Cumulative Completion	Month	Year			
1.1 Improved access for high risk populations	1.1.1	Consultation workshop to develop strategic plan for active case finding and related M&E framework (by in-country team)	WHO	4.311		100%	Jul 2011	Guidelines and Standard Operating Procedure for active case finding (ACF), including related M&E framework drafted. A consultation workshop with TB partners in Cambodia was held on 14 and 15 July at Phnom Penh, with technical assistance from Dr Nobu Nishikiori, the focal person coordinating this activity at WHO regional office in Manila, and attended by total 68 participants (F=19, M=49).
	1.1.2	Active case finding (ACF) targeting high-risk cross-border migrants by establishing mobile units within existing TB Government services	WHO	47.140		20%	Oct 2011	Agreement signed with International Organization for Migration (IOM). IOM has recently initiated active case finding activities targeting cross-border migrants at the Thai-Cambodia border town of Poipet. Data will be available to report on in the next quarter.
	1.1.3	Conduct a detailed cost-effectiveness analysis and document achievement of ACF (1.1.2)	WHO	8.452		20%	Sep 2011	Planned for September 2011 allowing time for implementation of ACF activities. M&E framework already designed to guide this analysis.
	1.1.4	Childhood TB pilot sites - expand and strengthen contact tracing	JATA	60.377		75%	Sep 2015	Expansion of childhood TB pilot sites to five additional operational districts (ODs) completed to now cover a total of 9 ODs (Kg Cham, Sampov Meas, Battambang, Mongkol Borei, Moug Russey, Ochrov, Preah Net Preah, Kg Speu and Prey Veng). TB CARE I supported training on tuberculin skin testing (TST) on 13-16 June 2011 for 19 TB nurses (F=9, M=10) from the 9 project sites. Data from the 4 ODs (existing sites), shows that 256 TB suspected children were referred by health centers and C-DOTS partners to the referral hospitals for complete diagnostic workup including clinical examination, TST, x-ray based on NTP Childhood TB guideline. 101 (39%) of those referred were diagnosed as TB patients and registered for treatment.
	1.1.5	Expand coverage for provision of TB/HIV services in prisons working through C-DOTS partners where possible	FHI	64.951		75%	Sep 2015	A meeting with other USAID partners (TB staff from RHAC, RACHA, URC) was held on 1 March to discuss TB CARE I activities that are planned to be implemented in collaboration with them (prisons, childhood TB, Infection control, C-DOTS training materials). As discussed, most of the start up activities would be jointly conducted by TB CARE I along with relevant partner and thereafter the more routine activities will be followed up by partners since they have existing projects in the expansion sites. Meanwhile, TB CARE I continued with preparatory activities including appraisal visits, MoU, trainings of health posts staff along with the corresponding TB staff, in collaboration with General Department of Prisons (GDP), NTP/CENAT, NAP/NCHADS. The three new prisons sites (Kg Speu, Koh Kong and Kg Som) started implementation in July 2011. In the four existing sites (Kg Cham, CC3, Kandal and Takeo), some activities were partially implemented in Jan-March 2011 due to shortage of funds but resumed full operations thereafter.
1.2 Earlier diagnosis	1.2.1	Establish model sites incorporating Quality Improvement (QI) principles and integrating C-DOTS and PPM	FHI	81.955		50%	Sep 2015	Dr Bruno Bouchet, Director of HSS/Program Sciences at FHI/Arlington office visited Cambodia from 2- 13 May 2011 to provide assistance in designing the Quality Improvement (QI) component of TB CARE I to improve program performance and contribute to health system strengthening. He delivered a QI workshop from 3-5 May 2011 at Phnom Penh attended by 30 participants (F=4 and M=26) from CENAT and the planned project site (Kampong Cham) as well as TB CARE I and FHI staff. Five QI objectives were identified by participants for implementation in different health facilities in two ODs

	1.2.2	Introduce use of information technology to improve TB services - reduce TAT for lab results and monitor contact tracing	FHI	92.790	 50%	Sep	2015	Visits to Kampong Cham and Chamkar Leu OD made to discuss the project with local authorities who expressed interest and support for the project. TB CARE I is working with InSTEDD, the ICT company we are engaging with for this project, to design the work flow and content of the SMS messages. Field visits to project sites to test the protocol and demonstration to CENAT staff was conducted in May 2011. Contract with InSTEDD has already been signed, recruitment process for the the new officer in charge of this project completed. Following finalisation of the the system design and trainings, use of SMS by lab technicians to relay lab test results to Health Centres and community volunteers is expected to start in August 2011
1.3 Engage communities and all providers	1.3.1	Develop standard training materials for C-DOTS which includes comprehensive management of TB & conduct ToT	FHI	26.057	 0%	Dec	2011	Planned for next quarter
	1.3.2	Document TB programme at garment factories in collaboration with CATA (using TA)	FHI	19.800	 50%	Sep	2011	Several rounds of meetings held with CATA to agree on the study design. Desk review of the existing programme completed. Interview guides prepared and site visits to collect additional information planned for August. Report will be available in September 2011
	1.3.3	Establish TWG for child TB involving MCH/IMCI/paediatric hospitals (eg Kantha Bopha), and support participation in international meetings of childhood TB working group	WHO	6.159	 75%	Oct	2011	* After several attempts, TB CARE I team met Dr Richner and staff of Kantha Bopha hospitals on 19 April and visited his hospital on 26 April 2011 along with the focal person for childhood TB at CENAT. Technical working group for Childhood TB has been formed and the first meeting was conducted in May 2011. Kantha Bopha Hospital has agreed to be a member of the national childhood TB working group and participate in the Stop TB Partnership Childhood TB Working Sub-Group meeting in Geneva later this year, if invited. * TB CARE I participated in meetings and facilitated meetings with CENAT staff to contribute to revision of Integrated Management of Childhood Illnesses (IMCI) guidelines coordinated by the Department of Communicable Disease Control, Ministry of Health. For the first time, the IMCI guidelines for Cambodia will include TB and HIV in the protocol.
					 52%			

Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Improved TB diagnosis with the use of new diagnostics	2.1.2	Provide ongoing TA to build capacity at NTRL and coordinate introduction of new diagnostics (local staff based at NTRL))	JATA	13.840	 25%	Sep	2015	Recruitment process for the new lab officer initiated. Expected to be in place by late July/early August.
	2.1.3	Pilot introduction of GeneXpert including evaluating its operational and technical feasibility in Cambodia	JATA	78.421	 25%	Sep	2015	Procurement process ongoing. TB CARE I assisted the international distributor for Cepheid based in France to help identify a local distributor for GeneXpert in Cambodia, which took time. Order has been placed and the GeneXpert instruments are expected to arrive in late July 2011. Related to pilot implementation, lab expert from JATA/RIT as well as from PMU/KNCV will be visitng Cambodia to provide technical assistance. GeneXpert will be introduced and rolled out in the context of a national lab plan (refer to 2.1.5 below)

	2.1.4	Pilot expansion of LED microscopy network	JATA	79.825		50%	Sep	2015	Training for 26 TB laboratory technicians (F=8, M=18) from the 9 provinces where LED fluorescence microscopes will be distributed was conducted at the national TB reference lab in Phnom Penh in June 2011. The first batch of training for 14 lab technicians (F=5, M=7) was held on 20-24 June 2011 followed by the second training on 27-30 June for 12 participants (F=3, M=11). These 9 provinces will start using LED FM from next quarter (Siem Reap, Kompong Speu, Kampot, Kep, Preah Sihanouk, Bantey Meanchey, Prey Veng, Odor Meanchey and Kompong Thom).
	2.1.5	Provide TA to develop a national lab plan including plans for introducing new diagnostics	JATA			50%	Aug	2011	Ms Matsumoto, lab expert from JATA/RIT visited Cambodia in June to assist with the trainings on LED microscopy and help in drafting of the updated national lab strategic plan. This draft will also be discussed to get inputs and comments from members of the lab technical working group and reviewed by other lab experts including from the PMU/KNCV.
2.2 Improved diagnostic capacity for smear negative TB patients	2.2.1	Support expansion of diagnostic capacity improvement	JATA	174.252		75%	Sep	2015	Following expansion to one additional province this year, total number of provinces implementing diagnostic capacity improvement activities is now 11 provinces. Data collected during regular joint monitoring and supervision visits indicate that 921 smear negative TB suspects were referred from health centers to referral hospitals for further diagnosis by chest x-ray examination during this quarter. Of those, 401 cases were diagnosed as smear negative TB which is equal to 43.5%. As a means to assure quality of s-ve TB diagnosis, CENAT supervisors cross check reading of x-ray films by referral hospital doctors. The agreement rate between CENAT and referral hospital doctor for this quarter is 85%. To improve the sensitivity of smear microscopy, TB CARE I strengthens the skills of health center staff in making smear slides and sending to TB lab units for smear microscopy. The result from the monitoring the smear quality reveals that the health center staff have kept improving the quality of sputum collection to 76%, smear size to 82%, smear thickness to 58% and evenness to 49%.
	2.2.2	Pilot introduction of digital X-ray including evaluating its operational and technical feasibility in Cambodia	JATA	56.602		25%	Sep	2015	Purchase order for digital x-ray (CR system) has been placed and the responsible company promised to deliver the product by end of July. In addition, 22 TB physicians (F=1, M=21) were trained on basic X-ray reading skill as a part of strengthening their x-ray reading skill for smear negative TB diagnosis.
2.3 Quality assurance of sputum microscopy	2.3.1	Support operational costs for conducting EQA for sputum smear microscopy (slide collection from labs, cross-checking of slides, on-site evaluations of labs, quarterly review workshops)	JATA	43.300		75%	Sep	2015	Regular activities of EQA are being implemented in 9 TB CARE I provinces. Slide selection and cross checking of smear slides and on-site evaluation for EQA are conducted on a quarterly basis. There are 83 TB lab units under TB CARE I support. The result from the previous quarter of EQA shows that all 83 lab units participated in the EQA process. 78% of the labs (65/83) provided over 95% correct results.
						46%			

		3. Infection Control			Planned Completion		Cumulative Progress and Deliverables up-to-date		
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year			
3.1 TB-IC measures implemented at Health Centres and Communities	3.1.1	Develop training modules on TB-IC to complement general IC training modules, conduct ToT, and support trainings as part of existing C-DOTS training where possible	FHI	15.286		25%	Dec	2011	As discussed with partners supporting general IC activities in Cambodia (URC and WHO), it was agreed to broaden the scope of this training by including 3 of the 12 IC training modules (Hand Hygiene, PPE, Waste Management - currently under development) along with a TB-IC module for trainings at Health Centre level. For the TB-IC module, the design and layout will follow the other modules so it forms part of the package for training of HC staff. A team will be formed to develop training module for TB-IC consisting of relevant departments from MoH (CENAT, Hospital Services) and partners. Existing TB-IC materials such as the draft SOP and slide sets will be used. Activity will be completed in the next quarter.

	3.1.2	Develop and implement communications strategy for TB-IC targeted at health facilities and communities	FHI	13.411		25%	Sep	2012	This activity is being coordinated with experts from the Strategic Behaviour Communications (SBC) team at FHI/Cambodia. The team plans to conduct field visits to better understand the audience profile and define specific objectives, and will develop relevant communications thereafter.
	3.1.3	Promote implementation of TB-IC measures at Health Centres and communities	FHI	9.900		25%	Sep	2015	This will be monitored following completion of trainings of the HC staff (activity 3.1.1)
						25%			

4. PMDT									
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date		
					Month	Year			
4.1 Strengthen PMDT under the NTP	4.1.1	Operational cost for establishment of electronic recording and reporting systems, in collaboration with MSH	WHO	7.345		0%	Sep	2011	Activity will be defined after MSH visit planned for August 2011.
	4.1.2	Develop standard operational procedures for the MDR-TB staff (using TA)	WHO	8.452		33%	Dec	2011	Laboratory part of the SOP is currently being developed by CENAT with assistance from partners including TB CARE I. Full MDR-TB SOP will be developed after approval of the PMDT guidelines by CENAT.
	4.1.3	Trainings and supervision of PMDT activities	WHO	53.280		25%	Sep	2015	CENAT, CHC and WHO visited around 50% of the MDRTB treatment sites and provided feedback to all partners during a TWG (MDRTB) meeting in June 2011. Trainings and more supervisory visits are planned in Aug-Sep 2011. Earlier, WHO had used other sources of funding (on loan) to conduct one MDRTB training of trainers using three international experts.
	4.1.4	Cost share salary of WHO TB officer for TB CARE I work (40%)	WHO	65.540		75%	Sep	2011	Ongoing activity. All WHO/TB CARE 1 activities are coordinated and lead by the WHO officer
						33%			

5. TB/HIV									
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date		
					Month	Year			
5.1 Increased uptake of HIV testing among TB patients	5.1.1	Support TB/HIV collaborative activities by supporting HIV testing of TB patients (Option 2)	WHO	40.680		75%	Sep	2015	This is an ongoing activity. TB CARE I is also exploring possibility of using the services of "WING money" to make payments through SMS/cell card transfer instead of cash payments. However, we would need CENAT's concurrence to proceed.
						75%			

6. Health Systems Strengthening									
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date		
					Month	Year			
6.1 NTP partner coordination strengthened	6.1.1	Assist CENAT in leveraging resources		n.a		75%	Sep	2015	TB CARE I provides support to CENAT in most aspects of Global Fund processes particularly grant negotiations for Round 7 phase II, preparations for the upcoming Round 11. TB CARE I is assisting with financial & programmatic gap analysis, priority setting, and in updating the workplan of the NTP for the next years in preparation for Round 11.
	6.1.2	Support partner coordination and contribute to the functioning of TWGs		n.a		75%	Sep	2015	TB CARE I facilitated establishment of the childhood TB TWG and C-DOTS & PPM technical working group. Also participates in all other TWG meetings coordinated by CENAT including lab, MDR-TB and TB/HIV.
						75%			

		7. M&E, OR and Surveillance			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
7.1 Strengthened monitoring and evaluation	7.1.1	Introduce e-TB manager and conduct assessment of how e-TB manager can be implemented for MDR-TB in Cambodia	MSH	70.938	0%	Sep	2011	Planned for August 2011
	7.1.2	Coordinate a peer-review process for internal program evaluation	FHI	13.844	25%	Sep	2015	A standard protocol for use during the review, including means for conducting data quality audit, is being drafted. This activity needs involvement of CENAT and provincial staff. Many of the key CENAT staff (with M& E responsibilities) are currently fully occupied with field work of the national TB prevalence survey so need to plan it around their availability.
	7.1.3	Develop and train project staff on the use of information system for TB CARE I, based on existing FHI/Cambodia's Information System (CAMIS)	FHI	14.058	25%	Sep	2011	Recruitment of the TB CARE I M& E was delayed. However, the interview has been conducted, and start date agreed for 1 July 2011. This activity is expected to pick up after the M&E officer joins
				17%				

		8. Drug supply and management			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
8.1 Promote operations research	8.1.1	TA to support development of research agenda for the NTP	KNCV	25.834	100%	Jun	2011	Drs Saskia den Boom and Jacques van den Broek from KNCV visited Cambodia from 20-26 June 2011. They facilitated a consultative workshop attended by 38 participants (F=6, M=32) from CENAT and representative of 16 organizations between 22 and 25 June 2011 in Phnom Penh. The operational research agenda on TB for the next 5 years was drafted through an interactive process and discussions in which all workshop participants actively participated. As a next step, it was recommended to develop a research committee within CENAT that includes external advisors and collaborators from partner organizations, and to assist in implementation of operational research on topics identified in the TB research agenda.
				100%				

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
				{Copy from the work plan}						

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
				{Copy from the work plan}		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	1. Universal and Early Access Proposed New Activities	Lead Partner	Proposed Budget*
Mission	PMU	USAID				
			1.3.4	Expand PPM to 8 operational districts in Kampong Cham	FHI	4.800
			1.3.5	Recruit 1 PPM coordinator	FHI	3.600
			2.1.6	Procure additional Xpert cartridges	JATA	11.000
			2.1.7	Cost of culture and DST for Xpert pilot	JATA	4.000
			2.2.3	Supplement cost of digital x-ray	JATA	9800
			6.1.3	Recruit coordinator for Global Fund Round 11 proposal development	WHO	2.600
			7.1.4	Printing of NTP documents	FHI	8.400

*** Detailed budget is attached**

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



Field testing of health education materials for prisoners



Prisoner being interviewed during a mass screening of prisoners for TB and HIV



Community DOTS volunteer conversing with a TB patient in the presence of an interviewer during the C-DOTS evaluation