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TB CARE I

TB CARE I - Cambodia

**Year 3
Quarterly Report
January-March 2013**

April 30, 2013

Quarterly Overview

Reporting Country	Cambodia
Lead Partner	JATA
Collaborating Partners	FHI, KNCV, MSH, WHO
Date Report Sent	
From	Jamie Tosing
To	Chantha Chak
Reporting Period	January-March 2013

Technical Areas	% Completion
1. Universal and Early Access	35%
2. Laboratories	42%
3. Infection Control	67%
4. PMDT	35%
5. TB/HIV	50%
6. Health Systems Strengthening	38%
7. M&E, OR and Surveillance	33%
Overall work plan completion	43%

Most Significant Achievements

TB CARE I supported supervisory teams to review operational district TB registers to systematically identify all TB patients meeting the eligibility criteria for MDR-TB and yet had not been tested. The team then traced all such patients, collected sputum samples, and transported the specimens to the nearest culture centers. 1,989 presumptive MDR-TB patients were identified among the total notified TB cases in 2012, 1,578 (79%) of whom were tested for MDR-TB. Of the total 1,578 tested, 674 (50%) were referred for testing through these intensified case finding efforts. As a result, 117 MDR-TB patients were diagnosed in 2012, double compared to the 56 MDR cases diagnosed in 2011.

TB CARE I organised a protocol development workshop for operational research from 18-24 February at Siem Reap, Cambodia. Dr Jacques v.d. Broek and Dr Edine Tiemersma from KNCV, assisted by four local mentors, conducted the workshop attended by 12 NTP and NGO staff (2 females). As a result, three protocols were developed some of which are already submitted to CENAT for concurrence.

A series of cascade trainings for C-DOTS volunteers on how to use the simplified checklist for TB infection control was conducted at various health centres in Kampong Cham and Chamkar Leu ODs between 29 Jan to 22 March 2013. 812 C-DOTS volunteers (343 females) attended the trainings. C-DOTS watchers will use the checklist during their home visits to TB patients, to observe and assess TB infection control measures practised at homes and to advise TB patients and family members accordingly.

Diagnostic capacity improvement: During this quarter period, 1,193 smear-negative TB suspects (SS- and had already received a course of antibiotics, but with persisting TB-like symptoms) were referred by health centers to the referral hospitals (RH) for further evaluation and x-ray examination. Of those, 473 cases were diagnosed as smear negative TB. To improve the quality of x-ray reading, experts from CENAT cross-checked all x-ray films read by hospital physicians. The agreement rate between expert cross-readers and hospital physicians was 81.3%, slight increase from the 79.3% agreement rate in the previous quarter.

Overall work plan implementation status

43% overall work plan completion. Some technical assistance visits have been delayed while most ongoing field activities are on track. Once pending and planned technical assistance as well as procurements are completed, implementation status is expected to improve.

Technical and administrative challenges

Cambodia's national elections is planned for July 2013. Activities are likely to slow down around the period for security reasons and need for caution so that community level activities are not misunderstood as campaigning during the ban period.

In-country Global Fund status and update

The current Global Fund Round 7 TB grant to Cambodia ends in March 2014. As one of the countries identified as an interim applicant, Cambodia will have access to 3 million to cover the period beyond March 2014. The country will soon begin to revise and extend the period of the current National Strategic Plan and related documents, in preparation for its application as a standard applicant.

Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Active case finding (ACF): elderly	WHO	68,916	 25%	Sep	2013	Ongoing preparations to perform TB screening among the elderly in more than 600 Pagodas, in collaboration with C-DOTS implementing NGOS, health centre staff, and community volunteers
	1.1.2	Active case finding (ACF): Diabetes	FHI360	14,802	 25%	Sep	2013	Following discussions with the NTP, it was decided to conduct screening of diabetic patients for TB in the context of engaging national hospitals in the TB programme. During the quarter, TB CARE I and CENAT jointly conducted rapid site assessments of three national hospitals (Khmer-Soviet Friendship, Prah Kosamak and Prah Ket Tok Mealea) and three provincial hospitals (Kampong Cham, Pursat and Battambang) to assess existing practices and identify areas for strengthening management of TB in these hospitals. The team also met with Non-Communicable Disease (NCD) Department to seek their involvement and support. A core group to steer this initiative forward was formed to guide development of SOPs including review of existing recording and reporting system in these hospitals to facilitate baseline data collection and monitor performance over time.
	1.1.3	Patient Centered Approach (PCA)	WHO	44,545	 25%	Sep	2013	Ongoing preparations to implement Quote TB Light in five hospitals of various levels and locations (Phnom Penh, Takeo, and Kampong Speu). We will also disseminate the information related to the patient charter along this process.

	1.1.4	Quality Improvement (QI)	FHI360	36,863	 50%	Sep	2013	During the quarter, QI model was expanded from the five existing sites to 14 additional health centres (HC) in Kampong Cham and Chamkar Leu ODs. The change package being replicated to the additional HCs are :(i) establishing a mechanism to compare notes on patient referrals and arrivals with systematic follow up of those patients who do not report to the HC; (ii) joint review of HC performance by all stakeholders (DOT watchers, private practitioners and commune councils) on a regular basis; (iii) advocating for commune council members to cover transportation cost for TB suspects; (iv) plan setting of identification and referral of TB suspect. In addition, these new sites will engage <i>Achars</i> (religious laymen) of some Pagodas to provide health education and use religious events in the Pagodas to identify and refer TB suspects to the HCs.
	1.1.5	TB screening manual	FHI360	10,067	Cancelled			This deliverable was linked to a core project (to develop a manual for TB screening) which was not approved. Planned activity was to gather Cambodia's experience on screening of risk groups to inform development of the manual.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Childhood TB services: expand to 27 ODs	JATA	177,879	 50%	Sep	2013	During this reporting period, 2,845 children suspected to have TB were referred from the community and health centers to referral hospitals for further evaluation. Among those referred, 486 children (17%) were diagnosed as TB cases: 2 smear positive (M=2), 15 smear negative (F=6), and 469 extra-pulmonary TB (F=203). TB CARE I worked closely with NTP staff to develop new diagnostic algorithms for childhood TB which is expected to improve the quality of diagnosis, in particular to promote diagnosis of pulmonary TB in children. These new algorithms are now approved by NTP and disseminated for routine use. Related to this, two training courses on clinical management of childhood TB were held at CENAT, Phnom Penh on 25-27 Mar and 28-29 Mar 2013. 70 participants (F=11) including physicians, pediatricians, and general doctors from the project sites attended the courses.
	1.2.2	Childhood TB: PPD	WHO	62,150	 50%	Sep	2013	Procurement orders for tuberculin already placed with Statens Serum Institute, Denmark. This will be used for tuberculin skin testing in TB CARE I supported childhood TB project sites

1.2.3	Prisons TB services: expand to 10 prisons	FHI360	76,141	 50%	Sep	2013	<p>Following a joint assessment conducted by TB CARE I with the National Center for TB & leprosy services (CENAT), National Center for HIV/AIDS (NCHADS) and the General Department of Prisons (GDP), the prisons TB/HIV program was expanded to three additional prisons in Prey Veng, Svay Rieng and Kampot provinces. Orientation meetings were conducted on 30 Jan, 31 Jan and 15 Feb in the respective provinces attended by 63 participants (seven females).</p> <p>TB CARE I conducted quarterly coordination meetings on TB/HIV in prisons on 29 Jan in Koh Kong and 15 Feb in Kampong Speu province (52 participants, six females); in Prah Sihanouk on 25 March (20 participants, three females). Areas for improvement agreed upon during the meeting were to (i) improve follow-up of prisoners released while on treatment; (ii) strengthen systematic screening of all new inmates for TB and HIV; (iii) increase case detection through routing activities; (iv) ensure follow-up sputum tests for smear positive TB patients is performed; (v) enhance referrals of smear negative TB suspects to the referral hospitals for chest x-rays. In addition, 20 participants (all males) from 10 prisons were supported to attend the annual TB conference on 20-21 Mar 2013 in Phnom Penh.</p>
1.2.4	Prisons: Assess engagement	FHI360	7,632	 0%	Sep	2013	Planned for April-June 2013
1.2.5	PPM: Implementation	FHI360	82,745	 50%	Sep	2013	<p>In collaboration with CENAT, TB PPM quarterly coordination meetings were organized in Siem Reap on 28 Jan (66 participants, 14 females); in Kg Speu on 17 Jan (40 participants, 13 females); in Phnom Penh on 04 and 29 Jan (176 participants, 69 females); and in Kandal on 04, 25, 28-29 Jan and 07 March (263 participants, 69 females). In addition, the PPM-DOTS training for new private providers in Sonikum OD was conducted on 25-26 March (31 participants, 13 females).</p> <p>During the quarter, the proportion of referred TB suspects reporting to public health facilities was 79% (823/1044), 6% higher than the previous quarter. Moreover, the number of TB (all forms) diagnosed among referred suspects increased from 92 to 165 cases (see chart in section 6)</p>

	1.2.6	PPM: Hospital engagement	FHI360	55,727	 25%	Sep	2013	Linked to activity 1.1.2. Following the site assessment at national and provincial hospitals and consultation meeting with CENAT and NCD on hospital engagement in TB control, TB CARE I will provide support and coordination to strengthen linkages of the selected hospitals with the NTP, particularly for improved reporting and better coordination within different units of the hospitals
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.3 Reduced patient and service delivery delays (Timing)	1.3.1	IT-SMS project	FHI360	76,100	 50%	Sep	2013	The number of sputum smear test registered in the system increased from 602 in the previous quarter to 736 in this quarter. Moreover, the proportion of test results delivered by lab technicians using the system also increased from 96% to 99%. SMS project continues to show sustained improvements, maintaining a turnaround time of less than 5 days to deliver sputum test results since July 2012 (see chart in section 6). FHI 360 TB CARE I finalized the new domain name for new SMS web-based alert system (http://tbsms.cenat.gov.kh). The new SMS system will allow the HC staff to send smear details and lab technicians to send the lab results in a package instead of individual text messages. Training materials for the new SMS system were developed.
	1.3.2	IT-SMS project review	FHI360	8,606	 25%	Jun	2013	FHI 360 TB CARE I developed TB SMS evaluation protocol to assess the effectiveness of the TB SMS Alert System in reducing turnaround time for the delivery of sputum smear microscopy (SSM) test results and if this resulted in earlier initiation of treatment. The protocol has been submitted for approval of the national ethics committee. Upon this approval, data collection is expected to begin in mid May 2013.
					 35%			

2. Laboratories			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing to	2.1.1	EQA: Sputum Microscopy	JATA	50,000	 50%	Sep	2013	During the quarter, 86 of the 87 TB microscopy centers (MC) in TB CARE I coverage area participated in the external quality assurance exercise: i) random slide selection, ii) cross-checking of smear slides, iii) on site evaluation and on job training and 4) feedback workshop. 83% (71/86) MCs achieved more than 95% correct results on cross checking.

support the diagnosis and monitoring of TB patients	2.1.2	Diagnostic capacity improvement	JATA	159,988	50%	Sep	2013	To monitor the quality of TB diagnosis, ten field visits were conducted to cover all referral hospitals and TB lab centers in the 11 TB CARE I supported provinces. During this reporting quarter, 1,193 smear-negative TB suspects were referred by health centers to the referral hospitals (RH) for further evaluation and x-ray examination. Of those, 473 cases were diagnosed as smear negative TB. To improve the quality of x-ray reading, experts from CENAT cross-checked all x-ray films read by hospital physicians. The agreement rate between expert cross-readers and hospital physicians was 81.3%, slight increase from the 79.3% agreement rate in previous quarter
	2.1.3	Lab supervision	JATA	43,200	50%	Sep	2013	TB CARE I continues to support lab related supervisions: (i) Lab technicians visit health centres under their catchment area to provide feedback and improve quality of sputum collection and smear preparation (ii) Lab supervisors visits TB labs with poor EQA performance to help identify possible reasons for false positive or false negative results and resolve the issues.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2 Ensured the availability and quality of technical assistance	2.2.1	Technical assistance for lab services	JATA	18,161	0%	Mar	2013	Visit from the supra national reference laboratory is planned for the next quarter
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1	GeneXpert	JATA	69,545	50%	Sep	2013	During this reporting period, 455 TB suspects were examined by Xpert MTB/RIF assay: 60 HIV+ TB suspects, 284 MDR-TB suspects and 111 other groups. 84 cases were detected as MTB+/RIF-, 09 as MTB+/RIF+ (MDR-TB) and 24 cases were error/invalid. All TB and MDR-TB cases were registered for treatment.
	2.3.2	LED microscopy	JATA	87,320	50%	Sep	2013	Completed procurement of ten LED microscopes which were delivered in late March. Training for TB lab technicians to use the LED microscopes will be held in April.
					42%			

3. Infection Control			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	TB-IC: Implementation	FHI360	20,674	50%	Sep	2013	A series of cascade trainings for C-DOTS volunteers to use the simplified checklist for TB infection control was conducted at various health centres in Kampong Cham and Chamkar Leu ODs between 29 Jan to 22 March 2013. 812 C-DOTS volunteers (343 females) attended the trainings. C-DOTS watchers will use the checklist during their home visits to TB patients, to observe and assess TB infection control measures practised at homes and to advise TB patients and family members accordingly. The revised simplified checklist will be used from next quarter.
	3.2.2	TB-IC: TA and ToTs	FHI360	31,397	100%	Dec	2012	Completed. This is linked to Activity 3.2.1. Ms Stella Kirkendale from FHI/HQ visited Cambodia from 4-21 Dec 2012 to oversee the facilitation of two pilot training of trainers (TOTs) on adaptation, use and scale-up of the Simplified Checklist for TB Infection Control at community level.
	3.2.3	TB-IC: Communications	FHI360	58,474	50%	Sep	2013	The script and storyboard for an educational video comedy was approved from CENAT. This video is expected to be produced in the next quarter.
					67%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	PMDT: Trainings & supervision	WHO	56,566	50%	Sep	2013	Ongoing supervision and on the job training are being conducted to cover at least 11 provinces and six treatment sites every quarter. At least ten DR-TB patients receiving treatment in the community are visited to monitor the effectiveness of the program implementation and quality of care.
	4.1.2	PMDT: Sensitization workshop for C-DOTS	WHO	7,554	0%	Sep	2013	Sensitization workshop for C-DOTS partners will be done in next quarter.
	4.1.3	PMDT: Local TA (CHC)	WHO	60,499	50%	Sep	2013	Staff of Cambodia Health Committee (CHC), a local NGO which is a sub to WHO, continues to provide technical support for community-based PMDT.

	4.1.4	PMDT: Enablers	WHO	160,350	50%	Sep	2013	CHC conducted home visits and provided enablers such as food support to around 140 DR-TB patients per month as planned. The target is to visit all patients on DR-TB treatment at least once a month.
	4.1.5	PMDT: Drugs and supplies	WHO	180,484	25%	Sep	2013	Procurement order for second line drugs already placed, quotation received, and order finalized. Delivery expected within next quarter.
					35%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	HIV testing of TB patients	WHO	45,200	50%	Sep	2013	About 2,500 TB patients are tested for HIV every quarter using TB CARE support. In 2012, 80.4% of the TB patients notified to the NTP were tested for HIV, compared to 81% 2011.
					50%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Technical 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) form an integral part of national plans, strategies and	6.2.1	NTP partner coordination	JATA		50%	Sep	2013	TB CARE I presented and chaired several session in the Annual TB Conference organized by CENAT on 21 and 22 March 2013 at Phnom Penh, and participated in the World TB Day event on 25 March. In addition, TB CARE I coordinated the meeting of childhood TB technical working group on 21 Feb to review childhood TB activities and present the new algorithms developed by TB CARE I and NTP.
	6.2.2	Resource mobilization for NTP	WHO	24,860	25%	Sep	2013	A consultant, Dr Paul Nunn, will be recruited to assist in development of the new National Strategic Plan for TB, including a visit to the country during the period May-July. This will help the country for resource mobilization from all possible funding sources, particularly from the new funding mechanism of the Global Fund.
					38%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	e-TB manager for PMDT	MSH	120,630	 50%	Sep	2013	<p>Activities implemented for e-TB Manager implementation during the quarter include the following:</p> <ol style="list-style-type: none"> 1. e-TB Manager web space validation through entering of real patient data into the system is completed, now awaiting approval by the E-TB manager TWG (Cambodia) 2. PMDT-TB technical working group meeting decided that e-TB manager should be implemented in all 11 DR-TB treatment sites 3. The e-TB manager Cambodia work space has been reviewed and tested including Khmer and English Web pages to identify translation errors in order for MSH advisors to support in making corrections. 4. Baseline assessment for all the proposed e-TB manager implementation sites has been completed. Information on computer and internet skills of health staffs, availability of computer equipment and internet connection collected from all 11 PMDT sites by MSH consultant and IT person from NTP. 5. Translation of the e-TB Manager user's guide from English to Khmer is complete (translation of website and user guide to Khmer was the bottle neck that delayed implementation) 6. There are two activities in the process: <ul style="list-style-type: none"> (i) Procurement of Computers, internet modems and other computer accessories equipment's (ii) Training for health staff working at 11 pilot sites (planned for 2nd week of May) 7. Planned TA in the third quarter of fiscal year 2013 during training for health staff working at 11 pilot sites and computers and installed in all the sites.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	NTP peer review	FHI360	29,960	 25%	Sep	2013	Peer reviews are jointly conducted by CENAT and TB CARE I staff. This activity was not conducted during the quarter as concerned staff were busy with two major events during the quarter-World TB Day and the Annual TB Conference - on top of ongoing activities
	7.2.2	Knowledge exchange: international travel	FHI360	20,132	 0%	Nov	2013	Planned travel to participate in the 44th Union World Conference on Lung Health from 30 Oct-3 Nov 2013 for one staff each from FHI 360, WHO and the NTP.

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operations research	7.3.1	OR workshop: Protocol development	KNCV	33,487	100%	Feb	2013	Dr Jacques v.d. Broek and Dr Edine Tiemersma from KNCV, assisted by four local mentors, conducted a protocol development workshop on 18-24 February at Siem Reap attended by 12 participants (2 females). Three OR protocols were developed during the workshop: (i) reasons for higher than expected conversion rate of sputum smear positive patients, (ii) effectiveness of voice messaging via mobile phone in improving IPT adherence in children, and (iii) factors associated with low identification and referral of TB suspects
	7.3.2	OR workshop: data analysis and report	KNCV	33,487	0%	Sep	2013	Scheduled for Sept 2013
	7.3.3	OR: Mentoring and operational costs	KNCV	80,498	25%	Sep	2013	Started after the workshop (Activity 7.3.1) and will be more intense once the protocols developed during the workshop are finalized and approval obtained from the NTP and the national ethics committee
					33%			

al Approved Staffing & Operations Bud	995,348
Grand Total Approved Project Budget	3,448,004

Quarterly MDR-TB Report

Country	Cambodia
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Period	JANUARY-MARCH 2013
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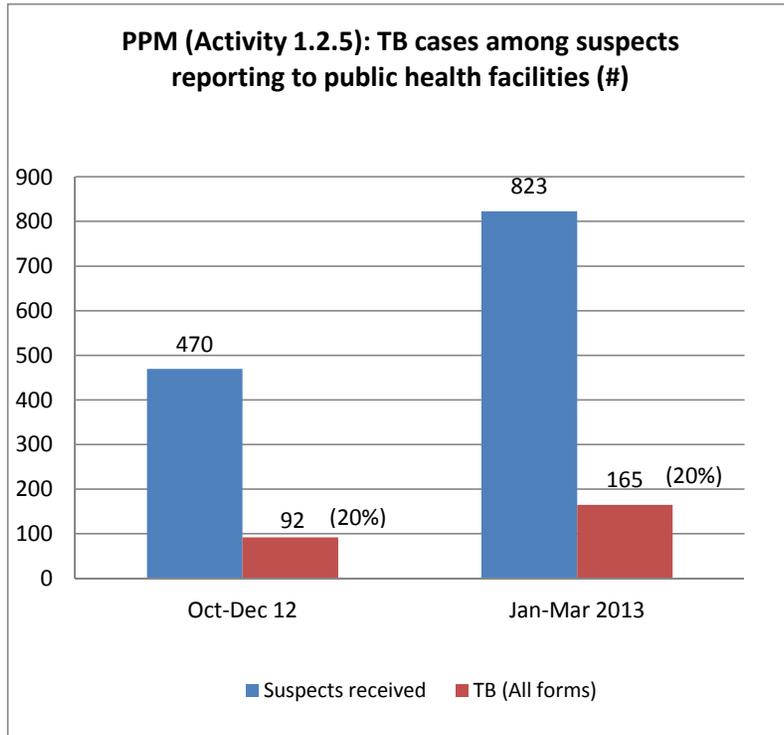
MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	31	41	Jan-Dec 2012: 110 of the total 130 cases enrolled on second line drugs were confirmed as MDR-TB.
Total 2011	56	83	
Jan-Mar 2012	29	31	
Apr-Jun 2012	18	18	Jan-Mar 2013: 18 of the 21 cases enrolled on treatment have been confirmed as MDR-TB at the time of reporting
Jul-Sep 2012	35	34	
Oct-Dec 2012	35	27	
Total 2012	117	110	
Jan-Mar 2013	22	18	

6. TB CARE I-supported International Visits (technical and management-related trips)

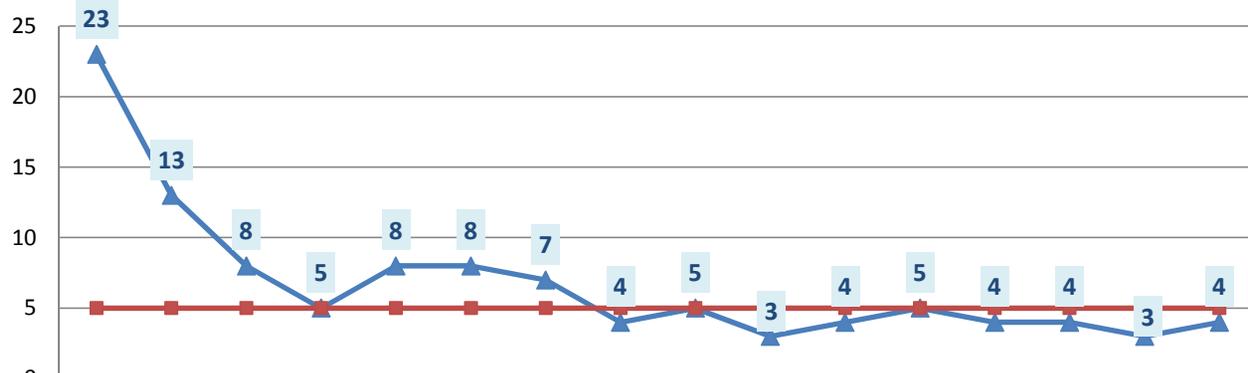
#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	JATA	2.2.1	Hiroko Matsumoto	To conduct review on LED microscope and xpert implementation to provide recommendation to strengthen lab services	Dec-12	Postponed	Planned for next quarter	To be conducted next quarter
2	JATA	2.2.1	Satoshi Mitarai	To conduct review on LED microscope and xpert implementation to provide recommendation to strengthen lab services	TBD (Joint trip with 2.2.1 or separate trip)	Planned	Planned for next quarter	
3	JATA	2.1.2.6	Akira Shimouchi	To provide TA on X-ray	Jan-13	Postponed	Planned for next quarter	
4	JATA	2.1.2.6	Akira Shimouchi or Yoshimatsu	To provide TA on childhood TB	May-13	Planned	Planned for 22-26 April	Dr S. Yoshimatsu
5	FHI	3.2.2	Stella Kirkendale	TA from community engagement consultant, including for two ToTs in TB-IC	Dec-12	Completed	4-21 Dec 2012	
6	KNCV	7.3.1	Jacques van den Broek & Edine Tiemersma	To conduct first OR workshop to develop protocols based on NTP research agenda	Feb-13	Completed	17-24 Feb 2013	
7	KNCV	7.3.2	Jacques van den Broek & Edine Tiemersma	To conduct second OR workshop on data analysis, presentation of results, and writing scientific papers	Sep-13	Planned		
8	MSH	7.1.1.19	Kinyanjui, Samuel	Insure that e-TB manager pilot implementation is documented and lessons learnt are shared out with key stakeholders	Feb-13	Postponed	Planned for May	
9	MSH	7.1.1.35	Kinyanjui, Samuel	Support the scale up of e-TB manager activities to all 11 PMDT sites	Aug-13	Planned		
10	MSH	7.1.1.30	Rao, Vani	Support the scale up of e-TB manager activities to all 11 PMDT sites	Feb-13	Postponed	Planned for May	
11	WHO	6.2.2	WHO Consultant (to be identified)	Hire senior consultant to draft any proposal for significant funding (e.g. Global Fund)	Oct-Dec 2013	Postponed	Planned for May-July 2013	Dr P. Nunn to assist with the new National Strategic Plan to be submitted for up-coming GF application
12								
13								
Total number of visits conducted (cumulative for fiscal year)							2	
Total number of visits planned in workplan							11	
Percent of planned international consultant visits conducted							18%	

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



SMS (Activity 1.3.1): Turnaround times* for sputum smear test results in 15 pilot project sites

Number of days (mean)



	Dec-2011	Jan-2012	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-12	Jan-13	Feb	Mar
—▲— Average time	23	13	8	5	8	8	7	4	5	3	4	5	4	4	3	4
—■— Target (day)	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

*Turnaround time is measured from the date the health centres send sputum smears to the labs to the date the results are returned by the labs to the health centre staff through SMS

Inventory List of Equipment - TB CARE I



TB CARE I

Organization:	TB CARE I
Country:	Cambodia
Reporting period:	January-March 2013
Year:	APA 3

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 #
Dell Optiplex 7010MT	FHI360/TBCARE/ EQ-023	08-Jan-13	\$ 828.00		For TB labs in SMS proje	New			
Dell Optiplex 7010MT	FHI360/TBCARE/ EQ-024	08-Jan-13	\$ 828.00		For TB labs in SMS proje	New			
Dell Optiplex 7010MT	FHI360/TBCARE/ EQ-025	08-Jan-13	\$ 828.00		For TB labs in SMS proje	New			
Dell Optiplex 7010MT	FHI360/TBCARE/ EQ-026	08-Jan-13	\$ 828.00		For TB labs in SMS proje	New			
Dell Optiplex 7010MT	FHI360/TBCARE/ EQ-027	08-Jan-13	\$ 828.00		For TB labs in SMS project site	New			
Dell Optiplex 7010MT	FHI360/TBCARE/ EQ-028	08-Jan-13	\$ 828.00		For TB labs in SMS project site	New			
Steel Desk (1219xD660xH740 with glass)	Leeco	07-Feb-13	\$ 187.00		Kampot Prison	Good			
Steel Desk (1219xD660xH740 with glass)	Leeco	07-Feb-13	\$ 187.00		Svay Rieng Prison	Good			
Steel Desk (1219xD660xH740 with glass)	Leeco	07-Feb-13	\$ 187.00		Prey Veng Prison	Good			
Divider file cabinet 4D (W914xD316xH1807)	Century	07-Feb-13	\$ 165.00		General department	Good			
Divider file cabinet 4D (W914xD316xH1807)	Century	07-Feb-13	\$ 165.00		Svay Rieng Prison	Good			
Divider file cabinet 4D (W914xD316xH1807)	Century	07-Feb-13	\$ 165.00		Kampot Prison	Good			
Divider file cabinet 4D (W914xD316xH1807)	Century	07-Feb-13	\$ 165.00		Prey Veng Prison	Good			
Divider file cabinet 4D (W914xD316xH1807)	Century	07-Feb-13	\$ 165.00		Takmao Prison	Good			
Magic-Pro ProMini Keyboard/Mouse/Laser	mkb10070270	13-Feb-13	\$ 105.00		FHI-Phnom Penh	Good			
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	Ratanakiri\	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	Muldokiri	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	Koh Kong	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	Pailin	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	Kg Chhnang	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	Trung Treng	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	Kratie	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	Preah Vihear	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	CENAT	Good	N/A	N/A	
LED Microscope Primo Star	TBCARE040	21 Feb, 2013	\$2,982.50	No VAT	CENAT	Good	N/A	N/A	

- (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