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**TB CARE I**

# **TB CARE I - Cambodia**

**Year 3  
Quarterly Report  
July-September 2013**

**October 30 , 2013**

## Quarterly Overview

<b>Reporting Country</b>	<b>Cambodia</b>
<b>Lead Partner</b>	<b>JATA</b>
<b>Collaborating Partners</b>	<b>FHI360, KNCV, MSH, WHO</b>
<b>Date Report Sent</b>	
<b>From</b>	Jamie Tonsing
<b>To</b>	Chantha Chak
<b>Reporting Period</b>	<b>July-September 2013</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	94%
2. Laboratories	100%
3. Infection Control	92%
4. PMDT	80%
5. TB/HIV	100%
6. Health Systems Strengthening	100%
7. M&E, OR and Surveillance	50%
<b>Overall work plan completion</b>	<b>88%</b>

## 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 for and use of high quality TB services provided (Population/Patient Centered Approach)	1.1.1	Active case finding (ACF): elderly	WHO	68.916	 50%	Sep	2013	The protocol was approved by the NTP Director, and a dissemination workshop was conducted on September 20th inviting the parties involved in the activity (Takeo Provincial Director, OD directors, TB provincial supervisors, TB OD supervisors, and health center staff). The total number of participants was 78 (57 men and 21 women). This activity got delayed and is now expected to be completed by Dec 2013
	1.1.2	Active case finding (ACF): Diabetes	FHI360	14.802	 100%	Sep	2013	TB CARE I has been working with CENAT and the Department of Preventive Medicine (PMD) to establish linkages between diabetes and TB services in four pilot hospitals. Trainings on bi-directional screening and referral process was conducted for 13 staff (4 females) of OPD, TB ward and diabetes clinic of Kampong Thom referral hospital on 16 August. The other three sites have begun implementation and the monthly hospital coordination meetings were conducted in Battambang (on 23 July and 9 September), in Pursat (on 25 July and 6 September) and in Kg Cham (on 30 July 10 September). 55 participants (17 females) in July and 53 participants (15 females) in September attended the meetings. These meetings provide an opportunity to review performance in the previous month, and discuss ways to strengthen linkages between OPD, TB unit and diabetes clinic within the hospital. Establishing a mechanism for TB- Diabetes collaborative activities is now completed. It is proposed to continue with the activities and monitor performance in terms of additional TB cases identified through this collaboration in 2014
	1.1.3	Patient Centered Approach (PCA)	WHO	44.545	 100%	Sep	2013	Implementation of QUOTE TB Light has been completed at 5 health facilities, as planned. In addition, a translated version of the Patient's Charter was distributed to the health care workers at the implementation sites, also as planned. Additional follow-up to monitor the effects of the project is planned.

<b>1.1.4</b>	Quality Improvement (QI)	FHI360	36.863	 100%	Sep	2013	<p>This quarter, QI model was expanded from the 25 existing sites to 13 additional HCs in Kampong Cham and Chamkar Leu ODs, covering all HCs of the two ODs. In collaboration with PHD and ODs, FHI 360 / TB CARE conducted QI learning sessions in HCs of the two ODs during September 2013. 895 participants (335 females) including HC staff, C-DOTS volunteers, private providers, religious leaders (Achar) and commune council members participated in these meetings. The meeting is the forum for participants to discuss the achievement and key challenges faced, and find out the possible solutions for the specific problems. An additional intervention/change package proposed to be implemented from this quarter onwards is to involve Muslim religious leaders (Ha Khem) to promote TB awareness and to refer TB suspects to HCs. Moreover, C-DOTS volunteers could seek help from commune chiefs or Ha Khem to intervene when referred TB suspects refuse to go to HC for TB testing.</p> <p><i>Note: Upon adjustment of health coverage plan by MoH, four HCs of Kg Cham OD were moved to other ODs and are no longer part of the QI project. So total QI sites decreased from 38 to 34 HCs this quarter</i></p>
<b>1.1.5</b>	TB screening manual	FHI360	10.067	Cancelled			<p>This deliverable was linked to a core project (to develop a manual for TB screening) which was not approved. Planned activity in-country was to document Cambodia's experience on screening of risk groups as a case study for the manual.</p>

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	 100%	Sep	2013	<p>(1). TB CARE and CENAT conducted a series of workshops to: 1) orient TB staff on the importance of IPT in children, 2) instruct staff how to screen TB contact children for IPT and 3) recording system for IPT implementation. The workshops were conducted on 05 August in OD Preah Sdach, 09 August in OD Preah Net Preah, 12 August in OD Kg Trabek, 15 August in OD Battambang, 16 August in OD Kg Speu and OD MOUNG Russey, 19 August in OD Sampov Meas and OD Prey Chhor. 393 (F=77) staff of PHD, OD , referral hospitals, health centers and community volunteers participated.</p> <p>(2). A workshop was held on 18-19 September at CENAT to review the progress and challenges in implementation of childhood TB project, attended by 181 (F=28) participants. As reported in the workshop, 13416 contacts were referred from health centers to referral hospitals for further diagnosis in the 27 ODs. Of those, 2204 (16%) children were diagnosed with TB and registered for treatment.</p> <p>(3i). Following efforts to increase the use of chest x-rays and the skills for chest x-ray reading, there is an improvement in diagnosis of pulmonary TB. The proportion of pulmonary TB diagnosed among children in project sites increased from 19% during Jan-Feb 2013, to 21% in Apr-June 2013, and 22% in Jul-Sept 2013</p>
	1.2.2	Childhood TB: PPD	WHO	62.150	 100%	Sep	2013	Procurement process completed and first lot already received. Statens Serum Institute, Denmark will deliver the second lot of PPD (tuberculin) solutions for pediatric TB screening in November 2013.

1.2.3	Prisons TB services: expand to 10 prisons	FHI360	76.141	 100%	Sep	2013	<p>This quarter, in collaboration with CENAT and GDP, TB CARE continued to conduct annual mass screening of inmates in three additional prisons in Koh Kong, Kampong Speu and Prah Sihanouk . 2,527 inmates were screened using a TB screening algorithm which includes the use of a symptom checklist, chest x-rays, smear microscopy, and Xpert MTB/RIF assays. 1.2% (30/2527) prisoners were diagnosed with active TB, including 11 smear positive cases.</p> <p>In collaboration with CENAT, NCHADS, and General Department of Prisons (GDP), TB CARE conducted a series of quarterly coordination meetings in project sites (Kampong Cham on 5 July, Svay Rieng on 9 August, Kampot on 16 August, Preah Sihanouk on 21 August, Prey Veng on 23 August, and in Kampong Speu on 12 September) to follow up on the implementation of recommendations from the previous quarter, present Q4 achievements and make recommendations for further improvement. 126 (12 females) from CENAT, NCHADS, GDP, prison staff and local health authorities attended the meeting. In addition, during the reporting period, cell leaders of prisons in Preah Sihanouk and Kampong Speu were coached to identify fellow inmates with signs and symptoms of TB and refer them to the prison health post.</p>
1.2.4	Prisons: Assess engagement	FHI360	7.632	 100%	Sep	2013	<p>Completed. Cambodia participated in the core project "Scaling up engagement of prisons". Four delegates from Cambodia participated in the regional workshop for seven countries held in Jakarta from 10-14 Dec 2012. The delegates presented their assessments of the current situation and developed action plans for scaling up prison engagement in TB control. The action plan will inform the development of the next national strategic plan.</p>

<b>1.2.5</b>	PPM: Implementation	FHI360	82.745	 100%	Sep	2013	<p>During the quarter, the proportion of referred TB suspects reporting to public health facilities was 69% (906/1,318), compared to 57% in the previous quarter. The number of TB cases (all forms) diagnosed among referred suspects also increased to 161, up from 109 TB cases diagnosed in the last quarter (Data from 1 OD missing due to flooding)</p> <p>TB PPM quarterly coordination meetings were conducted in Phnom Penh on 12, 31 July and 16 September (183 participants, 63 females), in Kandal on 2, 12, 19 July and 17 September (166 participants, 43 females), in Siem Reap on 19 July (58 participants, 19 females) and in Kampong Speu on 6 September (39 participants, 11 females). These meetings provide an opportunity for private practitioners and public health providers to review the PPM referral process, raise issues and agree on approaches to strengthen collaboration. In addition, the training for users of the PPM SMS system was conducted in Takhmao OD on 17-18 September 2013. 40 participants (7 females) from private sectors and 14 participants (2 females) from public health facilities attended the training. The system allows public health providers to provide feedback on patients referred by private practitioners and status of TB diagnosed via the system. The system was developed in-house by TB CARE staff.</p>
<b>1.2.6</b>	PPM: Hospital engagement	FHI360	55.727	 100%	Sep	2013	Linked to activity 1.1.2- to strengthen internal linkages between OPD, TB unit and diabetes clinic within the selected hospital, and external linkages with the NTP.

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	100%	Sep	2013	TB CARE I took the opportunity of Community DOTS meetings to introduce the SMS system to 297 C-DOTS volunteers (131 females) from new sites in Kampong Cham and Chamkar Leu ODs in July, August and September 2013. In addition, users of the SMS system (health centre staff and lab technicians) met on 18-19 July and 19-20 September 2013 in Chamkar Leu and Kg Cham respectively to review performance of the previous quarter focusing on the need for HC staff to text sputum smear details to the system, and for lab technicians to return the smear results promptly, particularly for smear positive results. The SMS alert system for delivering smear microscopy results continues to sustain turnaround time of less than 5 days - 3 days in this quarter (see chart in section 6).
	1.3.2	IT-SMS project review	FHI360	8.606	75%	Jun	2013	In the previous quarter, data collection for the SMS project evaluation to assess the effectiveness of the TB SMS alert system was completed. During the reporting period, data entry and cleaning were conducted. Data analysis has begun and the report is expected by October 2013.
					94%			

2. Laboratories				Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader			Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients	2.1.1	EQA: Sputum Microscopy	JATA	50.000	100%	Sep	2013	TB CARE supported several EQA workshops to review the TB lab activities, report the progress, identify reading mistakes and provide feedback for solution and improvement measures. The workshops were conducted on 02 August, 06 August, 09 August and 16 August at PHD offices in Mondulkiri, Svay Rieng, Ratanakiri and Takeo respectively and attended by 95 (F=20) lab technicians. The workshop report revealed that the microscopy reading in Mondulkiri was good, but the smear quality was not made well enough. In Svay Rieng, there were major mistakes for 8 smears for health center Krasaing because the TB lab technician had eye problem. In Ratanakiri, microscopy reading performed well. For Takeo, there was one major mistake for health center Prey Sleik. The facilitator team encouraged the TB lab technicians to improve the reading skill and read carefully to avoid the mistakes.

	<b>2.1.2</b>	Diagnostic capacity improvement	JATA	159.988	 100%	Sep	2013	Facilitated by Dr Hirao from JATA/Tokyo and other trainers, two trainings chest x-ray was organised to improve the diagnostic capacity of TB physicians. The training were conducted on 21-22-23 August 2013 and 25-26-27 Sept 2013 at CENAT office in Phnom Penh with participation from 40 (F=2) from staff of 31 referral hospitals across the country.  During this period report, there is an increase in smear-negative TB suspects referred by HC to referral hospitals for further evaluation including through x-ray examination - 1371 TB suspects were referred during this quarter compared to 1166 in the previous quarter. 36 % (487/1371) of those referred were diagnosed as smear-negative TB. The agreement rate between expert cross-readers and hospital physicians in chest x-ray reading was maintained at more than 80%.
	<b>2.1.3</b>	Lab supervision	JATA	43.200	 100%	Sep	2013	Linked to 2.1.1 and 2.3.1. TB CARE I and CENAT laboratory team continue to conduct supervisory visits to TB microscopy centers identified to perform mistakes during EQA exercise.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	
2.2 Ensured the availability and quality of technical assistance and services	<b>2.2.1</b>	Technical assistance for lab services	JATA	18.161	 100%	Mar	2013	Dr Satoshi Mitarai from JATA/RIT Tokyo visited Cambodia from 1-5 Sept 2013 to assess LED fluorescent microscopy (FM) and GeneXpert MTB/Rif (Xpert) performance in TB CARE project sites. Some of the observations in his Mission report are - LED FM shows comparable sensitivity with conventional Z-N smear; however it reduced workload of lab technicians significantly. Cost for ready-made reagent is relatively high and it could be a potential obstacle for quick expansion of FM. Several discrepant results were observed between Xpert and conventional DST and it was recommended to observe the clinical
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	<b>2.3.1</b>	GeneXpert	JATA	69.545	 100%	Sep	2013	TB CARE I assisted CENAT/NTP to install GeneXpert machines and provide training to TB lab staff in Prey Veng, Svay Rieng and Takeo on 6-8 August (Prey Veng, Svay Rieng), 20-22 August (Takeo) and Siem Reap on 25-26-27 September, 2013 in provincial RH TB labs. The total participants attended the training was 19 (F=5). From August 2013, these four provincial RHs can offer services to MDR-TB suspects so patients need not come to Phnom Penh.  During this report period, 1337 Xpert assays were performed. Of those, 510 were previously treated TB cases and 827 other high risk TB suspects. Among the tested number, 329 were detected as MTB+ and 22 as MDR-TB cases. All these patients were registered for TB and MDR-TB treatments. The Xpert RIF resistance rate is 6.7% and the error rate is 2.8%.

	<b>2.3.2</b>	LED microscopy	JATA	87.320	100%	Sep	2013	TB CARE I continues to monitor LED microscope implementation. During this quarter, TB CARE I lab officer and CENAT staff made several field visits to LED microscope centers to distribute lab reagents, and supervise lab activities such as technique of smear staining and fixing, microscope reading. Some minor problems were found such as false positive and negative on result due eye problem caused by aging staff . The team suggested them to read slowly and carefully through as many fields as required.
					100%			

<b>3. Infection Control</b>						<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Technical Completion</b>	<b>Month</b>	<b>Year</b>	
3.2 Scaled-up implementation of TB-IC strategies	<b>3.2.1</b>	TB-IC: Implementation	FHI360	20.674	100%	Sep	2013	Good progress was made during this quarter - TB-IC checklists were used to monitor the TB infection control practice at 30 health centers and their overall performance scored. Using achievement of 80% score as acceptable, 86% HCs performed well (nine HCs got 100% score, 14 HCs got 85%, three HCs got 80% score, and four less than 80%). HC staff were provided feedback on their performance including how to further improve good TB-IC practices in their facilities, and a schedule to follow up on recommended improvements agreed upon. In addition, the simplified checklist for TB infection control at community level is being used by DOTS watchers to observe practices of TB patients and to give feedback/ suggestion to the patients to improve the TB IC practice in community level accordingly.
	<b>3.2.2</b>	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 provide technical assistance and facilitate two pilot training of trainers (TOTs) on adaptation, use and scale-up of the Simplified Checklist for TB Infection Control at community level.
	<b>3.2.3</b>	TB-IC: Communications	FHI360	58.474	75%	Sep	2013	Reproduction of TB-IC communication materials, distribution of these and other TB-IC supplies such as SAKSIT masks were already completed in previous quarters. Ongoing meetings and trainings (such as for QI, PPM and C-DOTS) and supervision visits are used to discuss TB-IC issues. In addition, data collection, data entry and analysis for the end-line survey to assess the effectiveness of SAKSIT communication campaign has been completed and the report will be available in October.
					92%			

4. PMDT						Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	PMDT: Trainings & supervision	WHO	56.566	100%	Sep	2013	Ongoing supervision and on-the-job training are being conducted to cover all 24 provinces and at least six MDR-TB treatment sites every quarter, including visits by supervisors to at least 10 patients' homes. Nursing officers and physicians of CHC (NGO) visit every DRTB patient at their home every 15-30 days. This quarter, WHO/ TB CARE and CHC started monitoring delays in initiation of DRTB treatment and death reviews.
	4.1.2	PMDT: Sensitization workshop for C-DOTS partners	WHO	7.554	0%	Sep	2013	Sensitization workshop for C-DOTS partners will be done in November 2013.
	4.1.3	PMDT: Local TA (CHC)	WHO	60.499	100%	Sep	2013	Staff of Cambodia Health Committee (CHC), a local NGO which is a subrecipient of WHO, continues to provide technical support for community-based PMDT.
	4.1.4	PMDT: Enablers	WHO	160.350	100%	Sep	2013	CHC continues to conduct home visits and provide enablers such as food support to around 150 DR-TB patients per month as planned. The target is to visit all patients on DR-TB treatment at least once a month to ensure high treatment success rates and avoid catastrophic costs to patients.
	4.1.5	PMDT: Drugs and supplies	WHO	180.484	100%	Sep	2013	The procurement contract was signed between WHO and GDF/IDA and the money was transferred. The first products delivery was done in June 2013 and the next shipments will get delivered based on an agreed schedule.
					80%			

5. TB/HIV						Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	HIV testing of TB patients	WHO	45.200	100%	Sep	2013	About 2,500 TB patients are tested for HIV every quarter using TB CARE support. As per annual NTP reports, in 2012, 80.4% of the TB patients notified to the NTP were tested for HIV, compared to 81% 2011. TB CARE I supports HIV testing of TB patients in 21 (27%) of the total 77 ODs in the country
					100%			

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 service delivery	6.2.1	NTP partner coordination	JATA		 100%	Sep	2013	TB CARE I continued to assist Cambodia NTP to organise and participate in several coordination meetings such as on PPM, national strategic plan development, development of training curriculum for refresher training of NTP staff, and regular meetings of the MDR-TB and Laboratory technical working groups.
	6.2.2	Resource mobilization for NTP	WHO	24.860	 100%	Sep	2013	<p>Dr Paul Nunn (ex-WHO officer), was recruited to draft the national strategic plan (2014-2020) which has been submitted to the CENAT Director, who plans to finalize it by December 2013. This new plan will help the country for resource mobilization from all possible funding sources, particularly from the new funding mechanism of the Global Fund. The new plan incorporates new evidences on effective implementation strategies.</p> <p>TB CARE is assisting partners to draft and submit proposals for funding from TB REACH Wave 4 (WHO/ CIDA) for innovative case finding. In the past, TB REACH has provided over USD 1 million per year and contributed to about 7% of the case finding per year, most of them in difficult-to-reach populations. This year, about six partners have shown some interest to submit proposals until now.</p> <p>TB CARE is assisting NTP for reprogramming Global Fund Round 7 Phase 2 grant and for interim application for grants from new funding mechanism of the Global Fund.</p>
					 100%			

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	 75%	Sep	2013	<p>1. This quarter is the intensive phase of data entry for 9 MDR-TB treatment sites after getting computers and internet connection from July 2013 to upload into the e-TB manager data for all DR-TB cases registered since 2011 and DR-TB suspects notified since January 2013.</p> <p>2. Dr Samuel Kinyanjui from MSH conducted his short-term technical assistance (STTA) to Cambodia from 1st -13th August 2013 to provide additional capacity building for local staff by training local NTP IT staff to trouble shoot the e-TB manager webspace; by providing on-the job mentorship for staff in 4 main DR-TB treatment sites and conduct preliminary system evaluation; by procuring additional computers for the remaining 4 sites and by fixing some pending customization requests.</p> <p>3. Supervision of e-TB Manager implementation has been done once a month for every PMDT site regularly to support health staff at PMDT sites in data entry and provide on the job training. During this quarter, 8 supervisory visits were conducted with 16 supervisors.</p> <p>4. Procurement of computers and other computer accessories equipment's have been done for 4 additional sites. In total, the procurement and installation of computers and accessories equipment's have been done for 9 MDR-TB pilot implementation sites and 3 culture</p>
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 were previously conducted by a team from CENAT and TB CARE I as a means to verify data reported by the ODs to the NTP. Two randomly selected ODs were visited by the team early this year after which this activity was discontinued. CENAT plans to continue with this activity on their own as a part of their ongoing supervisory visits.
	7.2.2	Knowledge exchange: international travel	FHI360	20.132	 0%	Nov	2013	Eight abstracts, including two oral presentations submitted by TB CARE Cambodia staff have been accepted for the 44th Union World Conference on Lung Health. Three TB CARE staff (one each from JATA, FHI 360, WHO) and one from the NTP plan to participate in the conference to be held in Paris from 30 Oct-3 Nov 2013.
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	7.3.1	OR workshop: Protocol development	KNCV	33.487	 100%	Feb	2013	Completed in the previous quarter. Dr Jacques v.d. Broek and Dr Edine Tiemersma from KNCV, facilitated a protocol development workshop in February 2013 during which three OR protocols were developed.
	7.3.2	OR workshop: data analysis and report	KNCV	33.487	Cancelled	Sep	2013	Planned for Feb 2014 to allow for more time for data collection by the research teams

research	<b>7.3.3</b>	OR: Mentoring and operational costs	KNCV	80.498	● 50%	Sep	2013	Started after the workshop (Activity 7.3.1). However, OR studies could not be conducted as planned because of delays in finalising the protocols and obtaining approval from the NTP and the national ethics committee. Carried over to APA4
					● 50%			

Total Approved Staffing & Operations Budget	995.348
Grand Total Approved Project Budget	3.448.004

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

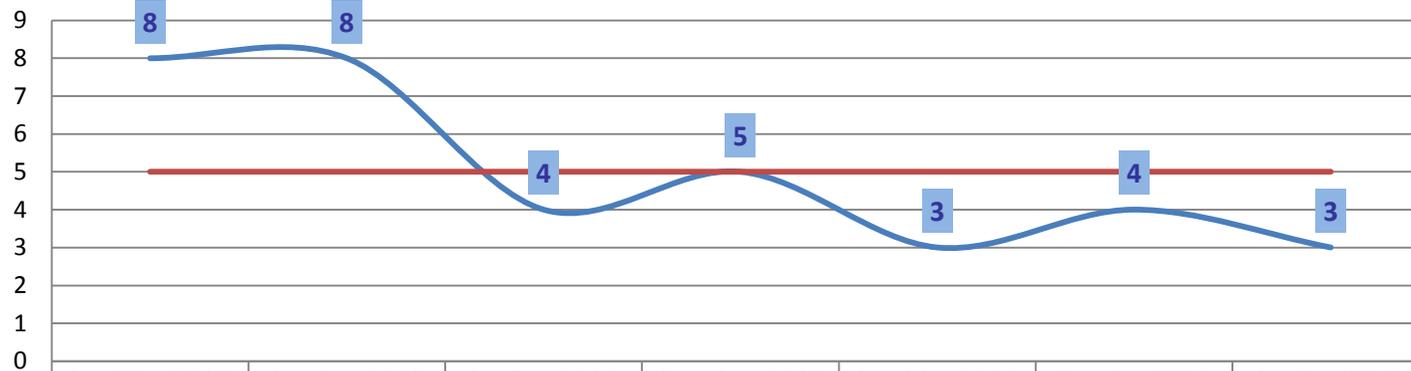
#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks
1	JATA	2.2.1	Hiroko Matsumoto	To conduct review on LED microscope and xpert implementation to provide recommendation to strengthen lab services	dec-12	N/A	N/A	2.2.1 - One person completed the trip instead of two planned initially
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)	Completed	1-5 Sept 2013	
3	JATA	2.1.2.6	Akira Shimouchi	To provide TA on X-ray	jan-13	Completed	12-23 August 2013	Changed to Dr Hirao
4	JATA	2.1.2.6	Akira Shimouchi or Yoshimatsu	To provide TA on childhood TB	mei-13	Completed	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	Postponed	Planned for Nov 2013	
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	Completed	13-24 May 2013	
9	MSH	7.1.1.35	Kinyanjui, Samuel	Support the scale up of e-TB manager activities to all 11 PMDT sites	aug-13	Completed	1st August 13th 2013	
10	MSH	7.1.1.30	Silvastava	Support the scale up of e-TB manager activities to all 11 PMDT sites	feb-13	Postponed	Planned for Nov 2013	
11	WHO	6.2.2	Nunn, Paul	Draft new strategic plan (2014-2020), which would form the basis for drafting proposals for funding from various sources, especially the Global Fund	Oct-Dec 2013	Completed	1 May - 7 July 2013	
12								
13								
Total number of visits conducted (cumulative for fiscal year)							9	
Total number of visits planned in workplan							11	
Percent of planned international consultant visits conducted							82%	



Supervisors provide on- the-job training to field staff on x-ray reading skills  
Photos by JATA Cambodia

## SMS (Activity 1.3.1): Turnaround times\* for sputum smear test results in 38\*\* project sites

Number of day (mean)



	Jan-Mar 2012	Apr-Jun 2012	Jul-Sep 2012	Oct- Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sep 2013
— Average time	8	8	4	5	3	4	3
— Target (day)	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

\*\* SMS project was expanded from the 15 existing pilot sites to 23 additional HCs on July 2013



PPM SMS training at Takhmao OD  
Photos by Ms. In Sophy, Takhmao OD

## Quarterly Report on Global Fund Engagement

<b>Country</b>	<b>Cambodia</b>	<b>Period</b>	<b>July-September 2013</b>
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<b>Current Global Fund TB Grants</b>				
<b>Name (i.e. Round 10 TB)</b>	<b>Average rating*</b>	<b>Current rating</b>	<b>Total approved amount</b>	<b>Total dispersed to date</b>
Round 7 TB	A2	A1	18.144.306	17.104.895

\*Since January 2010

### **In-country Global Fund status - key updates, challenges and bottlenecks**

The current Round 7 TB grant will end in March 2014. Cambodia has been identified as an interim applicant and will be eligible to receive 3 million indicative funding in 2014. Thereafter, Cambodia will apply as a standard applicant with full expression of needs.

Related to the anticipated shortage of TB drugs in early 2014 reported earlier, NTP and the Global Fund have agreed on mechanism to use remaining funds from Round 7 or part of the amount identified for its interim application to cover this cost. So it is no longer an issue at this point.

### **TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work**

TB CARE I is currently assisting CENAT to prepare for future application to the GF including leading the development of the next national strategic plan (NSP) for TB control (2014-2020) and accompanying documents to guide future applications. TB CARE is part of the task force for the NSP development, facilitated meetings and consultation workshops, and has recruited a senior consultant (Dr Paul Nunn) to coordinate and draft the first draft of the NSP during this fiscal year.

In addition, TB CARE I is helping fill the gap for some activities that could not be supported through the Global Fund grant because of inadequate funds – such as procurement of second line drugs (for 50 patients), PPD and X-ray supplies; support for performing EQA for sputum microscopy, and HIV testing of TB patients.