



TB CARE I

TB CARE I - Cambodia

Year 4

Quarterly Report

April - June 2014

July 30, 2014

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1. Quarterly Overview

Country	Cambodia
Lead Partner	JATA
Coalition Partners	FHI360, KNCV, MSH, WHO
Other partners	CHC
Workplan timeframe	Oct 2013-Sep 2014
Reporting period	Apr-Jun 2014

Most significant achievements:

TB- Infection Control

- This quarter, all 36 health centers (HCs) in the TB infection control project sites were monitored and scored on their TB-IC practices using a standard checklist. All HCs achieved over 80% (set as acceptable score) with 83% (30/36) HCs scoring 100% and the remaining 6 HCs scoring 85%. In addition, the simplified checklist for TB-IC at community level is being used by DOTS watchers to assess TB patients' awareness on minimizing TB transmission, to observe their practices, and give suggestions on how to improve the TB IC practices.
- In addition, TB CARE I is planning to organize systematic TB screening of health care workers (HCWs) in three operational districts in Kampong Cham. Around 370 HCWs are expected to participate on a voluntary basis tentatively scheduled to begin in August 2014. If this proceeds as planned, this will be the first time that health care workers are systematically screened for TB. It will also provide information on the prevalence of TB among health care workers, which is currently unknown in Cambodia.

Global Fund Concept Note

- TB CARE I led a series of focus group discussions with technical stakeholders and key affected populations in the first half of May 2014 to obtain their perspective on the interventions that should be prioritized for future funding applications. These culminated in a national country dialogue in second half of May 2014, which brought together 100+ international, national and subnational stakeholders, including key affected populations to discuss and prioritize activities for the concept note through an inclusive and transparent process. TB CARE I also assisted in a Joint Assessment of the National Strategy, with an external consultant in mid-May 2014, to meet the requirements of the Global Fund (GF).
- TB CARE I led the Concept Note (CN) writing with inputs from the national TB program, Country Coordinating Committee (CCC) ExComm, CCC Secretariat, France Expertise Internationale (FEI) consultants and many other partners. The TB CARE I team served as panel members to select the Principal Recipient and Sub-Recipients for the CN. The CN was submitted to the GF on 16 June 2014. TB CARE I is now assisting with responses to queries from the GF on the submitted CN and related processes and documentations.
- In mid-June 2014, TB CARE I participated in the GF SEA Regional Workshop and made several key presentations on TB epidemiology and resource mobilization and maximization. Senior GF officers appreciated the leadership and excellent work of the TB CARE I team in the CN process, which has been recognized by many people as a good example.

Childhood TB:

- In the 27 ODs supported by TB CARE I, 6,931 children in contact with TB cases were screened at health centers for TB symptoms and referred to referral hospitals for further evaluation including chest x-ray and tuberculin skin test. This is an increase compared to the 5,243 children referred for evaluation in the previous quarter.
- In total, 27.7% (1920/6931) of the referred children were diagnosed with TB and registered for treatment. The proportion of pulmonary TB among these childhood TB cases is 20% - similar to the previous quarter (21%).
- In addition, 808 children (F=425) eligible for Isoniazid preventive therapy were registered for treatment during the quarter.

TB-Diabetes collaborative activities

- TB CARE I is supporting five provincial referral hospitals (Battambang, Pursat, Kampong Cham, Kampong Thom and Prey Veng) with TB and diabetes clinics to implement a bi-directional

screening and referral mechanism. Monthly coordination meetings were held in all five hospitals to review implementation of activities, achievements and challenges. During the quarter, 1,734 of the total 10,465 clients presenting to the outpatient departments and diabetes clinics were referred to the TB units of the hospitals. 1,560 (90%) of those referred reported at the TB unit, 266 (17%) of whom were eventually diagnosed with TB.

Technical and administrative challenges:

Given the TB CARE I project is ending in 2014, staff are getting anxious and have started looking for other jobs. The TB CARE I research officer in Cambodia recently resigned, and it will be difficult to find a replacement to complete the tasks given the short remaining period.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹	Comments	
1.1.1	Number of facilities where quality of services is measured	43	38 (minus 5 PCA sites in Y4)	34/34	# facilities reduced from 46 to 34 (MoH's reorganization of health administration)	
1.2.1	Private providers collaborating with the NTP	1166/2977 (39%)	45%	1166 (39%)	TB CARE I sites only	
1.2.2	TB cases diagnosed by private providers	549	>575	363	Q1:116, Q2:139 (updated from 73), Q3:108 (9 OD data for June pending)	
1.2.3	Status of PPM implementation	26 ODs	26 ODs	26 ODs	TB CARE I sites only	
1.2.4	Children younger than 5 (contacts of ss+ adults) that were put on IPT	682	700	2,839	Q1:951, Q2: 1,080, Q3:808	
1.2.5	Childhood TB approach implemented	27 ODs	27 ODs	27 ODs		
1.2.7	Prisons with DOTS	10	10	10		
1.2.8	CB-DOTS program is implemented	Yes (outside TB CARE)	Yes (outside TB CARE)	Yes (outside TB CARE)		
1.2.11	Number of TB cases (all forms) diagnosed in children 0-14 years	2,889 (2013, TBCARE sites only)	3,000	5,906	Q1:1,400, Q2:2,586, Q3:1,920	
1.3.3	Laboratory Delay Description: Number of days from the time sputum smears are sent by health centers to receipt of lab results	<5 days (2013 FY)	< 5 days	4 days (3.5 days)		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²
				Start	End	

¹ If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

1.1.1	FHI 360	Implement a bi-directional screening and referral mechanism in hospitals with diabetes clinics - of TB patients for diabetes and diabetes patients for TB	<p>TB CARE I is supporting five provincial referral hospitals (Battambang, Pursat, Kampong Cham, Kampong Thom and Prey Veng) with TB and diabetes clinics to implement a bi-directional screening and referral mechanism. Monthly coordination meetings were held in all five hospitals to review implementation of activities, achievements and challenges. During the quarter, 1,734 of the total 10,465 clients presenting to the outpatient departments and diabetes clinics were referred to the TB units of the hospitals. 1,560 (90%) of those referred reported at the TB unit, 266 (17%) of whom were eventually diagnosed with TB.</p>	Oct 13	Sep 14	Ongoing
1.1.2	FHI 360	Apply QI approaches and tools to improve quality of TB services in health facilities, review QI model in the two ODs.	<p>Twenty seven Health Centres (HCs) conducted Quality Improvement (QI) learning sessions during May and June 2014 attended by 811 participants (319 females) including HC staff, C-DOTS volunteers, private providers, religious leaders (Achar) and commune council members. HC staff and C-DOTS volunteers from high performance sites continued to share their experiences with others during QI learning sessions.</p> <p>HC staff from QI sites reviewed the achievements and challenges during the QI coordination meeting and made the following suggestions for improvement: (i) strengthen collaboration between local authorities and HC staff, (ii) increase the number of referral of smear negative TB suspects at each HC, (iii) consider incentives to motivate C-DOTS volunteers, and (iv) develop/print TB IEC materials for distribution to the communities. TB CARE I is looking at ways to address these suggestions.</p>	Oct 13	Sep 14	Ongoing
1.1.3	FHI 360	Provide local operational and coordination support to carry out a case study for the TB screening manual (core project)	<p>This activity is linked to a core project to develop a TB screening manual led by WHO. Dr Knut Lonroth and other colleagues from WHO visited Cambodia in February to meet key stakeholders, observe active case finding activities, and facilitate a meeting to review active case finding projects in Cambodia. While the Cambodia portion of the work is complete,</p>	Jan 14	Jun 14	Completed

			data generated through the various ACF projects as well as the experience gained in implementing these projects will be used to develop a Cambodia case study that will be part of the global TB screening manual.			
1.2.1	JATA	Strengthen management of childhood TB including diagnosis, treatment, contact investigation and provision of Isoniazid Preventive Therapy (IPT).	<p>TBCARE I team, in collaboration with NTP staff, conduct regular monitoring and on-the job training to TB physicians working in the 27 ODs where childhood TB management is being strengthened. Achievements during the quarter are summarized below:</p> <ul style="list-style-type: none"> In the 27 ODs, 6931 children in contact with TB cases were screened at health centers for TB symptoms and referred from health centers to referral hospitals for further diagnosis. Of those, 1920 (27.7%) children (F=866) were diagnosed with TB and registered for treatment. The proportion of pulmonary TB among these childhood TB cases is 20% similar to previous quarter (21%). 808 children (F=425) eligible for IPT were registered for treatment during this quarter. 	Oct 13	Sep 14	Ongoing
1.2.2	FHI 360	Provision of TB and HIV services in 10 prisons	<p>Quarterly coordination meeting involving prison and health authorities were held on 23 April and 6 June in prison of Prey Veng and Preah Sihanouk, respectively. 39 participants (six females) attended the meetings. Key issues discussed and agreed during the meetings were to (i) improve referrals of smear negative TB suspects to referral hospitals for chest x-rays, (ii) ensure new inmates are screened for TB and for HIV, (iii) follow up TB, TB/HIV and HIV/AIDS prisoners who released to ensure they access to health services after being released.</p> <p>During this quarter, 9 TB cases (0.2%) were detected among 5,564 inmates, through routine screening.</p>	Oct 13	Sep 14	Ongoing
1.2.3	FHI 360	Public Private Mix (PPM) implementation	Preliminary data for the quarter (pending data for June from 9 ODs) show that 108 TB cases were diagnosed through referrals made by private practitioners in the 26 PPM project	Oct 13	Sep 14	Ongoing

			<p>sites.</p> <p>Thirteen PPM quarterly coordination meetings were conducted in Kandal, Takeo, Battambang, and Phnom Penh during the month of April to June 2014. These meetings provide an opportunity for private practitioners (PPs) and public health providers to review the PPM referral process, raise issues and agree on approaches to strengthen collaboration. Main suggestions made for improvement are: (i) to engage and train new private providers, and additional staff especially from pharmacies as the one person trained is not always present in the pharmacy, (ii) consider transportation support for poor patients to visit public health facilities such as for x-ray test at the referral hospitals, (iii) TB posters should be posted at private practices and public health facilities, and (iv) consider setting a requirement for participating PPs to refer at least one TB suspect per month. TB CARE I is looking to implement the suggestions prioritizing those than can be conducted with available project funds.</p>			
1.2.4	FHI 360	Public Private Mix (PPM): Hospital engagement	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.	Oct 13	Sep 14	Ongoing
1.2.5	FHI 360	Public Private Mix (PPM): evaluation	Completed field visit and data review. The report is being finalized and will be ready by August 2014	Apr 14	Aug 14	Ongoing
1.2.6	JATA	Childhood TB: Technical assistance	Dr Shoji from RIT/Tokyo is scheduled to visit Cambodia from July 15, 2014 to review childhood TB activities and provide training on X-ray reading.	Jun 14	Jul 14	Pending
1.3.1	FHI 360	IT-SMS project	The SMS alert system for delivering smear microscopy results continues to maintain good performance, with a turnaround time of 3.5 days in this quarter (target: < 5 days). SMS training was provided to twelve staff (two females) of the six new health centres of Stueng Trang ODs on 29 May 2014. These health centres began using the SMS alert system from first June onwards. In addition, quarterly TB SMS system review meeting were	Oct 13	Sep 14	Ongoing

			conducted in June in all three ODs using the system. Main recommendation of these meetings were for the health centre staff to send smear details of all TB suspects to the system at the same day of sending smear samples; and for lab technicians to provide smear results via SMS right after the smear examination.			
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2.2 Laboratories

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
2.1.1	A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP		Yes (Score 3)	Yes (Score 3)	Yes		
2.1.2	Number of laboratories with working internal and external QA programs for smear microscopy and culture/DST		87 (EQA for SM)	87 (EQA for SM))	86/87		One remote TB lab excluded (no sample to process)
2.1.3	Number and % of laboratories demonstrating acceptable EQA performance		85% (287/337)	85%	87% (225/258)		Q1: 88%(77/87); Q2: 84%(71/85); Q3: 90%(77/86)
2.2.1	Confirmed link with an SRL through a memorandum of agreement		Yes	Yes	Yes		
2.2.2	Technical assistance visits from an SRL conducted		Yes	Yes	Not yet		Planned for July 15, 2014
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB		24 (21GX, 3 C/DST)	24 (21GX, 3 C/DST)	24 (21GX, 3 C/DST)		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
2.1.1	JATA	EQA: Sputum microscopy	During this reporting period, 86 TB labs participated in the TB lab EQA process including blinded cross- checking of randomly selected smear slides, on site evaluations and feedback, and quarterly workshops for improvement. 90% (77/86) of the TB labs maintained correct performance of more than 95%. The quarterly EQA workshop was used to provide feedback and recommendations for the TB labs with low	Oct 13	Sep 14	Ongoing	

			<p>performance to make improvements.</p> <p>Some microscopy centers Preah Vihear and Svay Rieng province had unacceptable performance. The TB CARE I lab officer visited those labs and provided on the job training to the staff there.</p>			
2.1.2	JATA	Diagnostic capacity improvement	<p>During this period, new TB physicians were trained to strengthen their capacity and skills for chest x-ray reading. The training was held on 28-30 April 2014 at a CENAT with the 33 participants (F=2) from eight provinces.</p> <p>Performance during this period: (i) Health Centers referred 2387 smear negative TB suspects to referral hospitals for further evaluation including through chest x-ray. 32% (755/2387) of those referred were diagnosed as smear negative TB cases and started on treatment. The number of referrals increased significantly- from 1509 in last quarter to 2387 this quarter- due to the change in NTP definition of smear negative TB suspects (ii) TBCARE I and CENAT team continues to evaluate the quality of chest x-rays by cross-checking x-ray films interpreted by hospital physicians as TB cases. During this quarter, the agreement rate between hospital physicians and CENAT cross-reader was 78% compared to the agreement rate of 87.4% in the previous quarter. The training held in April 2014 and ongoing on the job training are expected to improve this.</p>	Oct 13	Sep 14	Ongoing
2.1.3	JATA	X-ray: Technical assistance	Postponed for next quarter	Jul 14	Sep 14	Postponed
2.2.1	JATA	Technical assistance for lab services	Planned for next quarter	Jul 14	Sep 14	Pending
2.3.1	JATA	LED microscopy	During this quarter, TB CARE I lab officer and CENAT staff visited all 25 LED microscopy centers supported by TB CARE I to distribute lab reagents, and supervise lab activities such as techniques of smear preparation, staining, and microscopy reading.	Oct 13	Sep 14	Ongoing

2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved		Yes	Yes	Yes	
3.1.2	TB-IC measures included in the overall national IPC policy		Yes	Yes	Yes	
3.2.1	"FAST" strategy has been adapted and adopted (FAST - "Find cases Actively, Separate safely, and Treat effectively")		Score 2 (FAST piloted)	Score 2 (FAST piloted)	Score 2 (FAST piloted)	
3.2.2	Facilities implementing TB IC measures with TB CARE support		47	47	46 (10 prisons & 36HCs)	#HCs in project sites decreased from 37 to 36 following MoH's reorganization of health administration
3.1.3	Number and % of health centers demonstrating acceptable level of TB-IC implementation in project sites		>70% (26/37 HC)	NA	100% (36/36)	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
3.2.1	FHI 360	TB-IC: Implementation	<p>This quarter, all 36 HCs in the TB infection control project sites were monitored and scored on their TB-IC practices using a standard checklist. All HCs achieved over 80% (set as acceptable score) with 83% (30/36) of HCs scoring 100% and the remaining 6 HCs scoring 85%. In addition, the simplified checklist for TB-IC at community level is being used by DOTS watchers to assess TB patients' awareness on minimizing TB transmission, to observe their practices, and give suggestion on how to improve the TB IC practices.</p> <p>In addition, TB CARE I is planning to organize systematic TB screening of health care workers in three ODs of Kampong Cham province. Around 370 health care workers are expected to participate on a voluntary basis tentatively scheduled for August 2014. Initial discussions with local health authorities and partners operating in the project sites are being held to agree on the schedule; screening and diagnostic algorithm to be used; and means to</p>	Oct 13	Sep 14	Ongoing

			ensure confidentiality of participants.			
3.2.2	FHI 360	TB-IC: Communication	<p>The TB comedy video was shown at seven different locations of Vihear Thom, KoKo, Koh Mith, and Sabour Meas HC, from 29 April – 10 May. Around 2,125 people from 23 villages attended the events. Communication materials about cough hygiene were distributed during the events.</p> <p>C-DOTS volunteers of selected villages identified and collected sputum from TB suspects. As a result, 390 people submitted sputum for testing, one of whom was found to have smear-positive TB. The other smear negative TB suspects have been referred for further evaluation.</p>	Oct 13	Sep 14	Ongoing

2.4 PMDT

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment		U	>70%	74%		
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		68%	>70%	65%		
4.1.4	A functioning National PMDT coordinating body		Yes	Yes	Yes		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
4.1.1	WHO	PMDT: Trainings and supervision	<p>Supervision and on-the-job training had been conducted to cover at least nine MDR-TB treatment sites every quarter, including visits by supervisors to at least 10-17 patients' homes. Nursing officers and physicians of CHC (NGO) visit every DRTB patient at their homes every 15-30 days.</p> <p>Joint supervisions, between WHO, CHC, CENAT staff, and local TB supervisors, have been</p>	Oct 13	Sep 14	Ongoing	

			conducted 3-5 times every quarter.			
4.1.2	WHO	PMDT: Local TA through CHC	<p>Staff of Cambodia Health Committee (CHC), a local NGO which is a sub-recipient of WHO, continues to provide technical support for community-based PMDT.</p> <p>Staff of CHC provided on the job training to 3 local supervisors in Battambang & Siem Reap through joint supervision to 7 DR-TB patients at communities. CHC also provided on the job training to 2 MDR-TB treatment sites in CENAT and Battambang, through joint visit and management of 10 DR-TB patients receiving treatment in their communities.</p>	Oct 13	Sep 14	Ongoing
4.1.3	WHO	PMDT: Enablers	<p>CHC continued to conduct monthly home visits to 83% (190/230) of the DR-TB patients (including 6 NTM patients) for clinical follow-up, and pay for their quarterly medical consultation at MDR-TB treatment sites. The target is to visit approximately 180 patients on DR-TB treatment at least once a month. In addition, TB CARE I also provides food support to around 20% of the DR-TB patients on treatment. All DR-TB patients registered for treatment receive such support either through TB CARE I, CENAT or MSF-F.</p> <p>All of above interventions are established to maintain high treatment success rate and avoid catastrophic costs to patients.</p>	Oct 13	Sep 14	Ongoing
4.1.4	WHO	PMDT: Printing	<p>All recording and reporting formats were printed as per WHO guidelines to reflect on new standards of care and reporting from Q1 2014. In addition, training materials were printed to train over 2,000 workers in November-December 2013 on use of new recoding and reporting formats.</p>	Jan 14	Mar 14	Completed

2.5 TB/HIV

Code	Outcome Indicators and Results	Actual Year 3 or	Expected	Result to date	Comments
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		Baseline Result	End of Year 4 Result			
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	80% (32359/40258) (Jan-Dec 2012)	>80%	82.7%	Jan-Dec 2013 data	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.2.1	WHO	HIV testing of TB patients	As per annual NTP reports, in 2013, 82.7% of the TB patients notified to the NTP were tested for HIV, compared to 80.4% in 2012. TB CARE I supports HIV testing of TB patients in 21 ODs across the country.	Oct 13	Sep 14	Ongoing

2.6 HSS

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments	
6.1.1	Government budget includes support for anti-TB drugs	Yes	Yes	Yes		
6.1.2	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups	No	Yes	Yes		
6.2.2	People trained using TB CARE funds	695 (F:124)	>700	2,276 (F:589)		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.2.1	WHO	Resource mobilisation for NTP: Technical Assistance	TB CARE I led a series of focus group discussions with technical stakeholders and key affected populations in the first half of May 2014 to obtain their perspective on the interventions that should be prioritized for future funding applications. These culminated in a national country dialogue in second half of May 2014, which brought together 100+ international, national and subnational stakeholders, including key affected populations to discuss and prioritize activities for the concept note through an inclusive and transparent process. TB CARE I also assisted in a Joint Assessment of the National Strategy, with an external consultant in mid-May 2014, to meet the requirements of the Global Fund (GF). TB CARE I led the Concept Note (CN) writing	Apr 14	Jun 14	Ongoing
6.2.2	FHI360, WHO	On-going local technical assistance to the NTP and GF related matters		Oct 13	Sep 14	Ongoing

			with inputs from CENAT/NTP, CCC ExComm, CCC Secretariat, France Expertise Internationale (FEI) consultants and many other partners. The CN was submitted to the GF on 16 June 2014. In mid-June 2014, TB CARE I participated in the GF SEA Regional Workshop and made several key presentations on TB epidemiology and resource mobilization and maximization. Senior GF officers appreciated the leadership and excellent work of the TB CARE I team in the CN process, which has been recognized by many people as a good example. Finally, TB CARE I is responding to queries from the GF on the submitted CN and related processes and documentations.			
6.2.3	JATA, WHO, FHI360	NTP partner coordination	TB CARE I continues to participate in NTP partner coordination meetings and assist in organizing several technical working group meetings. This quarter, TB CARE I participated in the PMDT, Lab, and the TB Interagency Coordination Committee (ICC) meetings	Oct 13	Sep 14	Ongoing

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels		Yes (e-tb manager)	Yes (e-tb manager)	Yes (e-tb manager)	
7.2.1	Data quality measured by NTP		Yes	Yes	No	
7.2.2	NTP provides regular feedback from central to intermediate level		Yes	Yes	Yes	Through annual conference, quarterly M&E workshops
7.3.1	OR studies completed		1 (SMS evaluation)	1 (Enhanced referral strategy)	Measured annually	Pending final data analysis and report
7.3.2	OR study results disseminated		0	2	1	SMS evaluation report disseminated
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
7.1.1	MSH	e-TB manager for PMDT	E-TB manager: Main activities completed during this period includes: a) Luiz Fernando and Berhanemeskal Assefa, MSH Senior Advisors visited Cambodia from	Oct 13	Jun 14	Ongoing

			<p>16-31 May 2014 to assess key area for further support and define further key customization according to Laboratory Module and PMDT reports. Both consultants attended and contributed to the Consultative TB Workshop-Country Dialogue 2014 for Concept Note Development for GF Grant for NTP. They also assisted with e-TB Manger implementation including trainings for staff of e-TB Manger implementation sites was conducted in Kampong Cham province from 26-30 May 2014, attended by 19 participants (7 females) from 11 MDR-TB treatment sites and the three culture centers. b) Monthly supervision to e-TB Manager implementation sites is being conducted regularly to support health staff at PMDT sites in data entry and provide technical support for second line drug management issues and provide on the job training. c) 100% of DR-TB patients enrolled in 2011 are completely entered into e-TB Manager, which can be generated into a treatment outcome report. d) 100% of DR-TB patients enrolled in 2011, 2012 and 2013 are entered into e-TB Manager allowing case detection report to be generated from the system. e) From Jan 2014, began using medicine management module for second line TB drugs in all treatment sites except Kampong Cham Province which uses drugs from MSF-France.</p> <p>Challenges include the following (a) Not all DR-TB suspects are captured in the system because lab staff do not record some DR-TB suspects referred from non DR-TB sites. (b) Quality of data is still limited as the capacity of PMDT staff is still limited and new feature of e-TB Manager System is not fully customized according to the new WHO definitions and NTP Quarterly Report for PMDT. MSH IT expert will visit Cambodia in August 2014 to solve this issue.</p>			
7.3.1	KNCV	OR – remote TA	Dr Ellen Mitchel is providing advice on data analysis, and will assist with report writing for the OR on enhanced referral strategy. The report is expected to be ready by Aug 2014	Jan 14	Aug 14	Ongoing



A truck drives around villages to announce a comedy video to raise awareness on TB and infection control practices in Kampong Cham province, Cambodia.
Photo by Ngo Menghak, FHI 360



A community DOT watcher uses simplified TB-infection control checklist while interviewing a TB patient in Kampong Cham Province, Cambodia
Photo by Ngo Menghak, FHI 306



TB CARE I staff provide on the job training for e-TB Manager to staff of the MDR-TB ward in Siem Reap provincial hospital, Cambodia.

Photo by Dr Chay Sokun, MSH

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 7 TB	A2	A1	18,144,306`	

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

Global Fund approved the national TB program's interim funding application to the Global Fund for \$ 3 million to cover the period April-Dec 2014. The application is mainly an extension to continue with activities after the end of the current GF grant in March 2014. In addition, according to the Global Fund country's allocation announcement, TB will receive a total of US \$ 15.6 (3 million existing through interim funds for 2014 and 12.6 million additional funding). The allocated amount is unlikely to be sufficient to cover even all the key activities and interventions planned under the new national strategic plan (NSP) for TB control. However, the TB program is eligible for incentive funding over the allocated amount. Securing this additional incentive funding from the GF, with supplementation from other donors, will be key to achieve the objectives of the NSP.

As summarized in the quarterly overview, TB CARE I is assisting with development of the concept note for the Global Funds' new funding model to cover the period January 2015 onwards. The concept note was submitted to the Global Fund on 16 June 2014. TB CARE is also assisting the NTP in responding to queries from the GF on the submitted CN and related processes and documentations.

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

TB CARE I has been keenly engaged in Global Fund's TB related activities in the country. All the background document and events leading up to submission of the concept note (CN) for the new funding model were largely led and supported by TB CARE I – this includes the Joint Program Review in 2012, development of the new national strategic plan for TB control (2014-2020), consultation workshops and country dialogues on the NSP and CN, participation in selection of PRs and SRs, writing up the concept note itself which was submitted in June 2014.

Effect of GF on TB CARE I work plan: TB CARE I/APA4 work plan was revised following submission of CENAT's interim funding application. Activities that were previously supported by TB CARE I and which have now been included in the interim application were excluded or revised. This includes funding for activities related to EQA for sputum microscopy, supervision of laboratory activities, and HIV testing of TB patients.

4. TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	31	41	*Updated data – slightly different from the last quarter report
Total 2011	56	83	
Total 2012	117	110	
Jan-Mar 2013	22	18	
Apr-Jun 2013	29	28	
Jul-Sep 2013	35	34	
Oct-Dec 2013	45	41*	
Total 2013	131	121	
Jan-Mar 2014	29	30*	
Apr-Jun 2014	24	24	
Total 2014	53	54	

5. 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	1.2.8	Dr. S. Yoshimatsu	Technical assistance on childhood TB services in the country, focusing on diagnosis quality, x-ray and IPT implementation	April. 2014	Pending		Replaced by Dr Shoji who is scheduled to visit from 14 July 2014
2	JATA	2.1.4	Dr. K. Okada	Technical assistance on developing of x-ray material training and training for the use of material	Feb. 2014	Completed	28 April to 2 May 2014	Replaced by Dr Hirao
3	JATA	2.2.1	Hiroko Matsumoto	Technical assistance on lab services in the country, training on quality management system essentials and use of GLI tools	July. 2014	Pending		Replaced by Mr Aono Akio who is scheduled to visit from 14 July 2014
4	MSH	7.1.1	Samuel Kinyanjui	Support Implementation and Handover of e-TB Manager	November '13	Completed	19-31 May 2014	By Luiz Fernando
5	MSH	7.1.1	Samuel Kinyanjui	Support Implementation and Handover of e-TB Manager	March '14	Pending		Will be replaced by Ricardo Memoria, planned for Aug 14
6	MSH	7.1.1	Samuel Kinyanjui	Support Implementation and Handover of e-TB Manager	June '14	Pending		Will be replaced by Ricardo Memoria, planned for Sep 14
7	MSH	7.1.1	Utkarsh Srivastava	Support the IT needs of the e-TB Manager in country	March '14	Completed	5-17 Jan 2014	Utkarsh and Luiz conducted a joint TA mission in January 2014
8	MSH	7.1.1	Luiz Fernando Reiolino	Support the implementation of the e-TB Manager in country	November '13	Completed	5-17 Jan 2014	
9	MSH	7.1.1	Pedro Suarez	To participate in e-TB manager handover	TBD	Completed	16-23 May 2014	Replaced by Berhanemeskal Assefa
10	WHO	6.2.1	WHO consultant (to be identified)	(i) Conduct thematic and national country dialogue and incorporate the feedback into the new national strategic plan	February-March 2014	Completed	Feb 2014	First consultancy by Dr Jacques Sebert completed, second one By Dr Jayavanth Pratap
11	WHO	6.2.1	WHO consultant (to be identified)	(ii) Draft a concept note for the Global Fund and conduct related thematic and national country dialogue	April- June 2014	Completed	Feb 2014	First consultancy by Dr Jacques Sebert completed, second one By Dr Jayavanth Pratap
Total number of visits conducted (cumulative for fiscal year)							7	
Total number of visits planned in workplan							11	
Percent of planned international consultant visits conducted							64%	