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TB CARE I

TB CARE I - Cambodia

Year 4

Quarterly Report

January – March 2014

April 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	Jan-Mar 2014

Most significant achievements:

USAID award to Cambodia: As a part of the World TB Day event, USAID honored some very special individuals and organizations for championing the fight against tuberculosis at an awards ceremony held on 25 March 2014 in Washington, D.C. The Ministry of Health of Cambodia was recognized for extraordinary progress in TB diagnosis, treatment and care in the country and for reaching its Millennium Development Goal target of cutting in half TB mortality and prevalence prior to 2015. Cambodian Ambassador to the US, Mr Hem Heng accepted the award from USAID Assistant Administrator for Health, Dr. Ariel Pablos-Méndez.

Public-Private Mix (PPM): Assessment of the PPM project in Cambodia was conducted by a team from CENAT, USAID, FHI 360, JATA, WHO and RHAC during the month of March 2014. The team reviewed project data (from 2007 to 2013), met with key stakeholders at the national level and made field visits to six provinces from 25-27 March 2014.

- Between 3.6 to 4.1% of TB cases notified in PPM implementing sites from 2007 to 2013 are through referrals made by private practitioner (PPs) engaged in the PPM project.
- A significant proportion of clients referred by PPs do not arrive at the public health facilities they are referred to (55% in 2008 reduced to 39% in 2013). However, this may not present the real picture since PPM referrals are undercounted for various reasons.
- The PPM initiative together with the Government ban on sales of anti-TB drugs greatly reduced (almost eliminated) TB treatment from the private sector.
- PPs are engaged in various ways by TB, malaria and EPI programs. But these are vertically implemented and there are missed opportunities for collaboration.

Childhood TB: CENAT and TBCARE I team continued to monitor and supervise the implementation of the childhood TB program in the 27 ODs supported by TB CARE I. Highlights for this reporting quarter include:

- In the 27 ODs, 5,243 children in contact with TB cases were referred from health centers to referral hospitals for further diagnosis. Of those, 1,186 (22.6%) children were diagnosed with TB and registered for treatment. The proportion of pulmonary TB among these childhood TB cases is 21%. Though this is a decrease from 28% in the previous quarter, the proportion of children diagnosed with PTB has been increasing since the beginning of 2013, indicating progress in promoting the use of Chest X-rays for PTB diagnosis and minimizing diagnosis of EP-TB based (particularly cervical lymphadenopathy) on clinical grounds.
- 1,080 children eligible for IPT were registered for treatment during this quarter.

HIV testing of TB patients: About 2,000 TB patients were tested for HIV in Q1 2014 using TB CARE support. 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 (27%) of the total 77 ODs in the country.

Technical and administrative challenges:

The Ministry of the Interior restricted visitors to the prisons so it has been a challenge to conduct regular supervisory visits to the 10 prisons supported by TB CARE I. Together with some of the other NGOs working in the prisons, TB CARE I is in discussions with the relevant department of the MoI to seek exemption and resume joint supervisory visits by FHI 360, MoI and MoH staff.

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)	Measured annually		
1.2.1	Private providers collaborating with the NTP	1166/2977 (39%)	45%	1166	TB CARE sites only	
1.2.2	TB cases diagnosed by private providers	549	>575	189	116 in Q1, 73 in Q2	
1.2.3	Status of PPM implementation	26 ODs	26 ODs	26 ODs	TB CARE sites only	
1.2.4	Children younger than 5 (contacts of ss+ adults) that were put on IPT	682	700	1080	951 in Q1	
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	2889 (2013, TBCARE sites only)	3000	2586	1400 cases in Q1	
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		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²
				Start	End	
1.1.1	FHI 360	Implement a bi-directional screening and referral mechanism in hospitals with	In collaboration with CENAT and MoH's Preventive Medicine Department, TB CARE I/ FHI 360 conducted monthly hospital staff	Oct 13	Sep 14	Ongoing

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.)

		diabetes clinics - of TB patients for diabetes and diabetes patients for TB	meetings to review TB and Diabetes collaborative activities. The purpose of the meeting was to discuss the linkage between the out-patient department, diabetes clinic and TB unit within the hospital, review performance on bi-directional screening, identify key challenges and make recommendations for improvement. 70 participants (19 females) attended the meetings held in Battambang referral hospital on 12 Feb, Pursat RH on 21 Feb, Kg Thom RH on 25 Feb and Kg Cham RH on 28 Feb.			
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.	Twenty four Health Centres (HCs) conducted QI learning sessions during Feb and March 2014 attended by 746 participants (274 females) including HC staff, C-DOTS volunteers, private providers, religious leaders (Achar) and commune council members. This quarter, HC staff and C-DOTS volunteers from high performance sites (selected in terms of referrals made and TB cases found) were invited to share their experiences with others during QI learning sessions. The meeting provides a forum for the wider community and stakeholders to discuss the achievements and key challenges faced by HCs, and identify possible options to address the challenges.	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)	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. 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 TB screening manual.	Jan 14	Jun 14	Completed
1.2.1	JATA	Strengthen management of childhood TB including diagnosis, treatment, contact investigation and provision of IPT.	CENAT and TB CARE I team continued to monitor and supervise the implementation of childhood TB program in the 27 ODs supported by TB CARE I. Highlights for this reporting	Oct 13	Sep 14	Ongoing

			<p>quarter include:</p> <p>(i) In the 27 ODs, 5243 children in contact with TB cases were referred from health centers to referral hospitals for further diagnosis. Of those, 1186 (22.6%) children were diagnosed with TB and registered for treatment. The proportion of pulmonary TB among these childhood TB cases is 21%. Though this is a decrease from 28% in the previous quarter, the proportion of children diagnosed with PTB has been increasing since the beginning of 2013, indicating progress in promoting the use of Chest X-rays for PTB diagnosis and minimizing diagnosis of EP-TB based (particularly cervical lymphadenopathy) on clinical grounds.</p> <p>(ii) 1080 children eligible for IPT were registered for treatment during this quarter</p>			
1.2.2	FHI 360	Provision of TB and HIV services in 10 prisons	<p>Quarterly coordination meetings involving prison and health authorities were held on 18 March in Koh Kong and on 20 March in Kampot province to review TB and HIV activities in prisons. 51 participants (14 females) attended the meetings. The agreement reached during the meetings were to: (i) ensure follow-up sputum tests for smear positive TB patients is performed, (ii) improve referrals of smear negative TB suspects to the referral hospitals for chest x-rays (iii) strengthen TB screening among new prison inmates (iv) follow up with UNOHCHR on the progress of the renovations in Koh Kong and Kampot referral hospitals to create separate rooms for sick prisoners.</p>	Oct 13	Sep 14	Ongoing
1.2.3	FHI 360	Public Private Mix (PPM) implementation	<p>During the quarter, 73 TB cases were diagnosed through PPM referrals in the 26 PPM project sites.</p> <p>Eight PPM coordination meetings were held to bring together staff of public health facilities, Private Providers (PP) referring TB suspects to HCs, TB supervisors and local health authorities. PPM performances by ODs were reviewed and options to improve the referral and feedback mechanism between PPs and</p>	Oct 13	Sep 14	Ongoing

			public health facilities were discussed. In the meeting in Takhmao OD, which is piloting a SMS system for HC staff to provide feedback on referrals made by PPs, users shared their experience in using the SMS system and provided suggestions for improvement. The PPM coordination meetings were held in Ang Snuol OD on 6 March, Takhmao OD on 13 March, Ponhea Leu OD on 20 March, Takhmao OD on 18 Feb, Muk Kampoul on 13 Feb, Sotnikum OD on 14 March, Thmor Kol OD on 21 March, and Kampong Cham PHD on 7 March. A total of 563 participants (130 F) attended these meetings.			
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	<p>In preparation for the PPM assessment, a series of meetings and consultations were held with CENAT, other PPM implementing partners and the TB CARE team to agree on the objectives and scope of the assessment, gather and analyze PPM data from all PPM sites (not just TBCARE), select sites for field visits and develop assessment tools, form teams and arrange for logistics.</p> <p>Two teams comprising of members from CENAT, FHI 360 Cambodia, USAID (Cambodia and Washington), WHO Cambodia, JATA and RHAC conducted field visits covering six provinces (Kampong Cham, Siem Reap, Kampng Thom, Kandal, Takeo and Kampot) from 25-27 March. In addition to the field visit, the team reviewed project data, met with key stakeholders at the national level and organized a de-briefing for CENAT and other NGO partners to share the main findings which are summarized in the overview section of this report. The report will be finalized in the next quarter</p>	Feb 14	Mar 14	Ongoing
1.2.6	JATA	Childhood TB: Technical assistance	Planned for next quarter	Apr 14	Apr 14	Pending

1.3.1	FHI 360	IT-SMS project	<p>The SMS alert system for delivering smear microscopy results continues to maintain a turnaround time of less than 5 days - 4 days during this quarter.</p> <p>In collaboration with Chamkar Leu and Kampong Cham/Kampong Siem ODs, quarterly TB SMS system review meetings were conducted on 27 March in Chamkar Leu and 28 March in Kampong Cham. 80 participants (23 F) from 38 health centers and six labs attended the meetings. Main recommendation of these meetings were for the HC staff to send smear details of all TB suspects to the system; and for lab technicians to provide smear results via SMS right after the smear examination.</p> <p>In addition, C-DOTS volunteers of Bosknor HC were taught to read TB SMS result through a demonstration session during the QI meeting on 19 February 2014. Eight participants (four females) attended the session.</p>	Oct 13	Sep 14	Ongoing
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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))	85/87	Two TB labs in remote did not perform smear microscopy as there were no presumed TB cases
2.1.3	Number and % of laboratories demonstrating acceptable EQA performance for Microscopy	85% (287/337)	85%	84%	
2.2.1	Confirmed link with an SRL through a memorandum of agreement	Yes	Yes	Yes	SRL: Research Institute of Tuberculosis, Tokyo
2.2.2	Technical assistance visits from an SRL conducted	Yes	Yes	Not yet	Planned for Aug 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	<p>During this reporting period, 85 TB lab 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. Report from this quarter shows that 71/85 (84%) of the TB labs maintained correct performance of more than 95%. The workshop provided recommendations for the TB labs with low performance to make improvement.</p> <p>TB CARE I continued to monitor the quality of TB microscopy. This quarter, 3 workshops were conducted in Ratankiri, Preah Sihanouk and Oddar Meanchey, where TB lab technicians gathered to discuss issues identified during supervisions and TB EQA activities and ways for improvement. The main problems identified are related to the use of old microscopes (i.e. poor quality objective lenses), new untrained staff, careless reading practices and incorrect recording of smear results.</p>	Oct 13	Sep 14	Ongoing
2.1.2	JATA	Diagnostic capacity improvement	<p>TBCARE I and CENAT team made several field visits to project sites during this quarter to monitor the quality of diagnosis for smear negative TB cases. Health centers continue to refer TB suspects to referral hospitals for further evaluation including through chest x-ray.</p> <p>The number of smear negative TB suspects referred for further evaluation increased to 1509 cases during this quarter compared to 1172 in the previous quarter. Among 1509 TB suspects, 514 cases were diagnosed as smear negative TB cases. To evaluate the quality of chest x-rays, a team of TB CARE I and CENAT cross checked x-ray films interpreted by hospital physicians as TB cases. There is also an improvement in chest x-ray reading skills</p>	Oct 13	Sep 14	Ongoing

			for TB diagnosis. The agreement rate between hospital physicians and CENAT cross-reader was 87.4% compared to the agreement rate of 83.6% in the previous quarter			
2.1.3	JATA	X-ray: Technical assistance	Postponed for next quarter	Feb 14	Feb 14	Postponed
2.2.1	JATA	Technical assistance for lab services	Planned for next quarter	Jul 14	Jul 14	Pending
2.3.1	JATA	LED microscopy	<p>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 techniques of smear preparation, staining,, and microscope reading.</p> <p>During this report period, 24,017 samples (22,582 new and 1435 follow up cases) were examined by LED microscopes. 9.7% of these samples were read as positive for TB. The smear positivity rate for samples of new patients was 10% and for follow-up samples was 4.7%.</p>	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	47	
3.1.3	Number and % of health centers demonstrating acceptable level of TB-IC implementation in project sites	>70% (26/37 HC)	NA	Measured annually	

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	This quarter, TB CARE I facilitated field visit of the national TB-IC technical working group members composed of CENAT, US-CDC, MSF, URC and Center of Hope on 11 February 2014. The team visited Daunthy and Bosknor HCs, both of which are part of the TB CARE demonstration project sites, to see the actual practice related to TB-IC at the HC level. The team used an assessment checklist to measure the TB IC practices and found both the HCs to have good performance related to managerial and administrative controls, and personal protection related to TB-IC	Oct 13	Sep 14	Ongoing
3.2.2	FHI 360	TB-IC: Communication	<p>Around 128 copies of a comedy video designed to promote awareness of TB and to encourage early care seeking for TB services at HCs were distributed to DOTS volunteers and HC staff of Kampong Cham/Kampong Siem OD. The video was produced with support from the TB CARE I project.</p> <p>During the reporting period, the TB comedy video was shown at six different locations of Dangkda, Sopheas and Mesar Chrey HC, from 11 – 17 March. Around 2,580 people (including about 600 children) attended the events. Following the events, C-DOTS volunteers of selected villages identified and collected sputum from TB suspects. As a result, 380 people submitted sputum for testing, 18 of who were found to have smear-positive TB. The 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-	U	>70%	67%	

	TB treatment					
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%	71%	
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	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 patients' homes. Nursing officers and physicians of CHC (NGO) visit every DRTB patient at their home every 15-30 days.	Oct 13	Sep 14	Ongoing
4.1.2	WHO	PMDT: Local TA through CHC	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.	Oct 13	Sep 14	Ongoing
4.1.3	WHO	PMDT: Enablers	CHC continued to conduct monthly home visits and provide enablers such as food support, medical follow and care, and pay for quarterly medical consultation at treatment sites to around 190 DR-TB patients per month as planned (6 was NTM patients). The target is to visit just around 180 patients on DR-TB treatment at least once a month to ensure high treatment success rates and avoid catastrophic costs to patients. CENAT continued to support sputum transportation for MDRTB suspects for testing.	Oct 13	Sep 14	Ongoing
4.1.4	WHO	PMDT: Printing	All recording and reporting formats were printed as per WHO guidelines to reflect on new standards of care and reporting from 1Q2014. In addition, training materials were printed to train over 2,000 workers in November-December 2013 on use of new recoding and reporting formats.	Jan 14	Mar 14	Completed

2.5 TB/HIV

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
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	About 2,000 TB patients were tested for HIV in Q1 2014 using TB CARE support. 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 (27%) of the total 77 ODs in 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	Measured annually	
6.2.2	People trained using TB CARE funds		695 (F:124)	>700	972 (F:210)	
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 assisted the NTP by providing external and in-country TA in the development of the National Strategic Plan. A consultant visited Cambodia in February 2014 to finalize the National Strategic Plan, incorporating feedback from thematic group discussions and a national consultation workshop. Another consultant has been recruited to assist with the development of the concept note and for conducting related country dialogue for the GF New Funding Model from April to June 2014.	Apr 14	Jun 14	Ongoing
6.2.2	FHI360, WHO	On-going local technical assistance to the NTP and GF	A WHO Medical Officer (Stop TB) and a local National Consultant (PMDT) continued to	Oct 13	Sep 14	Ongoing

		related matters	provide ongoing technical assistance to the NTP and GF related matters.			
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 such as the PMDT TWG, PPM and C-DOTS TWG and Childhood TB TWG.	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 at the central level and province level workshops
7.3.1	OR studies completed		1 (SMS evaluation)	1 (Enhanced referral strategy)	Measured annually		
7.3.2	OR study results disseminated		0	2	Measured annually		
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: Luiz F A Reciolino and Utkarsh Srivastava from MSH conducted their short-term technical assistance (STTA) to Cambodia from 5th -17th January 2014 to identify key customization needs, follow-up on the TB/MDR-TB surveillance issues, provide technical assistance to the e-TBM implementation process at all levels and provide technical support for second line drug management issues. Main activities completed during this period includes: (a) 100% of DR-TB patients enrolled in 2011 are completely uploaded into e-TB Manager which can be generated into a	Oct 13	Jun 14	Ongoing	

			<p>treatment outcome report. (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 on the job training. (c) Procurement of 5 computers and printers has been done for covering 11 sites and 2 laboratories. Challenges include the following (a) Not all DR-TB suspects are not 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. On-going technical support from MSH advisors (IT and programmatic) is planned to address this.</p>			
7.3.1	KNCV	OR – remote TA	<p>Field work including data collection completed. Initial analysis of the dataset done in early April 2014 and will be further improved with technical assistance from KNCV mentor who helped with the protocol during the OR training course when this study protocol was developed.</p>	Nov 13	Nov 13	Postponed

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`	

* Since January 2010

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.

Following the end of the interim funding period, Cambodia will apply as a standard applicant. Preparations for that are already underway- a consultation workshop was held on 26-27 February 2014 to review the achievements and remaining challenges of the NTP and to seek inputs from all stakeholders (public sector, donors, technical partners, civil society and key affected and most-at-risk populations) on the content of the new national strategic plan for TB control 2014-2020.

Meanwhile, Global Fund announced the country's allocation amount. TB will receive a total of US \$ 15.6 (3 million existing through interim funds for 2014 and 12.6 million additional funding). The time duration for this funding is still unclear and NTP is seeking clarification on whether this is for 3 years (2014-2016) or 4 year period. The amount allocated, if for three years, will total around \$ 5 million per year which is adequate to cover only essential and core activities. Since the TB program is also eligible for incentive funding, NTP and partners are exploring options to be able to tap into that pool of funds.

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 assisted CENAT (Principal Recipient) to respond to questions from the Global Fund, as part of the grant negotiation process for interim application. TB CARE I is also 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 I is part of the task force for the NSP development, facilitated meetings and consultation workshops, and recruited a senior consultant (Dr Paul Nunn) to coordinate and draft the first draft of the NSP in 2013.

In 2014, WHO/TB CARE I will assist in preparation for mobilizing resources from the new funding mechanism of the Global Fund (standard application) including through finalization of the new NSP, facilitation of the country dialogue on the NSP which was conducted in Feb 2014, preparation of concept note and facilitation of the country dialogue process both of which are planned for next quarter. NTP expects to submit the concept note for standard application in May 2014 in time for the June 2014 TRP reviews.

Effect of GF on TB CARE 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. MDR-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	
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	42	
Total 2013	131	122	
Jan-Mar 2014	29	33	

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		
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	Postponed		Dr K. Okada was replaced by Dr Hirao and postponed to 28 April 2014
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		
4	MSH	7.1.1	Samuel Kinyanjui	Support Implementation and Handover of e-TB Manager	November '13	Postponed		
5	MSH	7.1.1	Samuel Kinyanjui	Support Implementation and Handover of e-TB Manager	March '14	Postponed		
6	MSH	7.1.1	Samuel Kinyanjui	Support Implementation and Handover of e-TB Manager	June '14	Pending		
7	MSH	7.1.1	Utkarsh Srivastava	Support the IT needs of the e-TB Manager in country	March '14	Completed	5-17 January 2014	Utkarsh and Luiz conducted a joint TA mission in January 2014
8	MSH	7.1.1	Luiz Fernando Reciolino	Support the implementation of the e-TB Manager in country	November '13	Completed	5-17 January 2014	
9	MSH	7.1.1	Pedro Suarez	To participate in e-TB manager handover	TBD	Pending		
10	WHO	6.2.1	WHO consultant (to be identified)	<ul style="list-style-type: none"> Conduct thematic and national country dialogue and incorporate the feedback into the new national strategic plan (completed) Draft a concept note for the Global Fund (new funding model) and 	February-March 2014 April- June 2014	Completed	Feb 2014	First consultancy by Dr Jacques Sebert completed, second one will be completed next quarter

				conduct related thematic and national country dialogue (pending)			
Total number of visits conducted (cumulative for fiscal year)					3		
Total number of visits planned in workplan					10		
Percent of planned international consultant visits conducted					30%		