



TB CARE I

TB CARE I - Vietnam

**Year 4
Quarterly Report
April – June 2014**

July 30, 2014

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1. Quarterly Overview

Country	Vietnam
Lead Partner	KNCV
Coalition Partners	MSH, WHO
Other partners	National and subnational level NTP and 15 Provincial TB Hospitals in project, Vietnam Administration of HIV/AIDS Control - MOH, Ministry of Public Security, National Social Affair Committee-National Assembly, Vietnam STOP TB partnership
Work plan timeframe	Implementation: 1 October 2013 – 30 September 2014 Close-out: 1 October 2014 – 31 December 2014
Reporting period	Apr – Jun 2014

Most significant achievements

In this quarter, TB CARE I (KNCV consultant Dr. Agnes Gebhard, WHO financial support) continued providing technical assistance to the NTP in development of the NTP National Strategic Plan (NSP) for 2015-2020 and preparing a proposal and concept note for Global Fund (NFM).

With the success of introduction of the new strategy on management of TB in children under TB CARE I, Vietnam has been appointed as co-chair of the WHO regional childhood TB technical working group.

Universal and early access

The management of TB in children has been smooth and well-operational. In this quarter four pilot provinces of TB CARE I registered a total of 1,059 child contacts and are providing 259 children with IPT. 56 children with TB disease were detected.

In this quarter TB CARE I/KNCV also supported the NTP in the development of a national strategic plan on management of TB in children for the period 2015-2020 as recommended by WPRO. The writing team for this plan has been established, the plan for writing is available and the development plan is underway and is expected available in end July.

Laboratory

As a result of intensified supervision and training during the Xpert MTB/RIF uptake acceleration workshops for all GeneXpert sites early in 2014, the uptake of Xpert MTB/RIF tests reached 96 tests/month/GeneXpert machine in May 2014 - more than double compared with those in 2013 (30-40 test/month/GeneXpert machine) and has maintained its accelerated pace since March.

In this Quarter, among 4,756 tests conducted, 764 tests (16%) were for TB/HIV and 363 tests (7.6%) for children. 1,852 tests were MTB(+) (40.3%) in which 385 tests were Rifampicin resistant (20.8% of the total MTB(+) tests).

Specimen referral system

TB CARE I has conducted several "problem solving" exercises with different provinces and has supported them to identify barriers in the collection of samples and referrals. Problems were also discussed with the NTP for support, such as the lack of budget and guidance from the Global Fund to procure supplies for specimen packaging (Ha Noi). The NTP has released the guidance in procurement of supplies for specimen packaging and fees to transport specimen for Xpert testing by early July. The problem of the accessibility to MDR-TB treatment was also discussed, e.g., patients who were diagnosed with MDR-TB and then did not receive the 2-week initial intensive treatment as required now in the current SOPs due to the lack of inpatient care capacity at MDR-TB treatment sites. The number of beds at MDR-TB sites was limited and most of the MDR-TB treatment sites were overloaded. It is a problem with provinces that do not have MDR-TB department and have to send their patients to MDR-TB Centers (at present there are only 8 MDR Centers in the country, Ba Ria – Vung Tau province is an example). The province stopped sending specimen after 8 MDR-TB cases identified in 2013 were not accepted for treatment due to the overload of MDR-TB Department of Pham Ngoc Thach Hospital which has only 40 beds. A temporary solution was agreed upon between Ba Ria Vung Tau province and Binh Thuan province with support from the PMDT group to send the MDR-TB patients from Ba Ria Vung Tau to Binh Thuan TB hospital for treatment. Other provinces did not follow the requirements of 2 week initial inpatient care and instead provided outpatient care for the whole treatment course for most MDR-TB patients except those who are elderly or have serious complications.

TB CARE also promoted patient referrals from HIV/AIDS OPC to DTU through a webcast training to 22 The United States President's Emergency Plan for AIDS Relief (PEPFAR) funded provinces. There were 74 health service providers who attended the training. After the webcast training the Harvard Medical School's HIV/AIDS Initiatives in Vietnam (HAIVN) there was continued support provided through the screening of HIV/AIDS patients to DTU through monitoring visits.

The monitoring forms of the specimen referral system were developed and sent out for comments. It is expected that the NTP will be reviewing and using them in their routine report system. After debriefing with the NTP it was decided that an assessment of the situation of the specimen referral system should be carried out first before the NTP will review and approve the forms.

PMDT

In this quarter, two workshops on PMDT strengthening in management, coordination and communication and action plan development were organized for PMDT sites in Mekong River Delta Region and South East region PMDT sites. The objective of the workshops has been achieved in the sense that all standard procedures involved in the management, coordination and communication of PMDT have been discussed and agreed. In terms of coordination discussion has been made and identified specific focal points for each procedure in satellite sites and treatment sites. The action plan on PMDT in 2014 for each province has been developed.

The number of MDR-TB patients (633 cases) which has been diagnosed by Xpert MTB\RIF and enrolled in MDR-TB treatment in the first 6 months 2014 was double compared with those (388 cases) in the same period in 2013.

TB CARE I continued supporting the operations and development of implementation plans for Bedaquiline and a new drug regimen for MDR-TB treatment (9 month regimen) in Vietnam. Introduction of new TB drug workshop was organized in April. Site selection was done. The first draft plans for Bedaquiline implementation and the 9 month regimen for MDR treatment are available.

HSS

Discussions have begun with the Drug Administration of Viet Nam to strengthen the regulation of anti-TB drugs. Further steps are identified and will be implemented in the next quarters.

TB CARE I is working with Health Insurance Department (MoH) and NTP to assess the current situation around payment for TB services in some provinces; this will serve as evidence for the development of a circular to include TB services in Health Insurance benefits.

The project is providing technical support for provincial NTP to develop TB control workplans (including Advocacy workplan) in line with National Strategy for TB control 2014-2020, vision 2030;

As the result of multi-level and continued advocacy for more sustainable funding for FLD, VND 75billion (~ USD 3.7million) was additional granted for TB.

Drug Supply Chain Management

The final report of TB pharmaceutical supply chain systems and performance assessment is available with some assessment findings highlighted below:

- No site currently qualifies as being fully GSP/GDP compliant, but numerous sites are close to that target and relatively small changes and strengthening activities could bring them within that goal.
- Areas of particular weakness in logistics across the surveyed sites are:
 - Distribution – (Average Score 13%): The difficulty here is that many provinces are not undertaking the distribution themselves. Rather districts and treatment sites come to collect the medicines themselves and provinces feel little responsibility over the process. Unfortunately the ad-hoc transport mechanism being used does not ensure safe and reliable treatment of the commodities and it will be necessary to address this area probably through improved Province District interactions and SOPs.
- Budgets and financing - (Average score 17%): The difficulty is that there is little knowledge of the budget, and the current budget structures are not activity specific – for example, all staff within a hospital appear to be classified as staff costs; and breakdowns between department and units are not apparent. The overall impression is that budgets probably are too low in relation to commodity values being handled – with the exception being the central stores in Hanoi which is close to the target levels.
- Lack of written procedures (SOPs) at provincial level - (Average Score 20%)

Training on the use of updated TB drug supply chain management forms (activity 8.1.4):

- TOT in Hai Phong: 37 trainees
- TOT in Hochiminh: 33 trainees. Total: 70 trainees from provincial TB system and central/regional hospital (like 174, 171, 108, 103, 198 hospitals – which received TB drug directly from NTP). After these TOTs, the updated TB drug supply chain management forms for both First Line and Second Line TB drugs and SOPs on doing the reports were applied for all NTP system (from central – province – district). Therefore, it was very useful for TB DSCM activity in NTP system.

Key findings and achievements of TA on TB DSCM in 15 priority provinces: i) The need of technical assistance on TB DSCM directly for related staff on sites is big. Although the NTP system was established many years before, lack of guidance for DSCM implementation on all the central/ provincial/ district level, there are many mistakes on planning/ received/ storage/ distribution/ dispensing/ reporting activities. The common mistakes are: all related forms, documents are not the right forms issued by NTP/ MOH (lack of some necessary information like batch number, expiry date, code of TB drug source); no regular monitoring of the temperature and humidity in the store; putting the drug carton box directly on the floor or against the wall; quantification of the amount of TB drug distribution for districts is not based on scientific method. With the STTA trip, TB CARE had supported all sites how to do the right implementation in all steps of TB DSCM procedure like on planning, receiving, storing, distributing, dispensing and reporting activities; ii) In addition, with the new activity - Support NTP in TB second line drug forecasting, procurement and distribution (Activity 8.1.6 – approval MOT for APA4), TB CARE supported the NTP forecasting and pushing all related procedures for Procurement 7. TB CARE I also supported the first meeting of technical group on TB second-line drug management. After this meeting the database system related to the quarterly drug stock on hand, patients use and consumption were established.

Technical and administrative challenges

Delay in Prime Minister's approval for 2014-2015 WHO-MOH workplan (in Jun 2014) led to some delays in project implementation.

There are a number of issues that influence the decision from healthcare providers to send specimens for MDR-TB diagnosis and confirmation. The biggest challenges are the lack of capacity in MDR-TB treatment at provincial level, the low incentives in treatment and follow up of MDR-TB patients at both provincial and district levels and the habit to refer patients to higher levels and not refer a specimen instead. Tackling these challenges require on-going follow up to help provinces to solve problems and support provinces to increase accessibility to MDR-TB treatment.

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
1.2.4	Children younger than 5 (contacts of ss+ adults) that were put on IPT		700 (in 4 pilot provinces)	1,000 (in 4 pilot provinces)	637 (in 4 pilot provinces)		See table below
1.2.5	Childhood TB approach implemented		2	2	2		
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4		35 (sputum smear positive cases – NTP data 2013)	50 (sputum smear positive cases – NTP data 2014)	85 (all forms)		See table below
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²	
				Start	End		
1.2.1	KNCV	Management and follow-up of IPT for finishing 6 months	In this third quarter, four pilot provinces of TB CARE I registered a total of 1059 child contacts and are providing 259 children with IPT. 56 children with TB were detected, including 3 AFB(+) cases (table 1).	Oct 13	Sep 14	On going	
1.2.2	KNCV	Coordination, monitoring and supervision for piloting new strategy of management of TB in children	One monitoring and supervision trip was conducted (June 9-13) by NTP's TB Management in Children Group to Ho Chi Minh City. The mission group worked with Pham Ngoc Thach Hospital's staff in charge of implementing TB management in children and visited selected districts and communal medical stations. The focus of the trip was to continue strengthening the attention of health care workers, especially at community and district level on childhood TB and discuss any arising operational	Oct 13	Sep 14	On -going	

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 work plan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

			<p>issues.</p> <p>In this quarter, TB CARE I/KNCV also supported NTP in the development of a national strategic plan on management of TB in children for the period 2015-2020 as recommended by WPRO. The writing team for this plan has been established; plan for writing is available; and the development plan is underway and expected available in July.</p>			
1.2.3	KNCV	International Technical assistance by Pediatrician (Prof. Steve Graham)	This activity is not planned to be implemented in this quarter.	Jul 14	Sep 14	On -going
1.2.4	KNCV	Updating national guideline and training curriculum and materials on TB/HIV control in congregate settings	The second workshop for mobilizing comments for the updated guideline and training materials was held in 29 of Apr 2014. Writing members contributed comments for enabling the availability of the final draft version. The final draft of the updated guideline will be sent to members in the next quarter to complete before sending for printing.	Oct 13	Dec 13	On -going

Table 1. Implementation of TB management in children in 4 pilot provinces in quarter 3 APA4 (April – June, 2014)

		0 - < 5 years old		5 - < 15 year old		Total		
		Boy	Girl	Boy	Girl	Boy	Girl	Total
1	# of close contact children screened and managed	228	237	293	301	521	538	1059
2	# of eligible children for IPT	203	228	3	7	206	235	441
3	# of children put on IPT	127	122	3	7	130	129	259
	% put on IPT					63.1	54.9	58.7
4	# of children put on IPT the same cohort in the previous year	144	113	2	3	146	116	262
	# of children with IPT completion	120	92	0	1	120	93	213
	% IPT completion					82.2	80.2	81.3
5	# of children with TB disease	16	13	15	12	31	25	56
	Pulmonary TB sputum smear(+)	0	0	3	0	3	0	3
	Pulmonary TB sputum smear(-)	9	8	7	4	16	12	28
	Extra-pulmonary TB	7	5	5	8	12	13	25

2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	17 (Xpert MTB/RIF)	17 (Xpert MTB/RIF)	17 (Xpert MTB/RIF)	
2.3.3	Patients diagnosed with GeneXpert	9,500	19,000	10,297 (Oct 2013 – Jun 2014)	See Table 3 for more detail.
2.1.4	<i>The sites use TB specimen referral system</i> Number (%) of sites referring specimens for diagnosis of drug resistant TB (MSH) Numerator: Number of provincial and district TB facilities implementing specimen referral system	0 at start of activity in 2011. (We started assisting NTP to develop the TB specimen referral system from 'no	350 sites (i.e. 35 PMDT provincial sites and their districts. These are priority sites for USAID and NTP) 350/637(55%)	We have 72% of the non Xpert provinces to send specimen to Xpert provinces for MDR TB testing. Data at district level (430 districts) will be obtained after the	The 3TOT workshops on specimen referral system for 35 PMDT provinces had been done. 49 healthcare providers and lab technicians attended.

	Denominator: Total Number of USAID/NTP priority TB facilities	<p>official referral system', the baseline value is therefore zero)</p> <ul style="list-style-type: none"> - 7 sites in APA2 - 42 sites in APA3 		assessment of the specimen referral system completes, which is expected by November this year.	
2.1.5	Number of specimens referred (using the referral system for diagnosis of Drug Resistant TB)	<ul style="list-style-type: none"> - 0 referred in APA2 - 2,566 referred in APA3 	15,000 (to facilitate detection of 1,500 MDR(+) cases as NTP's Rx target in year 2014)	<p>For the three quarters of 2013, there are 279 specimen sent from non Xpert provinces to Xpert provinces (average 93 specimen per quarter). The number increased to 124 for quarter 1, 2014.</p> <p>At present there is no data on the number of specimen referred from districts to provinces for Xpert provinces. We expect to have the indicator after obtaining the results of the assessment of the referral system which is expected to be completed in November 2014.</p>	This activity will be done after the referral system are used at 350 sites.
2.1.6	Number of drug resistant cases identified from referred specimens	<ul style="list-style-type: none"> - 601 identified in APA2 - 769 identified in APA3 	1,500 (1484 is the NTP target for MDR patients to be enrolled in year 2014)	At present the drug resistant cases identified cannot be stratified to those from referred samples and those are not. We expect to have the indicator after obtaining the results of the assessment of the referral system which is expected to be completed in November 2014.	

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	MSH	Scale up of TB specimen referral system at provincial and district levels.	Monitoring visits paid to five provinces: Ha Noi, Hai Phong, Ho Chi Minh City, Vung Tau and Dong Nai provinces in joined monitoring visits with the PMDT group and Lab group of the NTP. Facilitating problem solving meetings with provinces regarding the institutional constraints and barriers to the specimen referral system.	Oct 13	Sep 14	Ongoing
2.1.2	MSH	Consolidation of transportation support provided to PLHIV referred from OPCs to DTUs for GeneXpert test	Training Out-Patient-Centers (OPC) for HIV/AIDs Care and treatment about using GeneXpert in diagnosis of MDR TB and orientation about triple packaging and advocating for more patient referral from OPC to DTB. The training was conducted in collaboration with HAIVN (Harvard Medical School AIDS Initiative in Vietnam) to 22 provinces funded by PEFPA through webcast. There were 74 healthcare providers from 16 provinces (both PMDT and non-PMDT) participating in the training.	Oct 13	Jun 14	Ongoing
2.3.1	KNCV	LED FM implementation in 10 districts in HCMC	The practice phase of using LED FM has completed in this quarter with an accumulation of 300 specimens practiced in 10 districts of HCM city. Pham Ngoc Thach Hospital is making reports on the pilot for the decision by NTP for any adjustments needed (if any) for the routine implementation of LED FM in HCMC.	Oct 13	Jun 14	Ongoing
2.3.2	KNCV	Xpert MTB/RIF implementation, scale up and establish and maintain the technical support system in NTP	In this quarter one GeneXpert technical working group meeting was held in June with members being from NRL, NTP and TB CARE I Partners. This meeting reviewed reporting status of sites, discussed solutions to some operational issues and the plan of delivering cartridges to sites. Follow-up of monthly reports on cartridge	Oct 13	Sep 14	Ongoing

			<p>use and Xpert MTB/RIF testing has been made on monthly basis to avoid cartridge stock out at sites. TB CARE I was working closely with NTP supplies group to reallocate cartridges to some sites in danger of stock out due to a surge in the cartridge uses after workshops on GeneXpert acceleration in this quarter and the previous quarter.</p> <p>In this quarter TB CARE I completed the order for the fourth shipment of Xpert MTB/RIF cartridges, discussed and agreed the distribution plan for all TB CARE I sites, and cartridge distribution completed.</p> <p>Calibration plan for GeneXpert, as per regulations by Cepheid for ensuring valid results of the test, has been jointly developed and agreed with the technical support team of NTP. The Project is working with Cepheid to order and arrange the distribution of the calibration kits so that the calibration will be conducted by the internal technical support team of NTP in the next quarters (Table 2).</p> <p>As a result of intensified supervisions and training during the Xpert MTB/RIF uptake acceleration workshops for all GeneXpert sites, the uptake of Xpert MTB\RIF tests reached the pick of 96 tests/month/GeneXpert machine in May 2014 more than double compared with those in 2013 (30-40 test/month/GeneXpert machine) and maintained its increasing pace since March. In this Quarter, among 4,756 tests conducted, 764 tests (16%) were for TB/HIV and 363 tests (7.6%) for children. 1,852 tests were MTB(+) (40.3%) in which 385 tests were Rifampicin resistant (20.8% of the total MTB(+) tests).</p>			
2.3.3	KNCV	To accelerate uptake of Xpert MTB/RIF testing	In the series of Xpert MTB/RIF uptake acceleration workshops for GeneXpert sites; in this quarter 9 Xpert MTB/RIF uptake	Oct 13	Apr 14	Completed

			<p>acceleration workshops were conducted in 9 provinces. These provinces are: Can Tho, Ho Chi Minh City, Binh Thuan, Tay Ninh, Tien Giang, Quang Ninh, Hai Phong, Dien Bien and Binh Dinh. Presented at these workshops were leaders and selected staff of the provincial TB hospital where GeneXpert is place, TB units at district level and all OPC in the province. In total, 336 participants (177 female) attended these workshops. Evidently, these workshops have been provided a good opportunity for NTP and HIV staff at provincial and district level to (i) practically identify targeted groups who are eligible for the test and (ii) discuss the root causes of the low uptake of Xpert MTB\RIF test (fish bone analysis), and (iii) develop plan for improving the uptake of Xpert MTB\RIF test for each site in the coming time.</p>			
2.3.4	KNCV	Evaluate Xpert MTB/RIF pilot implementation (OR)	<p>After the successful defense of the OR protocol on Xpert MTB/RIF in the previous quarter, following activities have been accomplished in this quarter: data collector selection, data collection training, and data collection.</p> <p>Data collection training was provided to data collectors, data collection coordinator of 9 selected sites in 5 research provinces. The data collection completed by June end, with the number of questionnaire filled being as equal as the required sample size.</p>	Oct 13	Sep 14	Ongoing
2.3.5	MSH	Consolidating the use of GeneXpert system at all 17 sites for diagnosis	<p>After the STTA in April-May 2014, the NTP requests technical support for an assessment of the specimen referral system in 35 PMDT provinces. The assessment at provincial and district levels will start in July 2014.</p> <p>Questionnaire of the assessment developed with participation of the NTP. It is expected that the questionnaire will be sent out to provinces and districts by July 2014.</p>	Nov 13	Jun 14	On going

Table 2. Calibration plan for 17 GeneXpert machines in TB CARE I

	Location	Calibration completion date in 2013	Proposed calibration date in 2014
I	Northern and Central regions		
1	National Hospital #74	02/07/2013	30/06/2014
2	Da nang TB & Lung Disease Hospital	13/07/2013	09/07/2014
3	Binh dinh TB & Lung Disease Hospital	26/07/2013	10/07/2014
4	Thanh hoa TB & Lung Disease Hospital	30/07/2013	30/07/2014
5	Quang ninh TB & Lung Disease Hospital	11/09/2013	11/09/2014
6	Hai phong TB & Lung Disease Hospital	12/09/2013	12/09/2014
7	Dien bien TB & Lung Disease Hospital	31/10/2013	30/10/2014
II	Southern region		
8	Phạm Ngọc Thạch Hospital (HCMC)	12/07/2013	11/07/2014
9	Can tho TB & Lung Disease Hospital	22/07/2013	22/07/2014
10	Binh thanh district TB Unit, (HCMC)	24/07/2013	24/07/2014
11	District TB Unit #8 (HCMC)	30/07/2013	30/07/2014
12	District TB Unit #6 (HCMC)	01/08/2013	01/08/2014
13	Pediatrics Hopital #1 (HCMC)	18/09/2013	18/09/2014
14	Binh thuan TB & Lung Disease Hospital	21/09/2013	19/09/2014
15	Tien giang TB & Lung Disease Hospital	24/09/2013	24/09/2014
16	An Giang Preventive Medical Center	25/09/2013	25/09/2014
17	Tay ninh TB & Lung Disease Hospital	02/10/2013	02/10/2014

Table 3. Xpert MTB\RIF results from 17 project sites in quarter 2, 2014 under TB CARE I project

	Xpert MTB\RIF results					Total
	TB(-)	TB(+)			Error/ undetermined	
		Sub-total	TB(+)/R(-)	TB(+)/R(+)		
Presumptive MDR TB	1791	1691	1317	374	125	3607
%	51.4	48.6	77.9	22.1	3.5	
Presumptive TB	955	161	150	11	33	1149
%	85.6	14.4	93.2	6.8	2.9	
Total	2746	1852	1467	385	158	4756
%	59.7	40.3	79.2	20.8	3.3	

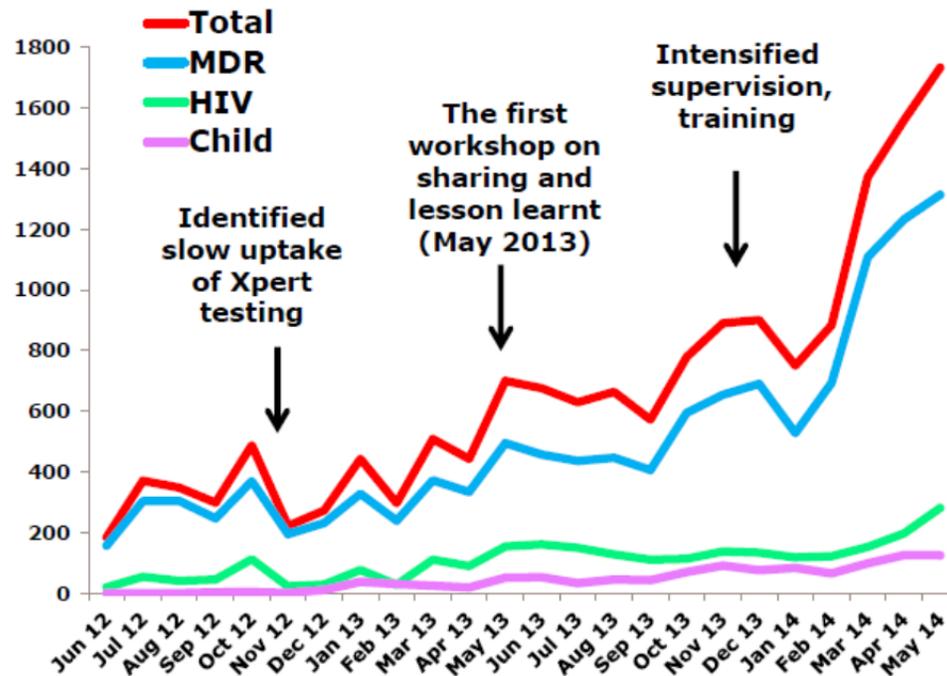


Figure 1. Monthly number of Xpert MTB/RIF tests performed



(a)



(b)



(c)



(d)

Figure 2. Group work on identifying the targeted groups of Xpert MTB\RIF and estimating the quantity for the targeted groups based on the NTP recording-reporting system and the route causes of the low uptake of Xpert MTB\RIF test (fish born analysis) and presentation on plan to improve the Xpert MTB/RIF intake at the workshops on accelerating Xpert MTB/RIF intake in Can tho, April 2, 2014 (a), in An giang, June 3, 2014 (b), in Dien bien, May 26, 2014 (c) and in HCMC, April 18, 2014 (d)

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	
3.2.2	Facilities implementing TB IC measures with TB CARE support	60 (Cumulative)	60 (Cumulative)	62	
3.3.1	Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system	Yes (TB facilities at national provincial level)	Yes (TB facilities at national, provincial	Processing	

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	KNCV	Improve TB-IC condition for health care facilities at district level in PMDT treatment sites	Two TBIC trainings for NTP staff at provincial level and districts in Vinh Phuc and Tien Giang provinces were organized in May and June 2014. Presented at this workshop were 109 participants (F=63) including leaders and selected staff from Central 74 Hospital (Vinh Phuc), Center for Social Disease Control (Vinh Phuc), Tien Giang TB and Lung Hospital (Tien Giang), DTUs. This intensive training course presented by NTP TBIC Group, KNCV, WHO provided comprehensive knowledge for participants on WHO –recommended and NTP-guided measures for controlling and improving infection control at healthcare facilities. Noteworthy, the training was designed in a way that allowed participants to practically assess TBIC status in their facilities and develop facility plans for improving TBIC conditions to improve TBIC conditions. The training focused participants to make full use of natural ventilation measure, albeit being quite easy to implement, to achieve optimal results for controlling TBIC. Post-test after the training showed all participants answered correctly at least 80% post-test questions. TBIC facility assessment and development Plans for improving TBIC conditions will be supported further by NTP	Oct 13	Sep 14	Ongoing
3.3.1	KNCV	Implement Recording and Reporting records for TB-IC indicators for TB facilities at provincial and district levels	The forms for collecting TBIC indicators at provincial and district have been sent to 63 provinces and corresponding districts. Communication with provinces is underway to make sure the data collection is in-progress.	Oct 13	Sep 14	Ongoing



Figure 4. Training on TB infection control for NTP staff at provincial and district levels in Vinh phuc (June 5-6, 2014) and Tien giang (June 10-11, 2014)

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		>75%	>75%	72%	
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		>75%	>75%	72%	
4.1.4	A functioning National PMDT coordinating body		Yes	Yes	Yes	
4.1.5	<i>A model for PPM-PMDT is developed and piloted</i> Description: A pilot involving a regional treatment center (PNT,HCMC), non-PMDT (private) doctors in provinces outside HCMC		No (June 2013)	Yes	Processing	
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	KNCV	Distant and in-country technical assistance	In this quarter KNCV consultant (Dr. Agnes Gebhard; WHO financial support) continued to provide TA to NTP for development of the NTP National Strategic Plan for 2015-2020 and prepare a proposal and concept note for Global Fund (NFM)	Oct 13	Sep 14	Ongoing
4.1.2	KNCV	Improve management, coordination and communication between PMDT levels: center – treatment sites – satellite sites	In this quarter two last workshops on PMDT strengthening in management, coordination and communication and action plan development for PMDT sites in Mekong River Delta Region and South East region PMDT sites. These are Binh Duong, Lam Dong, Long An, Tay Ninh, Dong Nai, Binh Thuan, Ninh Thuan, Ba Ria- Vung Tau, Tien Giang, Ben Tre, Dong Thap, HCMC and An Giang, Kien Giang, Bac Lieu, Ca Mau, Soc Trang and Can Tho. 92 participants from these sites, including 51 male and 41	Oct 13	Jun 14	Completed

			female. The final purpose of the workshops has been achieved in the sense that all standard procedures involved in the management, coordination and communication of PMDT have been discussed and agreed. In terms of coordination, discussion has been made and identified specific focal point of those who involve in each procedure in satellite sites and treatment site. The action plan on PMDT in 2014 for each province has been developed.			
4.1.3	KNCV	Update PMDT guidelines on SOPs and develop training modules (based on the WHO PMDT training modules) for PMDT implementation and scale up	Writing team has been working on the assigned part.	Oct 13	Dec 14	Ongoing
4.1.4	KNCV	New drug introduction (Bedaquiline)	Vietnam was selected by WHO to be one of the first implementing countries of Bedaquiline. The second meeting of the technical Working Group (BDQ TWG) was organized with supports from TB CARE I to (i) update the status of preparation of Vietnam for BDQ implementation; (ii) discuss and comment for the first draft National Strategy for BDQ implementation; and (iii) agree on next steps and person-in-charge for each task. Presented at this working session were members of BDQ TWG and international partners including KNCV and WHO, CHAI, TB CARE I. The expectation was that all preparation is ready for the implementation since Jan 2015.	Oct 13	Dec 14	Ongoing
4.1.5	WHO, KNCV, MSH	Strengthen MDR-TB management outside of PMDT	Technical group is working on the referral model	Oct 13	Jun 14	Ongoing
4.1.6	MSH	e-TB manager implementation and roll-out	71 health units are regularly using e-TB manager (8 from the North Region, 17 from the Central Region and 46 from the South Region), 164 users registered in e-TB and	Oct 13	Sep 14	Completed

			we are currently involving all Treatment Sites at all regions.			
4.1.6a	MSH	Develop and release monitoring report with the monthly comparison of numbers from paper-based report system versus e-TB manager for cases and medicines, for system's implementation evaluation;	Draft of the report has already been prepared; pending is the official paper-based report consolidation	Oct 13	Sep 14	Ongoing
4.1.6b	MSH	Continue regular monitoring of the data entry evolution (quantity and quality aspects)	Monitoring being done by MSH and also involving NTP's staff. Numbers from e-TB manager are available, document is ready but the numbers from the official PMDT report are still not available for completing the monitoring document	Oct 13	Sep 14	Ongoing
4.1.6c	MSH	Conduct standardized quarterly supervision visits for all sites using e-TB manager	Supervision conducted to Hanoi Lung Hospital, outcome from the visit was their data fully updated in e-TB manager	Oct 13	Sep 14	Ongoing
4.1.6d	MSH	Assess results from the implementation of e-TB manager forum and group emailing list for all members of the implementation team	Group e-mail created and being used by all users registered in e-TB manager platform	Oct 13	Sep 14	Ongoing
4.1.6e	MSH	Provide training to all sites in accordance with NTP's PMDT expansion plan	Training conducted to all PMDT sites and a refresher training was also conducted. First training: 24 participants (11 female) from Soc Trang, Ben Tre, Dong Thap, Hai Phong, Hue, Hung Yen, Khanh Hoa, Long An, Nghe An, Ninh Thuan, Quang Ninh, Tay Ninh, Thai Binh, Thai Nguyen, Tien Giang, Dong Nai, Ba Ria Vung Tau, Bac Giang, Bac Lieu, Ca Mau, Kiên Giang, Lam Dong, Vinh Phuc, An Giang Second training: 12 participants (9 female) from all existing PMDT sites using e-TB manager	Oct 13	Sep 14	Completed
4.1.6f	MSH	Joint with NTP, develop all relevant reports with the	Encoding data was the major challenge and as this is being overcome, the discussions	Oct 13	Sep 14	Ongoing

		require indicators for extracting relevant results achieved after e-TB manager implementation for case management and medicine management	about the reports should become more often during Q4.			
4.1.6g	MSH	Measure the impact of the system's implementation, highlighting the experience linked to medicine quantification and patient adherence with the usage of e-TB manager	To be performed during Q4	Oct 13	Sep 14	Ongoing
4.1.6h	MSH	Review and permanently assess all required integration components between different systems implemented in Vietnam (e.g. VITIMES, etc.)	To be performed during Q4	Oct 13	Sep 14	Ongoing
4.1.6i	MSH	Support and assist NTP to conduct a national Monitoring & Evaluation meeting to evaluate, integrate and share with all main staff involved in e-TB manager all results achieved after e-TB manager implementation	To be performed during Q4	Oct 13	Sep 14	Ongoing



Figure 5. Discussion and presentation on plan to strengthen the PMDT at the workshop on PMDT strengthening in HCMC (April 16-17, 2014)

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
5.1.2	<i>National guidelines on collaborative TB/HIV activities updated</i> Description: Development of the national guidelines on collaborative TB/HIV activities for MOH decision on TB/HIV collaborative framework	Old version, 2013	Yes	Under development	
5.1.3	<i>Training curriculum and materials on collaborative TB/HIV activities updated</i> Description: Development of the training curriculum and materials on collaborative	Old version, 2013	Yes	Under development	

TB/HIV activities						
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.1.1	KNCV	Updating national guidelines, training curriculum and materials on collaborative TB/HIV activities	The first workshop for comments for the draft updated guidelines and training materials was organized in June. Members continued working on the assigned parts.	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	\$ 1.5 million	At least \$ 3 million	3 million allocated for 2014, additional 3.3 million for ensure FLD's needs for 1 year	
6.1.2	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups	Yes (CCM)	Yes (CCM)	Yes, 2 TB patients were selected	
6.1.3	<i>Health insurance includes elements of TB care (WHO)</i> Description: As the result of technical discussions/ assessments with MoH/ Vietnam Social Security, a draft circular is developed to include elements of TB care in the Health Insurance mechanism	No	Yes	The writing team is working on the development of a circular	
6.1.4	<i>5 year TB control plan incorporated into provincial workplans (WHO)</i> Numerator: number of provinces with an approved 5-year TB control plan	Yes	At least 50%	On going	
6.2.3	<i>Number of paired/guided GMP inspections conducted (WHO)</i> Numerator: Number of actual inspections done Denominator : Number of inspections planned	yes	2	On going	

6.2.4	<i>Number of trainings and quality circle sessions conducted (WHO)</i> Numerator: Actual trainings/meetings done Denominator : Number of planned trainings/meetings		yes	3	On going		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
6.1.1	KNCV	Project coordination and management	The Project coordination and management have been running smoothly: coordination among TB CARE I partners as well as among TB CARE I partners with implementing partners (NTP at national, provincial and district levels). Joint supervision missions were conducted to supervise and assist the implementation of the project activities.	Oct 13	Sep 14	On-going	
6.1.2	KNCV	Introduction of new TB regimen	Introduction plan for new regime (9 months) has been developed	Oct 13		Dec 2014; On-going	
6.1.3	WHO	Advocacy for FLD	National Social Affair Committee is organizing advocacy workshops to advocate for more/sustainable funding for FLDs	Oct 13	Sep 14	On-going	
6.1.4	WHO	Policy advice	The writing team is working on the development of a circular to include elements of TB care	Oct 13	Sep 14	On-going	
6.1.5	WHO	Rational introduction of new drugs	Introduction WS was completed. Country team is preparing a draft of the implementation plan and will submit to MoH for approval	Oct 13	Sep 14	Completed	
6.2.1	WHO	GMP Strengthening and quality circles	Proposal approved. Logistics preparation is underway.	Apr 14	Sep 14	On going	

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	Yes	Yes	
7.2.2	NTP provides regular feedback from central to intermediate level		Yes	Yes	Yes	
7.3.1	OR studies completed		2 (2 WHO)	3 (1 KNCV, 2 WHO)	Processing, final result is not yet available	
7.3.2	OR study results disseminated		2 (1 KNCV, 2 WHO)	3 (1 KNCV, 2 WHO)	Processing, final result is not yet available	
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	KNCV	VITIMES: Distant and in-country technical assistance	The first mission visit of the KNCV surveillance consultant (Job van Rest) was carried out on March 31-April 4 to provide technical assistance to NTP regarding data management capacity building and support the DMU in the development and maintenance of VITIMES and support the development of the Data Management Manual (DMM). The first draft of DMM was developed and available in this quarter.	Oct 13	Sep 14	Ongoing
7.1.2	KNCV	Development of data management manual for VITIMES	This activity has been initiated during the TA mission of Mr. Job van Rest (7.1.1.). The first draft of DMM is available. The writing team has been working actively.	Oct 13	Sep 14	Ongoing
7.2.1	KNCV	Technical support for epidemiological and operational research	This activity will be implemented in September to support GeneXpert OR (data analysis and report writing).	Oct 13	Sep 14	Ongoing
7.3.1	WHO	OR on TB financing, health insurance benefits for TB patients, palliative care	On going	Oct 13	Sep 14	Ongoing

2.8 Drugs

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
8.1.1	National forecast for the next calendar year is available		Yes	Yes	Yes	
8.1.2	Updated SOPs for selection, quantification, procurement, and management of TB medicines available		Yes	Yes	Yes	
8.1.3	<p><i>Percentage of provinces (will be given TA on TB PSCM) per total 63 provinces</i></p> <p>Numerator: Number of provinces will be given TA on TB PSCM</p> <p>Denominator : Total 63 provinces in Vietnam</p>		Yes (y1=y2=0% Y3=6.3%)	23.8% (15/63 provinces)	23.8% (15/63 provinces)	
8.1.4	<p><i>Final report of TB pharmaceutical supply chain systems and performance assessment is available</i></p> <p>Description: As a result of the "Support the NTP to prepare and complete the next steps of TB pharmaceutical supply chain systems and performance assessment" activity, the final report must be approved by NTP leaders and shared to all related partners.</p>		Yes (y1, y2, y3: have no report of TB pharmaceutical supply chain systems and performance assessment)	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	
8.1.1	MSH	Develop action plan for drug supply chain management	Completed	Oct 13	Sep 14	Completed
8.1.2	MSH	Support NTP to conduct TB pharmaceutical supply chain systems and performance assessment by using NTP approved assessment tool	<p>Final TB pharmaceutical supply chain systems and performance assessment report is available with some key assessment finding:</p> <p>+ No site currently qualifies as being fully GSP/GDP compliant, but numerous sites are close to that target, and relatively small changes and strengthening activities could bring them within that goal.</p> <p>Areas of particular weakness in logistics across the surveyed sites are:</p>	Oct 13	Jun 14	Completed

			<p>* Distribution – (Average Score 13%): The difficulty here is that many Provinces are not undertaking the distribution themselves. Rather, Districts and treatment sites come to collect the medicines themselves and Provinces feel little responsibility for the process. Unfortunately the ad-hoc transport mechanism being used does not ensure safe and reliable treatment of the commodities and it will be necessary to address this issue through improved Province District interactions and SOPs.</p> <p>* Budgets and financing - (Average score 17%): The difficulty here is probably not so much the deficiency in funding levels, but there is simply no knowledge of the budget, and the current budget structures are not activity specific – so that, for example, all staff within a hospital appear to be classified as staff costs; and breakdowns between department and units are not apparent. The overall impression is that budgets probably are too low in relation to commodity values being handled – with the exception being the central stores in Hanoi which is close to the target levels</p> <p>+ Lack of written procedures (SOPs) at provincial level - (Average Score 20%)</p>			
8.1.3	MSH	TA to support NTP in review and update of currently available TB drug supply chain management forms	TB drug supply chain management forms (report forms, log books forms...) are updated	Oct 13	Dec 13	Completed
8.1.4	MSH	Training on the use of updated TB drug supply chain management forms	<p>2 TOTs on the use of updated TB drug supply chain management forms had been conducted in April 2014</p> <p>+ TOT in Hai Phong: 37 trainees</p> <p>+ TOT in Hochiminh: 33 trainees</p> <p>Total: 70 trainees (37 female, 33 male) from provincial TB system and central/regional hospital (like 174, 171, 108, 103, 198 hospitals – which received TB drug directly from NTP)</p>	Mar 14	May 14	Completed

8.1.5	MSH	TA for capacity building of staff in 15 priority provinces	<p>TA for capacity building of staff had been given in 15 priority provinces: Ha Giang, Long An, Binh Duong, Gia Lai, Kon Tum, Hai Phong, Ben Tre, Dong Thap, Khanh Hoa, Lam Dong, Cao Bang, Bac Kan, Quang Ngai, Nghe An, Ha Tinh</p> <p>Some key finding and achievements: The need of technical assistance on TB DSCM directly for related staffs on sites is significant. Although the NTP system was established many years before, there is a lack of detailed guidance for DSCM implementation on all the central/ provincial/ district level, there are many mistakes on planning/ received/ storage/ distribution/ dispensing/ reporting activities. The common mistakes include: all related forms, documents are not the right forms issued by NTP/ MOH (lack of some necessary information like batch number, expiry date, code of TB drug source, etc.); There is no regularly monitoring of the temperature and humidity in the store; put the drug carton box directly on the floor of against the wall; quantification of the amount of TB drug distribution for districts is not based on scientific method. With the STTA trip, we had supported all sites on how to do the right implementation and all steps of TB DSCM procedure like on planning, receiving, storage, distribution, dispensing and reporting activities. These trainings were well received.</p>	Jan 14	Jun 14	Completed
8.1.6	MSH	Support NTP in TB second line drug forecasting, procurement and distribution (new activity – approval MOT for APA4)	The team supported the NTP in making the Q3 TB second-line drug distribution plan and developing training toolkit (training on TB second-line drug supply chain management for 35 PMDT provinces)	Apr 14	Dec 14	On- going

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 9 TB	2011(B1&B1), 2012 (B1&A1), 2013 (B1 & B1)	B1	51,206,000 (signed) 29,698 (committed)	27,416,000

* Since January 2010

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

- Funding for 2014 was granted. TB programme is considered "under-allocation" and will be eligible for incentive funding.
- National TB Strategy 2014-2020, vision 2030 was approved by the Prime Minister in March 2014. NTP is developing National Strategic Plan 2014-2020 with the call for application from stakeholders. Sub-recipient selection for NSP was organized on July 15 with the participation from MoH, WHO, NTP, TB and HIV patient representatives.
- NTP is preparing the joint concept note in collaboration with VAAC. The joint concept note will be submitted to GF by mid of August. TA support was provided by one consultant of KNCV-HQ (Dr. Agnes Gebhard) funded by WHO and one consultant from 5% French contribution (Dr. Pratap P.Jayavanth). WHO-CO and KNCV-CO were actively involved in this process.
- The implementation of the TB/HIV collaborative activities under the Joint Concept Note for TB/HIV will be a challenge, since the two programs usually operate independently.
- A meeting to select TB patient's representative was organized by WHO in May. Two patients (cured TB patient/HIV/IDU) were selected. They are invited for further meetings with CCM and NTP.
- CCM oversight committee meeting, and CCM self-assessment meeting were held in July.

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

TB CARE I partners (KNCV and WHO) are involved to support the development of a strong joint concept note to secure GF funding and incentive funding.

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	202	97	(*) The number of MDR cases put on treatment for the year 2011 and 2012 are now updated. The number of cases diagnosed is not available.
Total 2011	N/A	776	
Total 2012	774	713	
Jan-Mar 2013	207	164	
Apr-Jun 2013	252	217	
Jul-Sep 2013	N/A	287	
Oct-Dec 2013	N/A	275	
Total 2013	-	943	
Jan-Mar 2014		266	
Apr – Jun 2014		367	
Total 2014		633	

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	KNCV	1.2.3	Stephen Michael Graham - Associate Professor of International Child Health, University of Melbourne Department of Pediatrics - External consultant for TB in children	Provide TA in introduction and evaluation of new strategy for TB in children in 4 pilot provinces	Q3 2014	Pending		This visit is scheduled on Sep 22-26, 2014
2	KNCV	2.3.3 (1 mission)	Agnes Gebhard - KNCV senior consultant	Technical assistance to accelerate uptake of Xpert MTB/RIF testing	Q4 2013 (November)	Pending		This visit is scheduled in Oct 2014
3	KNCV	4.1.1 (1st visit)	Agnes Gebhard - KNCV senior consultant	Provide TA for PMDT implementation and scale up, TB\HIV\MDR control in prisons and general backstopping project	Q4 2013	Completed	Feb 23 – Mar 2, 2014	
4	KNCV	4.1.1 (2nd visit)	Agnes Gebhard - KNCV senior consultant	Provide TA for PMDT implementation and scale up, TB\HIV\MDR control in prisons and general backstopping project	Q2 2014	Pending		This visit is scheduled in Dec 2014
5	KNCV	7.1.2 (1st visit)	-Job van Rest - KNCV surveillance consultant	Provide TA for development of VITIMES with linkage of e-TB manager	Q1 2014	Completed	Mar 31 - Apr 4, 2014	
6	KNCV	7.1.2 (2nd	Job van Rest - KNCV surveillance	Provide TA for development of VITIMES	Q3 2014	Pending		This visit is scheduled on

		visit)	consultant	with linkage of e-TB manager				Sep 8-12, 2014
7	KNCV	7.3.1 (1st visit)	Edine Tiemersma - KNCV research consultant	Provide TA to all ORs of the project including design, data collection, validation, analysis of results, publication for all project ORs	Q1 2014	Pending		The two visits (#7 and #8) will be combined and scheduled from Sep 19-Oct 3, 2014
8	KNCV	7.3.1 (2nd visit)	Edine Tiemersma - KNCV research consultant	Provide TA to all ORs of the project including design, data collection, validation, analysis of results, publication for all project ORs	Q3 2014	Pending		
9	MSH	2.1.1	C. Mundy	Supervision, monitoring and data analysis	November	Completed	Nov 16, 2013	
10	MSH	4.1.6	Luiz Reciolino	Provide TA for the e-TB Manager	Q3 2014	Completed	May 2014	
11	MSH	4.1.6	Luiz Reciolino	Provide TA for the e-TB Manager	Q4	Pending		
12	MSH	4.1.6	TBD IT Consultant	Provide system support to the e-TB Manager	Q4	Pending		
	MSH	8.1.2	A. Barraclough.	Training and data analysis	TBD	Cancelled		Training: led by MSH staff; Data analysis: Remote supported from Andy (did not need to have any visit)
13	WHO	6.2.1	GMP (TBD)	On-site inspection of plants	Q 2,3,4	Pending	Late July 2014	
14	WHO	6.2.1	Quality Circles (TBD)	To conduct quality circles sessions	Q 2,3,4	Pending	Late July 2014	
15	WHO	7.3.1	Ruth Ochilla (PHL)	palliative care	Q2,3	Completed	Apr 7-11, 2014	
Total number of visits conducted (cumulative for fiscal year)						5		
Total number of visits planned in work plan						15 (1 canceled)		
Percent of planned international consultant visits conducted						33%		