

Workshop Report

Use of Information to Address TB/HIV in Cambodia

Workshop Proceedings from Banteay Meanchey, Battambang, Phnom Penh, and Sihanoukville

June 2004

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- ▲ *Generation of new financing for health care, as well as more effective use of existing funds.*
- ▲ *Design and implementation of health information systems for disease surveillance.*
- ▲ *Delivery of quality services by health workers.*
- ▲ *Availability and appropriate use of health commodities.*

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Abstract

Cambodia is one of the countries most severely affected by tuberculosis (TB) and HIV. Adult HIV prevalence is 2.7 percent, 64 percent of the total population is infected by TB, and hundreds of thousand of people with HIV/AIDS are at risk to develop TB. In response, the Cambodian Ministry of Health has made addressing TB and HIV co-morbidity a priority and the National Tuberculosis Program and the National Center for HIV/AIDS, Dermatology and STDs are working to jointly plan, implement, and monitor TB/HIV interventions, starting with pilot activities in four sites.

At the Ministry's request, the Partners for Health Reform*plus* (PHR*plus*) is providing technical support to develop an information component to support the TB/HIV activities. PHR*plus* is standardizing the information being collected across all sites and facilitating its use by implementing partners in order to increase case detection and strengthen case management of TB/HIV co-morbidity. In January–March 2004, PHR*plus* conducted workshops with the four sites to review information and data it had collected, to identify current pilot accomplishments, and to recommend how work could be improved. This report presents the workshop findings.

Table of Contents

Acronyms	ix
Acknowledgements	xi
Executive Summary	xiii
1. Background	1
1.1 TB/HIV Country Framework	1
1.2 TB/HIV Pilots	2
1.3 PHR <i>plus</i> Contributions to TB/HIV Pilot Implementation	2
2. Workshop Proceedings	5
2.1 Agenda	5
2.2 Participants	5
2.3 Logistics	5
2.4 Workshop Introduction: Updating Pilot Progress	6
2.5 Group Work: Reviewing the Current System vis à vis the Desired System	6
3. Banteay Meanchey Workshop	9
4. Battambang Workshop	13
5. Sihanoukville Workshop	17
6. Phnom Penh Workshop	19
Annex A: PHR <i>plus</i> Workshop Agenda	21
Annex B: Workshop Schedule and Participant Lists	23
Annex C: TB/HIV Presentations	29
Annex D: PHR <i>plus</i> TB/HIV Co-morbidity Surveillance Response	41
Annex E: TB/HIV Co-morbidity Care Implementation Process Maps	47
Annex F: Information Tables	51
Annex G: Analytical Guide	59
Annex H: Workshop Findings and Recommendations	63

List of Tables

Table ES-1: Participant Comments	xiii
Table 1: Findings from Banteay Meanchey, by Activity Component	9
Table 2: Findings from Battambang, by Activity Component.....	13
Table 3: Findings from Sihanoukville, by Activity Component.....	17
Table 4: Findings from Phnom Penh, by Activity Component.....	19

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CDC-GAP	Centers for Disease Control and Prevention-Global AIDS Program
CENAT	National Center for Tuberculosis and Leprosy Control
CoC	Continuum of Care
CPT	Cotrimoxazole Preventive Therapy
FHI	Family Health International
HBC	Home-Based Care
HIV	Human Immune-Deficiency Virus
IEC	Information, Education, Communication
IPT	Isoniazid Preventive Therapy
JICA	Japanese International Cooperation Agency
MMM	<i>Mondol Mith Chuoy Mith</i> (Friend helps a friend)
NCHADS	National Center for HIV/AIDS, Dermatology and Sexually Transmitted Disease
NTP	National Tuberculosis Program
OD	Operational District
OI	Opportunistic Infection
PHA	Persons Living with AIDS
PHD	Provincial Health Department
PHR_{plus}	Partners for Health Reform _{plus}
TB	Tuberculosis
VCCT	Voluntary Center for Counseling and Testing
WHO	World Health Organization

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Executive Summary

To combat tuberculosis (TB) and HIV/AIDS in Cambodia, a TB/HIV co-morbidity campaign is being piloted in four provinces (Banteay Meanchey, Battambang, Phnom Penh, and Sihanoukville) with technical and financial support from international donors such as the Japanese International Cooperation Agency, Family Health International, the U.S. Centers for Disease Control and Prevention/Atlanta, and the World Health Organization. The U.S. Agency for International Development, through its Partners for Health Reform*plus* project, provides assistance to the information and surveillance component of the TB/HIV collaborative activity.

From January to March 2004, PHR*plus* conducted four workshops (one per pilot site) during which it presented to a total of 136 workshop participants the all information materials (forms and registers) and data it had previously collected in that site through site visits, on-site observations, and in-depth interviews with provincial and operational district health authorities and supporting agencies.¹ Participants were asked to identify any missing forms or data collection instruments. Detailed maps showing the intersection of both the TB and HIV service delivery systems were presented for participant validation.

Following the plenary presentation session, participants were divided into smaller groups and, using the maps and their knowledge of the implementation experience, asked to identify what currently is working and what is not. An analytical guide listing the main components and essential tasks under each component of TB/HIV co-morbidity care intervention was provided to each of the participants, to help them with the analytical process.

Table ES-1 summarizes findings that were identified by the participants.

**Table ES-1: Participant Comments:
Accomplishments and Remaining Needs in TB/HIV Pilot Sites**

Components	Findings
Collaboration between TB and HIV vertical programs	<ul style="list-style-type: none">▲ TB/HIV coordinating committees exist and are working in three of the four pilot sites▲ Participants expressed the need for clearer policy, direction, and guidance
Referral system	<ul style="list-style-type: none">▲ Not all clients are systematically referred▲ Referrals are successful when the client is accompanied▲ One of the biggest challenges is transportation support
Data collection	<ul style="list-style-type: none">▲ All sites have registers and forms for data collection on TB/HIV. However, each site uses different formats

¹ In addition to forms and registers validated by the Ministry of Health, documents have been designed by the supporting agencies based on the information needs at the site. Therefore, forms and registers vary by site.

Case management	<ul style="list-style-type: none"> ▲ A TB/HIV clinical manual is needed ▲ CPT (cotrimoxazole preventive therapy) and IPT (isoniazid preventive therapy) draft guidelines available in Moug Roussey ▲ CPT being provided ▲ IPT being provided in Moug Roussey
Knowledge/Training	<ul style="list-style-type: none"> ▲ Basic TB/HIV information and training provided ▲ X-ray training for TB/HIV has been provided but not to all physicians who conduct TB diagnosis ▲ Further training is needed in: TB/HIV management, HIV counseling for TB service providers, data analysis
Information sharing	<ul style="list-style-type: none"> ▲ Joint TB/HIV Information, Education and Communication (IEC) material are needed ▲ Feedback is provided; however, participants felt that it is insufficient
Monitoring and evaluation	<ul style="list-style-type: none"> ▲ Supervision checklist for TB/HIV developed by Battambang provincial health department (PHD)

The following are important additional observations, gleaned by PHR*plus* during its visits to all four pilot sites:

- ▲ Battambang and Sihanoukville have well-organized central units (HIV Consultation clinic and Opportunistic Infection (OI) clinic, respectively) that treat OIs including TB, and manage the client referrals and care.
- ▲ In Banteay Meanchey, all TB patients are referred for HIV testing regardless of symptoms.
- ▲ HIV counseling training for TB service providers is crucial.
- ▲ Phnom Penh conducts a follow-up of TB patients every six months.
- ▲ An OI follow-up is conducted in Moug Roussey (every two weeks) and Sihanoukville (every month), which helps track the health status of the client.
- ▲ The *Mondol Mith Chouy Mith* ('Friend helps a Friend') meeting held every month in Moug Roussey helps TB/HIV peers to meet with each other as well with local authorities to communicate their grievances. They also benefit from services offered by the OI clinic.

1. Background

Cambodia is one of the countries most severely affected by infections of both tuberculosis (TB) and HIV. HIV has been spreading steadily in the country. At the end of 2001, the number of adults aged 15-49 infected with HIV was estimated to be about 170,000; the adult HIV prevalence is 2.7 percent. According to updated estimations provided by the National Center for Tuberculosis and Leprosy Control (CENAT), 64 percent of the total population has been infected by TB. Hundreds of thousands of people with HIV/AIDS are at risk to develop TB.

Therefore, the Cambodian Ministry of Health has made addressing TB and HIV co-morbidity as a priority. Efforts are underway for the National Tuberculosis Program (NTP) and the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Disease (NCHADS) to jointly plan, implement, and monitor TB/HIV interventions.

In 1999, the Ministry of Health nominated a TB/HIV Technical Working Group. This group sets national direction for TB/HIV activities and is made up of NCHADS, NTP, and representatives from the World Health Organization (WHO), Japanese International Cooperation Agency (JICA), the U.S. Centers for Disease Control and Prevention/Atlanta (CDC), the U.S. Agency for International Development (USAID), and Family Health International (FHI). Drs Mao Tan Eang, NTP director, and Seng Sut Wantha, NCHADS deputy director, are the co-chairpersons of the group.

In 2000, an international TB/HIV symposium was organized by the JICA-funded CENAT National TB Control Project. It was the first time that people working for TB control and HIV/AIDS control in public and private sectors in Cambodia met to analyze the status of co-morbidity in the country, and to share ideas and seek ways to collaborate to combat the illnesses.

1.1 TB/HIV Country Framework

In August 2002, the National Framework for TB/HIV was launched during a meeting that brought together experts from various organizations and countries as well as provincial health staff from each Cambodian province that had implemented 'Direct Observation Therapy': Banteay Meanchey, Battambang, Phnom Penh, and Sihanoukville. During this meeting, joint provincial action plans, guided by the National Framework, were developed for the four provinces. These provincial plans formed the foundation for joint actions to reduce TB and HIV prevalence, suffering, and mortality in Cambodia.

1.2 TB/HIV Pilots

In 2003, pilots to test the provincial action plans were established in the four provinces with assistance from international agencies.² The four pilots and the supporting agencies are the following:

- ▲ *Banteay Meanchey*: Provincial health department (PHD)/Mongkol Borei operational district and CDC
- ▲ *Battambang*: PHD/Moung Roussey operational district and FHI
- ▲ *Phnom Penh*: National Center for Tuberculosis Control and JICA
- ▲ *Sihanoukville*: PHD and WHO

1.3 PHRplus Contributions to TB/HIV Pilot Implementation

In 2003, the Ministry of Health asked the USAID-funded Partners for Health Reform *plus* (PHR*plus*) to assist the TB/HIV Technical Working Group to develop a standardized monitoring, learning, and improvement component to support the four TB/HIV pilot provinces and scale up the pilot efforts. PHR*plus* is not directly responsible for implementing TB/HIV service delivery interventions. Rather, it works with the TB/HIV Working Group, the four pilot provinces, and organizations providing services within those provinces to collect, analyze, and use data to improve TB/HIV interaction interventions, particularly those interventions related to co-morbidity detection and management. PHR*plus* is standardizing the information collected across all four pilot sites and facilitating its use by implementing partners in order to increase case detection and strengthen case management of TB/HIV co-morbidity.

The following are specific objectives for PHR*plus* work:

- ▲ Design and implement a standardized monitoring system for the implementation of TB/HIV activities in the four pilot provinces
- ▲ Facilitate the analysis and use of the information to directly improve the piloting process (i.e., the interventions being tested)
- ▲ Ensure the documentation and fine-tuning of the TB/HIV interventions that can be used during scale-up
- ▲ Provide field-tested surveillance indicators and a system that address TB/HIV co-morbidity and can be used when interventions are scaled up
- ▲ Define resource requirements required for scaling up in other provinces
- ▲ Communicate and share findings (what works and does not work) within Cambodia and the Asia/Near East region.

² TB/HIV activities in Phnom Penh (CENAT) had started in 2001 with funding from JICA, through the 'Afternoon Clinic.'

In order to meet the objectives, *PHRplus* conducted four workshops from January to March 2004, during which information and data collected and compiled to date were shared with each of the four pilots. The information was collected through site visits, on-site observations, in-depth interviews with provincial and operational district health authorities and supporting agencies. The workshops were held in conjunction with the agencies supporting the pilots with the purpose of using information to identify what is currently working and what gaps remain in the implementation of TB/HIV activities.

2. Workshop Proceedings

The objectives of the workshops were:

1. To present to participants the data collection/information system forms and registers currently used by each TB/HIV pilot site, as collected and compiled by *PHRplus*
2. To identify best practices as well as gaps in pilot activities, and allow participants to recommend improvements

The expected results were:

1. Validation of the TB/HIV co-morbidity care implementation process maps
2. Good practices, gaps, and challenges identified
3. Development of recommendations for improvement

2.1 Agenda

One-day workshops were held in the four pilots based on a common agenda (see Annex A). The workshops were conducted in Khmer, and most supporting documents were translated into that language; each participant was provided the materials in English as well.

2.2 Participants

The 136 workshop participants were TB/HIV health care and home-based care (HBC) staff working in the four TB/HIV pilots. Some main provincial health authorities were also invited to attend. In Battambang, Catholic Relief Services, which is not part of the piloting process, was invited. Because it has also started TB/HIV care activities and is supported by FHI, co-sponsor of the Battambang pilot. Annex B lists participants in each workshop.

2.3 Logistics

Refreshments and lunch, stationery, and other materials were provided to the participants. Transportation costs were paid for those traveling from a long distance.

2.4 Workshop Introduction: Updating Pilot Progress

Each implementing agency provided a brief update on the progress of their activities (see Annex C).

PHR*plus* technical managers Seak Kunrath and So Phat introduced the activities of PHR*plus* in Cambodia (see Annex D). It was a good opportunity for those participants unfamiliar with the project to learn of its role as well as to understand the informational support that it provides.

The PHR*plus* technical managers then presented TB/HIV activity process maps (see Annex E) that were developed through site visits, in-depth interviews with provincial and operational district health authorities and supporting agencies, and document review and observations of the TB/HIV activity at each pilot. The maps display the current TB/HIV service delivery system at the pilot; how clients who test HIV positive enter the TB care system; and how TB patients enter the HIV system for testing and follow-up. The maps are a visual representation of the patient flow from one point in the TB/HIV Continuum of Care (CoC) to the next. The maps also illustrate the focal points of data collection (forms, registers, reports, etc.). Copies of these documents (see Annex F for the list) were distributed to the participants. Participants were asked to identify any missing forms or data collection instruments currently being used for TB/HIV pilot implementation.

In general, participants appreciated the detail provided in the maps. Sharing and presenting maps during the workshop allowed participants to make changes and validate them.

2.5 Group Work: Reviewing the Current System vis à vis the Desired System

Following the PHR*plus* presentation, the participants were divided into small groups to work together on analyzing TB/HIV service delivery. The members of each group were well distributed in order to provide appropriate representation from both TB and HIV programs, as well as supporting agencies and home care staff.

Each group was provided with an analytical guide (see Annex G), which consisted of the main components in TB/HIV co-morbidity prevention and care and a list of relevant tasks for each component. In addition to the project documents, two WHO manuals (“Guidelines for implementing collaborative TB and HIV program activities” and “TB/HIV clinical manual”) were used as the main reference documents to help prepare the list of tasks. Other national guidelines for TB and HIV/AIDS care provided additional input; as the name implies, some of the tasks listed are more relevant to the national level than to the pilot level. The participants were advised to work only on points that were relevant to them. They were also asked to add or delete tasks as necessary.

The objective of each group was to analyze the maps (current situation) with the help of the analytical guide. This methodology helped the participants to identify what is working as well as gaps (what is not working) in the system and thereby provide a base from which to make recommendations for improvement.

The group work was facilitated by PHR*plus* technical managers, who provided clarifications whenever necessary.

At the end of group discussions, each group presented their findings and recommendations for improvement (Annex H). These findings and recommendations are the result of group work and in no way express opinions or suggestions from *PHRplus* staff.

At end of the day one responsible person from either the implementing agency or the provincial health office closed the workshop with a summary of the findings and the next steps to be taken.

The following sections provide more details on each of the four workshops.

3. Banteay Meanchey Workshop

1. Thirty-five participants registered for the workshop. Among them were all the senior authorities of the Provincial Health Department.
2. Dr Hor Bun Leng, deputy chief of CDC-GAP/Atlanta gave a brief presentation on the activities of the Banteay Meanchey pilot (Annex C).
3. Dr So Phat, PHR*plus* technical manager, introduced the activities of PHR*plus* in Cambodia.
4. The PHR*plus* technical manager presented the process maps (see Annex E) of the TB/HIV activity at the Serei Sophorn. Serei Sophorn was selected instead of Mongol Borei because there was much more activity at Serei Sophorn.

There was some confusion about activities that are currently implemented and activities that are yet to be implemented. After giving clarification about the maps, the participants were divided into four groups.

Table 1 summarizes findings expressed by the participants.

Table 1: Findings from Banteay Meanchey, by Activity Component

Components	Findings
Collaboration between TB and HIV vertical programs	<ul style="list-style-type: none"> ▲ Collaboration between the two vertical programs is to be strengthened ▲ TB and HIV programs need to meet regularly in order to share experience and for decision meeting
Referral system	<ul style="list-style-type: none"> ▲ Clear direction needs to be provided for referrals ▲ Referrals are strong from the TB program to the voluntary centers for counseling and testing (VCCT)
Data collection	<ul style="list-style-type: none"> ▲ A lot of data are collected at several points ▲ Use of data collected is unclear to those collecting data ▲ Information flows from bottom to top ▲ There is little feedback on the information provided
Case management	<ul style="list-style-type: none"> ▲ Case management of TB/HIV co-morbidity is inconsistent
Knowledge/Training	<ul style="list-style-type: none"> ▲ TB staff need training in HIV counseling skills ▲ TB staff need training in chest X-ray (in HIV patients) reading skills ▲ Lack of knowledge in data collection, analysis, and use
Information sharing	<ul style="list-style-type: none"> ▲ There is a need for TB/HIV co-morbidity Information, Education, Communication (IEC) material
Monitoring and evaluation	<ul style="list-style-type: none"> ▲ Monitoring & evaluation expertise is provided by CDC

The detailed results of the group work are presented in Annex H.

5. Dr. Hor Bun Leng concluded the group work by summarizing the findings and next steps:
 - ▲ TB/HIV guideline development, at least for provincial implementation
 - ▲ Setting indicators, which leads to the development of data collection forms
 - ▲ Transportation fee and per-diem for poor clients
 - ▲ Practical referral system
 - ▲ Counseling training for TB staff
 - ▲ Data collection process training
 - ▲ Experience sharing with other sites
 - ▲ Protocol on provision of IPT/CPT (isoniazid preventive therapy/cotrimoxazole preventive therapy)

He also recommended the following indicator for monitoring and surveillance purposes:

- ▲ #/rate of new TB cases detected by TB program
- ▲ #/rate of new TB cases agrees to have HIV test
- ▲ #/rate of new TB cases with positive HIV
- ▲ #/rate of new TB/HIV receive CPT
- ▲ #/rate of new HIV testing performed
- ▲ #/rate of HIV positive
- ▲ #/rate of new HIV+ agrees to have TB screening
- ▲ #/rate of HIV+ with TB positive
- ▲ #/rate of TB/HIV receive TB treatment
- ▲ #/rate of HIV+ receive IPT/CPT
- ▲ #/rate of IPT/CPT abundance
- ▲ #/rate of individual who develops TB/PCP
- ▲ Personal information (age, sex, marital status, profession, income)

Following are some of the findings identified by *PHRplus* through its information collection that were not expressed by the participants:

1. All TB patients are referred to VCCT for HIV counseling and testing (this is done during monthly TB drug and food distribution).
2. In addition to NCHADS referral slips, new referral slips have been created and used based on pilot information needs.
3. There is a monthly report of referrals from VCCT to TB and TB to VCCT.
4. A separate register of TB/HIV clients is maintained at the TB ward.
5. A home-based care list including names, telephone numbers, village etc. is available to all clients coming out of post-test counseling.

4. Battambang Workshop

1. Twenty participants (see Annex B) registered for the workshop. Among them were senior authorities of the Provincial Health Department including the director.
2. Mr Eang Chanthol/FHI, TB-HIV officer, gave a brief presentation on the activities of the Battambang pilot (see Annex C).
3. Dr So Phat, PHR*plus* technical manager, introduced the activities of PHR*plus* in Cambodia.
4. The PHR*plus* technical manager, presented the process maps (see Annex E) of the TB/HIV activity at the Moug Roussey pilot.

The detailed manner in which the maps were presented raised very few questions or debate. After making minor clarification to the maps, the participants were divided into two groups.

5. Results of the group work were presented.
6. At the end of group discussions each group presented their findings and recommendations. The findings from each have now been compiled in one chart (Annex H).

Table 2 summarizes findings expressed by the participants.

Table 2: Findings from Battambang, by Activity Component

Components	Findings
Collaboration between TB and HIV vertical programs	▲ There is good collaboration and communication between all actors of TB/HIV (TB, AIDS & HBC programs, local, and provincial health authorities)
Referral system	▲ Referrals need to be strengthened from the TB service to the VCCT
Data collection	<ul style="list-style-type: none"> ▲ A lot of data are collected at several points ▲ Use of data collected is unclear to those collecting data ▲ Information flows from bottom to top ▲ There is little feedback on the information provided
Case management	▲ IPT is provided, though numbers remain small at this point
Knowledge/Training	<ul style="list-style-type: none"> ▲ TB staff need training in HIV counseling skills ▲ Lack of knowledge in data collection, analysis and use
Information sharing	▲ There is a need for TB/HIV co-morbidity IEC material
Monitoring and evaluation	▲ A supervision checklist is used for monitoring purposes

7. Dr Ouk Vichea, HIV/AIDS coordinator of Battambang province, closed the group work with a summary of the findings and the next steps to be taken. The following are the recommendations that he made on behalf of the group.
- ▲ Dissemination workshop on documentation of TB/AIDS and distribution of documents to all relevant implementation agencies/institutions
 - ▲ Establish a national operational framework for TB/AIDS
 - ▲ Organize regular sharing experiences meeting at national, provincial, and local levels
 - ▲ Provide technical assistance from National TB/AIDS Working Groups to provincial level, or directly to operational district levels; and the Provincial TB/AIDS Working Groups to operational district levels through either supervision or monitoring
 - ▲ Training on TB/AIDS clinical management to physicians who work on TB or AIDS in patient wards or management of opportunistic infection (OI)
 - ▲ Integrate IPT reports into the HIS
 - ▲ Produce IEC materials and distribution to the service providers
 - ▲ Provide technical assistance to develop planning for TB/AIDS
 - ▲ Develop a standard for reports, supervision and monitoring checklists
 - ▲ Develop an operational framework for implementation of TB/AIDS programs
8. The closing speech was given by PHD director Dr. Mel Young. His main suggestions to the group were the following:
- ▲ A clear policy on the referral system should be established
 - ▲ Knowledge about TB/HIV co-morbidity as public concern should be strengthened.
 - ▲ Reduce the number of committees. Currently there are too many committees for similar activities.
 - ▲ All signboards and directions at the facilities should be in the Khmer language.

Following are some of the findings identified by PHR*plus* through its information collection that were not expressed by the participants:

1. CoC monthly meeting convened
2. *Mondol Mith Chuoy Mith* (MMM, 'Friend helps a friend') monthly meeting convened; gives persons living with AIDS (PHA) the opportunity to meet other PHA and consult OI physician in order to monitor their health status
3. Weekly TB/HIV service provider meeting convened at the Moug Roussey operational district (an opportunity to share experience)

4. Very well organized, coordinated, and documented (use of a OI management patient file) case management
5. PHA's volunteers assist new clients to access relevant services by accompanying them. While accompanying them the volunteers provide additional counseling and health education
6. HBC team leaders are available when clients leave post-test counseling, in case clients would like to join HBC
7. Good collaboration between HBC, local authorities, health providers, services, etc.

5. Sihanoukville Workshop

1. Twenty-one participants (see Annex B) registered for the workshop. Among them were main authorities from the Provincial Health Department including the director and his deputy.
2. Dr Veronique Bortolotti/WHO, HIV-AIDS care officer, gave a brief presentation on the activities of the Sihanoukville pilot (see Annex C).
3. Dr So Phat, PHR*plus* technical manager, introduced the activities of PHR*plus* in Cambodia (see Annex D).
4. Mr Seak Kunrath, PHR*plus* technical manager, presented the Sihanoukville pilot's TB/HIV activity process maps (see Annex E).

The participants clarified the use of referral slips at both entry and exit points of the X-ray facility. Appropriate corrections were made to the maps immediately in front of the participants. The maps were validated by the participants, after which the participants were divided into three groups.

Table 3 summarizes findings expressed by the participants.

Table 3: Findings from Sihanoukville, by Activity Component

Components	Key findings
Collaboration between TB and HIV vertical programs	▲ The coordinating committee does not meet regularly since they lack a technical working sub-group to discuss technical issues
Referral system	▲ TB patients from TB ward to VCCT and clients from VCCT to TB service are referred. However, TB patients from the health centers are not referred ▲ Accessibility to services from outside urban areas is barrier due to limited resources
Data collection	▲ A lot of data are collected at several points ▲ Use of data collected is unclear to those collecting data ▲ Information flows from bottom to top ▲ There is little feedback on the information provided
Case management	▲ OI management including TB screening and CPT is implementing, but IPT is not happened yet.
Knowledge/Training	▲ TB staff need training in HIV counseling skills ▲ TB staff need training in chest X-ray (in HIV patients) reading skills ▲ Lack of knowledge in data collection, analysis and use
Information sharing	▲ There is a need for TB/HIV co-morbidity IEC material
Monitoring and evaluation	▲ There is a need for TB/HIV co-morbidity IEC material

Results of the group work are presented in Annex H.

Dr. Kiv Bun Sany, Provincial Health Department director, closed the group work by presenting a summary of the findings and the next steps to be taken. The following are the observations and recommendations that he shared with the group. They include both his personal opinions and issues raised by the group.

- ▲ TB/HIV is a new activity for Sihanoukville Health Department; hence more effort is needed from the staff.
- ▲ Though TB/HIV pilots are being implemented across the four provinces, clear operational instructions are still lacking from the national level.
- ▲ More information sharing and exchange should be encouraged. A national level workshop could be organized in order to meet and share experiences with other implementers.
- ▲ Sihanoukville TB/HIV activities are producing satisfactory results despite limited resources and support.
- ▲ The collaboration between TB and HIV programs needs to be improved because they still seem to be working vertically.
- ▲ The absence of a technical working group for TB/HIV activities resulted in the absence of regular meetings for problems solving. Dr. Sany urged the TB supervisor and the HIV/AIDS coordinator to work closely in order to resolve this issue.
- ▲ Since HBC plays a crucial role in TB/HIV, HBC activities such as referral, tracking clients, and collaboration should be strengthened.
- ▲ Knowledge of staff is still limited on TB/HIV activities. Therefore, more training should be provided in order to produce better results. At the same he requested his staff from the two programs to improve their capacity and collaborate with each other.
- ▲ Regarding financial management, he said that budget planning could be improved. He requested TB and HIV/AIDS managers to work together to come up with a good spending even if the amount is small.
- ▲ Finally, TB/HIV care implementation is a new activity, but the support, both financial and technical, is less when compared to other pilot activities in the past. He referred to the 100-percent condom use pilot. However, he encouraged his staff to work closely with WHO and other agencies involved for the benefit of the patients. He recommended the TB/HIV/AIDS coordinator to make a preparation and next steps for national workshop in Phnom Penh.

Following are some of the findings identified by *PHRplus* through its information collection, which were not expressed by the participants:

1. The HIV consultation and TB screening for PHA is provided at the Sihanoukville health center where HBC shares the office. Some of the HBC staff are health center staff as well. This allows for strong collaboration between HBC and the HIV Consultation. Also, CPT is provided to PHA for a month.

6. Phnom Penh Workshop

1. Fifty-six participants (Annex B) registered for the workshop. Among them were Dr. Kosuke Okada, chief advisor of JICA, Dr. Mao Tan Eang, director of the National Anti-Tuberculosis Center, and Dr. Tak Ky Mouy, program manager of KHANA, the HBC alliance.

There is a large home care network in Phnom Penh. Each home care organization³ sent participants to the workshop.

In addition, counselors from the four VCCT at Cambodian Red Cross Health Center, Phnom Penh STI clinic, and Reproductive Health Association of Cambodia also participated.

2. Dr. Mao Tan Eang gave the opening speech, on TB/HIV activities in general. Dr Okada gave a brief presentation on the background and current activities of the CENAT Afternoon Clinic (see Annex C).
3. Dr. So Phat, PHR*plus* technical manager, introduced the activities of PHR*plus* in Cambodia (see Annex D).
4. Mr Seak Kunrath, PHR*plus* technical manager, presented the Phnom Penh pilot's TB/HIV activity process maps (see Annex E).

Table 4 summarizes findings expressed by the participants.

Table 4: Findings from Phnom Penh, by Activity Component

Components	Key findings
Collaboration between TB and HIV vertical programs	▲ There is a need for both programs to produce a clear TB/HIV clinical manual to facilitate the implementation, especially diagnosis
Referral system	▲ There are referrals of PHA from HBC & VCCT to TB screening directly
Data collection	▲ There are registers for all focal points for data collection, but data analysis and its use are not enough
Case management	▲ There is TB case management file for HIV-positive clients referred for TB screening ▲ IPT is not implemented yet
Knowledge/Training	▲ TB staff need training in HIV counseling skills ▲ Lack of knowledge in data collection, analysis, and use
Information sharing	▲ Joint IEC material has been produced, however remains insufficient
Monitoring and evaluation	▲ Monitoring & evaluation is not implemented

³ Key of Social Health Educational Road (KOSHER), Indra Devi Association, World Vision/Cambodia, Servants, MaryKnoll, Center of Hope and Women's Organization for More than Economics and Nursing (Women).

Detailed results of the group work are presented in Annex H.

Following are some of the findings identified by *PHRplus* during its information collection that were not expressed by the participants:

1. There is a good collaboration among the existing health services: HBC, VCCT and TB (CENAT). In Phnom Penh they have regular meetings (bi-monthly meeting) to discuss the issues surrounding implementation and to identify appropriate solutions.
2. TB screening in CENAT is fixed for three afternoons a week. The purpose of TB screening provision in the afternoon is to separate the PHA from general TB suspects, who come to CENAT in the morning. This helps prevent TB infection of PHA since they are vulnerable. Moreover this practice helps PHA to access TB screening and OI service without having to wait for long among general clients.

Annex A: PHRplus Workshop Agenda

Agenda for Pilot Workshops

Date: 28th and 30th January, 10th February, 5th March 2004

Facilitators: Dr. So Phat, MD., MPH, Technical Manager
Mr. Seak Kun Rath, Technical Manager

Time	Subject
8:00 - 8:10	▲ Registration
8:10 - 8:25	▲ Presentation of Pilot activities by the supporting Agencies
8:25 - 8:45	▲ Presentation of PHRplus project
8:45 - 9:45	▲ Presentation of the actual situation (Maps) at the pilots
9:45 - 10:00	▲ Tea Break
10:15 - 10:45	▲ Questions and validation of maps
10:45 - 11:00	▲ Group formation for analysis
11:00 - noon	▲ Group discussions to identify best practices and information needs
Noon - 13:30	▲ Lunch
13:30 - 15:30	▲ Group discussions/Work
15:30 - 15:45	▲ Tea
15:45 - 16:45	▲ Presentation of the analysis
16:45 - 17:00	▲ (15 mins for each group)
	▲ Conclusion and Next Steps

Annex B: Workshop Schedule and Participant Lists

Workshop Schedule

Pilot Site	Host Agency	Workshop Date
Mongol Borei OD/Banteay Meanchey Province	Provincial Health Department/Centers for Disease Control and Prevention-Atlanta	28 th January 2004
Moung Roussey OD/Battambang Province	Provincial Health Department / Family Health International	30 th January 2004
Sihanoukville PHD	Provincial Health Department / World Health Organization	10 th February 2004
CENAT Afternoon Clinic/Phnom Penh	CENAT / Japanese International Cooperation Agency	5 th March 2004

Banteay Meanchey Workshop Participants

No.	Workplace	Name	Title
1	PHD BMC	Ph. Team Leangchhay	Vice PHD Director
2	PHD BMC	Dr. Kav Sophacta	Technical Bureau Chief
3	PHD BMC	Dr. Kim Samoeun	TB Supervision
4	PHD BMC	MA. Sin Eap	HIV/AIDS Coordinator
5	PAO	Chea Yuthearum	Deputy PAO. Outreach
6	PHD BMC	Miss Tan Chansophorn	HBC & Hospice
7	PAO	Ing Samnang	VCCT PAO
8	PAO	Roeun Sothy	AIDS Care & Ambulatory Care
9	PAO	Dr. Kev Pech Sovann	STD PAO
10	PAO	Kee Leangpisey	100 percent Condom use PAO
11	PAO	Kun Navuth	PMTCT PAO
12		Dr. Tess Simon	Mongkultborei OD Director
13		Dr. Ou Sereivithjo	Vice OD Director (RHs)
14		D.r Pen Bunthorn	Vice OD director (HCs))
15		Mr. Thet Kanthol	TB Supervisor/HIV/AIDS Coordinator
16		Mr. Lek Bunhor	TB ward chief
17		MA. Ngourn Vuthy	TB physician
18		Khek Chanty	HIV/AIDS
19		Ung Sovanara	Technical Bureau Chief

20		Heng Leang	TB ward chief
21		Mr. Ham Phirum	Counselor
22		Mr. Kuy Thy	Lab
23		Mrs. Sreng Muleng	VCCT Coordinator
24		Mr. Chhay Bunchiv	Counselor
25		Mr. Yam Chifoan	Lab
26		Mr. Ok Sivutha	VCCT Coordinator
27		Mr. Mom Sambath	HC Chief
28		Mr. Leng Satra	TB ward chief
29		Dr. Leng Lenine	O Chrov OD Director
30		Dr. Toeung Sopheap	TB Supervisor/HIV/AIDS Coordinator
31	STI clinic Poy Pet	Mr. Hue Bunthoul	Chief of STI clinic
32	CDC-GAP	Dr Hor Bun Leng	Deputy Chief
33	CDC-GAP	Thomas Reis	Monitoring and Evaluation officer
34	Dharmayeitra	Arlys Herem	Progam Manager
35	Dharmayeitra	Horn Phalla	Home Based Care
36	PHD	Justin Wateya	HIV/AIDS advisor
37	PHR <i>plus</i>	Dr. So Phat	TB/HIV Co-morbidity Technical Mana
38	PHR <i>plus</i>	Mr. Seak Kunrath	TB/HIV Co-morbidity Techcnical Man
39	PHR <i>plus</i>	Mrs.Jayaseeli BONNET	TB/HIV Cambodia Program Coordinator

Battambang Workshop Participants

No.	Workplace	Name	Title
1	PHD BTB	Dr. Mel Young	PHD Director
2	PHD BTB	Kak Seila	Vice BTB OD Director
3	PHD BTB	Kong Dara	TB staff
4	PHD BTB	Dr. Ouk Vichea	HIV/AIDS Supervisor
5	PHD BTB	Dr. Chou Seuth	Technical Bureau Chief
6	PHD BTB	Dr. Sour Sanith	Provincial HBC Coordinator
7	PHD BTB	Dr. Lay Vichea	Outreach
8	PHD BTB	Ms. Kim Nakhatta	HIS, OD BTB
9	PHD BTB	Dr. Ngou Sethy	PH Director
10	Cambodian Red Cross	Dr. Khut Cheak	HBC
11	Moung Roussey	Dr. Oum Vanna	OD Director
12	Moung Roussey	Dr. So Sok	Vice OD Director (RH)
13	Moung Roussey	Dr. Thaug Putty	Vice OD director (HCs)
14	KRDA	Pouk Cham Roeun	HBC Team
15	Moung Roussey	Eap Mealea	OD MR, Lab

16	Moung Roussey	Mr. Neang Yoeun	Counselor
17	Moung Roussey	Mss. Set Koy	Lab
18	Family Health International	Mr. Eang Chanthol	TB/HIV coordinator
19	Gorgas	Dr. Phalkun Chheng	Staff
20	Catholic Relief Services	Mr. Chhoun Sovann	Project Officer
21	PHR <i>plus</i>	Dr. So Phat	TB/HIV Co-morbidity T Manager
22	PHR <i>plus</i>	Mr. Seak Kunrath	TB/HIV Co-morbidity T Manager
23	PHR <i>plus</i>	Ms. Jayasee BONNET	PHR <i>plus</i> Cambodian Program Coordinator

TB/HIV Workshop Participants

	Facility	Name	Title	Telephone
1	WHO	Dr. Veronique Bortolotti	WHO Consultant	012 905 531
3	PHD	Ph.. Kiv Bun Sany	Provincial Health Director	012 895 980
4	PHD	MA. Khem Sarun	Deputy Provincial Health Director	012 870 084
5	PHD	Dr. Chup Vutha	Chief of Technical bureau	012 885 875
6	PHD	MA. Long Ngeth	Provincial TB Supervisor	012 833 629
7	PHD	MA. Kim Sitha	AIDS program Manager	012 849 001
8	PHD	Dr. Koeut Phanarith	Deputy Provincial HIV/AIDS coordinator/VCCT coordinator	012 870 355
9	VCCT	Ms. Eak Somana	Counselor	016 946 412
10	VCCT	Mr Seng Nong	VCCT lab technician	012 833 435
11	TB ward	MA. Samrith Lok	TB Ward Chief	016 827 417
12	TB ward	N. Chay Narin	TB ward staff	016 945 982
13	X-ray	Dr. Kao Sukhorn	X-ray	016 945 243
14	HC Sihanoukville	Dr. Koek Sovann	TB screening	012 681 988
15	HC Sihanoukville	Dr. Nhok Meth	TB screening	012 681 987
16	HC Sihanoukville	N. Chiv Kunthea	TB screening	016 890 197
17	HC Sangkat 1	Prak Sovann	Chief of HC	016 882 503
18	HC Sangkat 1	Sun Kim Cheng	Staff of HC	016 703 377
19	HC Veal Renh	N. Vong Ly	Deputy chief of HC	012 997 089
20	Laboratory	Mr. Chum Sovann	TB lab supervisor	012 921 643
21	Home Based Care Office	Ms. Som Satum	KWCD chief	
22	Home Based Care Office	Mr. Sar Nara	HBC Manager/KWCD	016 828 095

Phnom Penh Workshop Participants

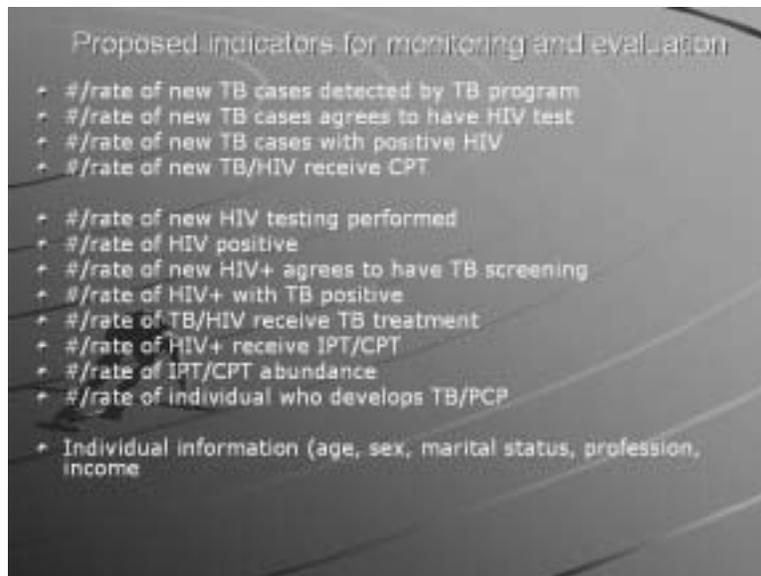
	Facility	Name	Title	Telephone
1	JICA	Dr. Kosuke Okada	Chief Advisor	
2	JICA	Dr. Sim Gnim	Project assistant	
3	CENAT	Dr. Mao Tan Eang	CENAT Director	
4	CENAT	Dr. Yuous Bun Heng	Chief of CENAT OPD	
5	CENAT	Dr. Chhay Sokun	TB/HIV officer	
6	CENAT	Dr. Tieng Kunthy	Chief of CENAT hospital	
7	CENAT	Dr. Prum Chomsayoeun	Deputy chief of CENAT hospital	
8	CENAT	Dr In Sokhanya	Chief of Home DOTS	
9	CENAT	Dr. Kusom Mardy	Technical officer	
10	CENAT	MA. Mao Nisay	TB screening	
11	CENAT	Dr. Chea Sareth	TB screening	
12	CENAT	Kim Savuon	TB screening	
13	CENAT	Ngeth Sopheap	TB screening	
14	CENAT	Mr. Mao Kolsopheap	TB screening	
15	CENAT	Ms. Pheng Phary	TB screening	
16	CENAT	Ms Nuon Nory	TB screening	
17	CENAT	Ms Keo Lay Heang	TB screening	
18	CENAT	Ms Sin Sophors	TB screening	
19	CENAT	Mr Tak Vanthorn	TB screening	
20	CENAT	Mr Ly Bona	TB screening	
21	CENAT	Mr Long Pheavy	TB screening	
22	CENAT	Ms Nguon Sochenda	TB screening	
23	CENAT	Mr Aun Lavy	TB screening	
24	CENAT	Ms Iv Botumara	TB screening	
25	CENAT	Ms Oum Davy	TB screening	
26	CENAT	Ms Koy Bonamy	Counseor	
27	CENAT	Ms In Sok Hoeun	Counselor	
28	MHD	Dr. Mom Ky	Chief of TB program	
29	MHD	Dr. Ok Eurn	TB coordinator	
30	MHD	Dr. Mam Sophal	HCNG coordinator	
31	MHD	Mr. Song	HCNG assistant	016 606066
32	MHD	Dr. Sok Sokun	Deputy director of MHD	

33	MHD	Dr. Kri Sok Chea	Chief of TB unit, Central OD	
34	MHD	MA. Oun Sokha	Chief of TB unit, South OD	
35	MHD	Mr. Som Bunna	Chief of TB unit, West OD	
36	MHD	MA. Chhum Chheng Kong	Chief of TB unit, North OD	
37	KHANA	Dr. Kep Ley	HBC Coordinator	
38	MHD	Mony-Dara	Team 1	
39	MHD	Ms. Hou Samy	Team 2a	
40	MHD	Ms. Eang Sokim	Team 2b	
41	MHD	Ms. Nhim Mala	Team 3	
42	MHD	Ms. Kim Saroeun	Team 4	
43	MHD	Mr. Loeung Chanthol	Team 5a	
44	MHD	Ms Phan Sopheap	Team 5b	
45	MHD	Ms. Son Seda	Team 6	
46	MHD	Mr. Ben Thy	Team 7	
47	MHD	Mr Chea Mongkol	Team 8	
48	MHD	Mr. Yee Kim Leng	Team 9	
49	MHD	Mr. Sok Moa	Team 10	
50	MHD	Mr. Boeuy Touch	Team 11	
51	MHD	Mr. Ly Tra	Team 12	
52	MHD	Mr Cheang Sarim	Team 13	
53	MHD	Counselor	STD clinic VCCT	
54	MHD	Counselor	Red Cross VCCT	
55	RHAC	Counselor	RHAC VCCT	
56	RHAC	Counselor	RHAC VCCT	

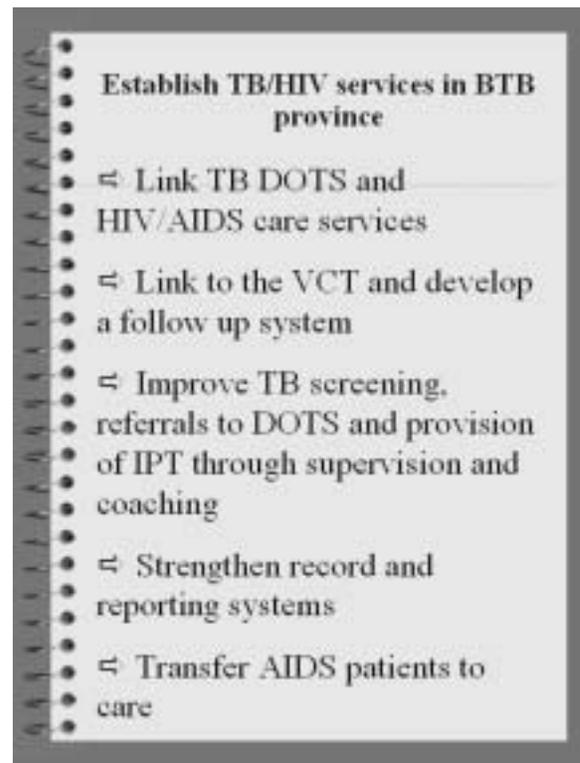
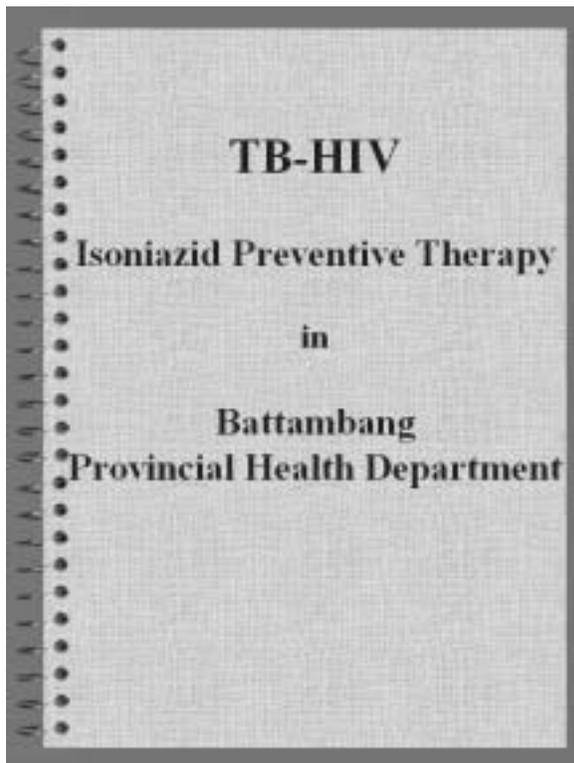
Annex C: TB/HIV Presentations

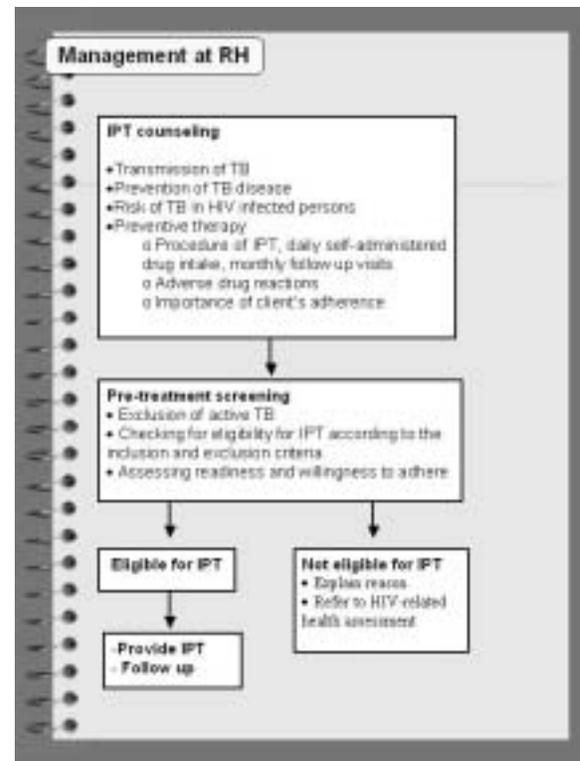
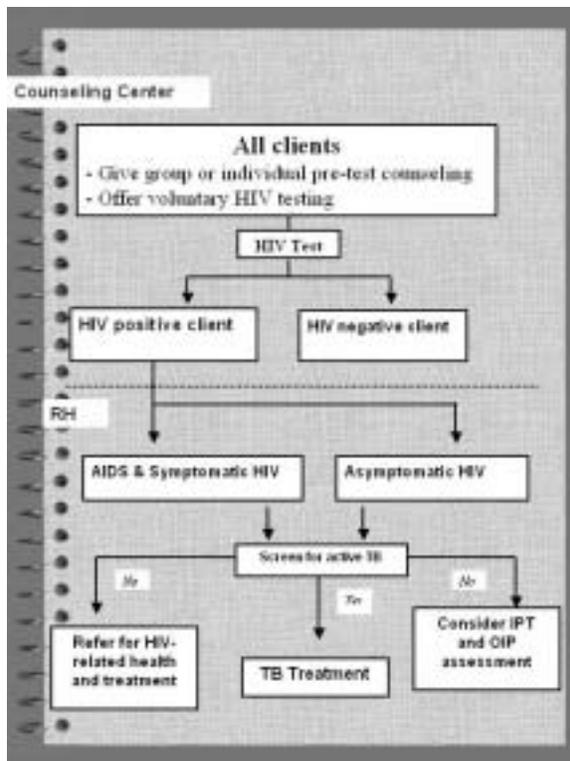


- ## Future direction
- TB/HIV guideline development at least for provincial implementation
 - Setting Indicators which leads to the development of data collection form
 - Transportation fee and per-diem for poor client
 - Practical referral system
 - Counseling training for TB staff
 - Data collection process training
 - Experience sharing with other sites
 - Protocol on provision of IPT/CTP



TB/HIV Isoniazid Preventive Therapy in Battambang Provincial Health Department





TB/IPT Screening in BTB RH

Month	# HIV+ referred from VCT	# HIV+ screened for TB/IPT	# active TB	# enrolled for IPT
Sept	30	17	3	4
Oct	46	43	4	6
Nov	51	67	10	5
Dec	52	44	4	3
Total	179	171	21	18

TB/IPT Screening in MR RH

Month	# HIV+ referred from VCT	# HIV+ screened for TB/IPT	# active TB	# enrolled for IPT
Sept	24	24	5	0
Oct	16	16	4	6
Nov	15	15	2	0
Dec	21	14	2	0
Total	76	69	13	6

TB/IPT Screening in BTB and MR RH

Month	# HIV+ referred form VCT	# HIV+ screened for TB/IPT	# active TB	# enrolled for IPT
BTB	179	171	21	18
MR	76	69	13	6
Total	255	240	34	24

- ### Planned for 2004
- Strengthen TB-HIV services in BTB and MR OD
 - Implement TB-HIV (IPT) services
 - Improve access to VCT by TB patients
 - Conduct supervision and coaching (PHD/OD → RH)
 - Strengthen recording/reporting system
 - Refresher/training for RH/HC staff (Basic TB, IPT, CXR, UP)
 - Promote utilization of IPT through BCC and home based care teams

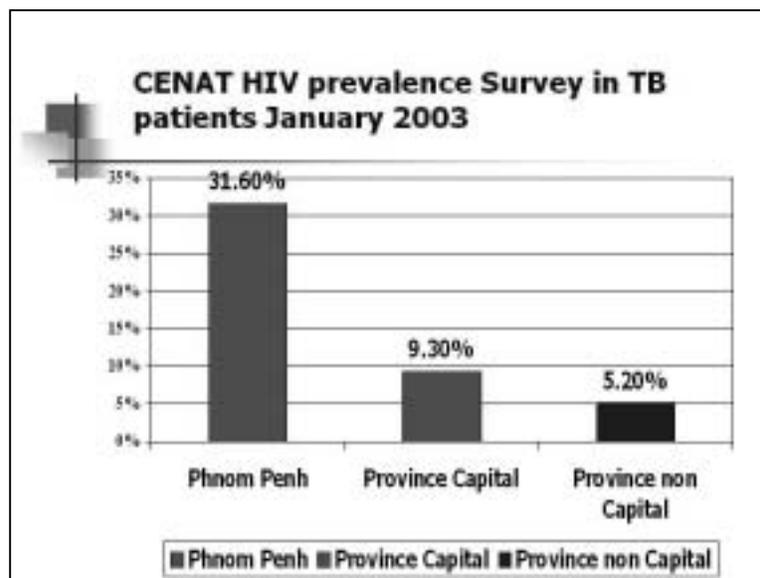
TB/HIV Interventions

TB/HIV interventions

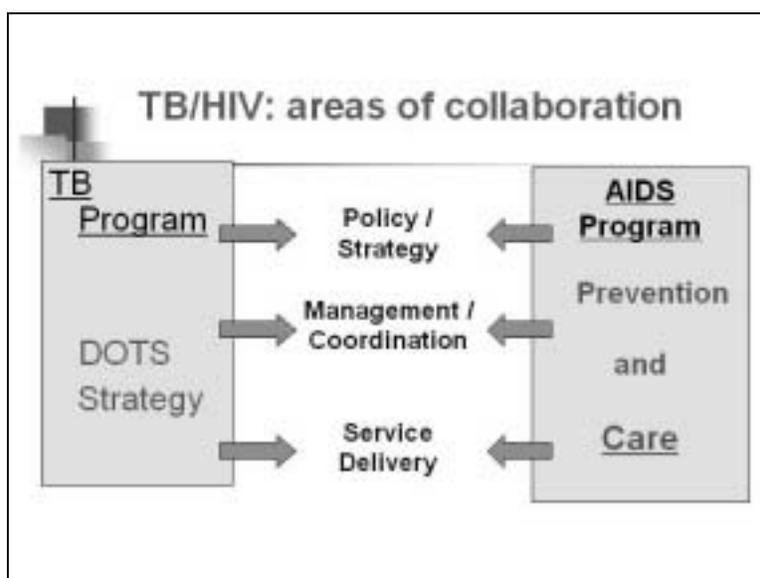
Background

URC/PHRplus TB/HIV
 Co-morbidity Information Support Project
 TB/HIV activities in Sihanoukville Workshop
 10 February 2004

Dr Veronique Bortolotti – WHO Cambodia



- ### TB/HIV Framework (august 2002)
- TB/HIV surveillance
 - TB/HIV diagnosis and referral
 - Identification of area of collaboration between TB and HIV program (e.g. IEC, ...)



TB/HIV pilot projects

- Phnom Penh : CENAT Afternoon clinic (JICA)
- Sihanoukville (WHO)
- Battambang (FHI)
- Bantey Meanchey (CDC/GAP)

TB/HIV pilot projects

- Intensified case finding
 - VCT promotion in/from TB services
- TB service promotion in/from VCT and HIV/AIDS care settings
 - Strengthening TB education in VCT and in HIV/AIDS care settings
 - Referral of TB suspects and referral of asymptomatic PLHA

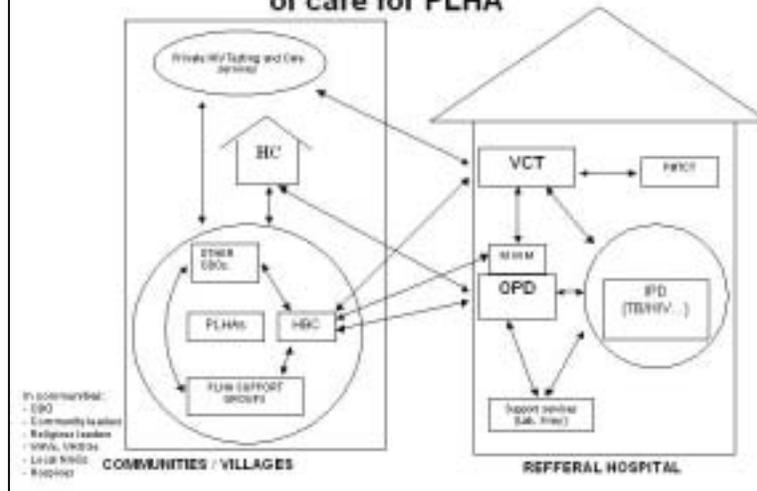
TB/HIV pilot projects

- Prevention, Treatment, and Care interventions
 - TB screening and Regular follow up for PLHA
 - Cotrimoxazole preventive therapy during TB treatment
 - (INH preventive therapy)
 - Improvement of institutional care for TB/HIV
- Collaboration among service providers for TB and HIV/AIDS
- Training

TB/HIV - Challenges

- TB/HIV = one activity within Continuum of Care
 - TB/HIV sub committee of the HIV/AIDS Continuum of Care committee
 - OPD/MMM as a Hub for referral of PLHA, HBC
- IPT
- Referral from/to Health Centers
- Regular and standardized data collection

TB/HIV interventions included in the Continuum of care for PLHA



TB/HIV pilot in PNP

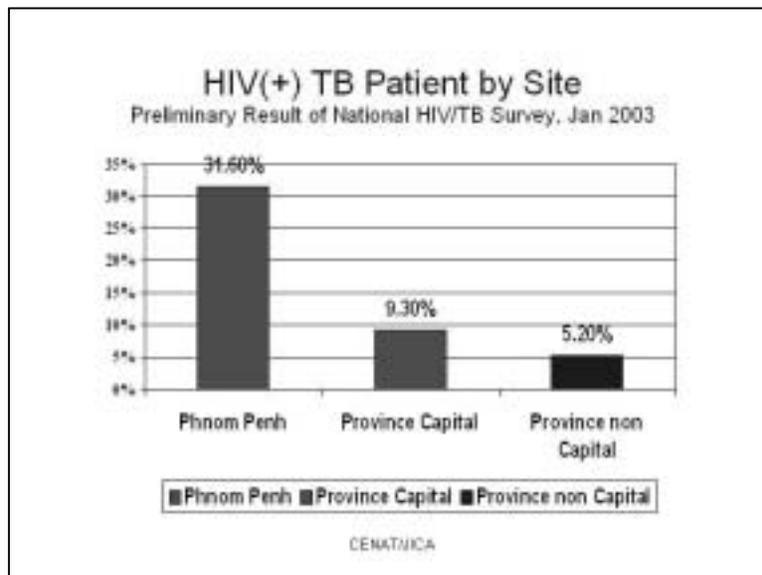
-- CENAT/JICA National TB Control Project --

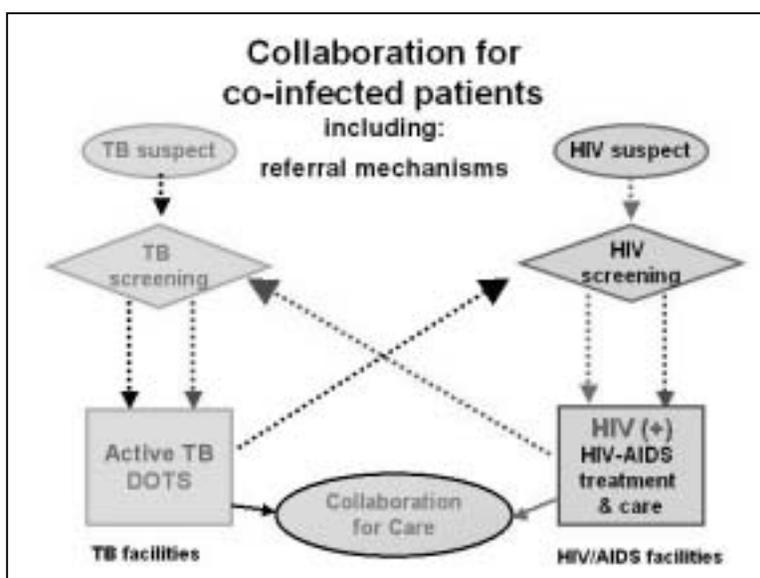
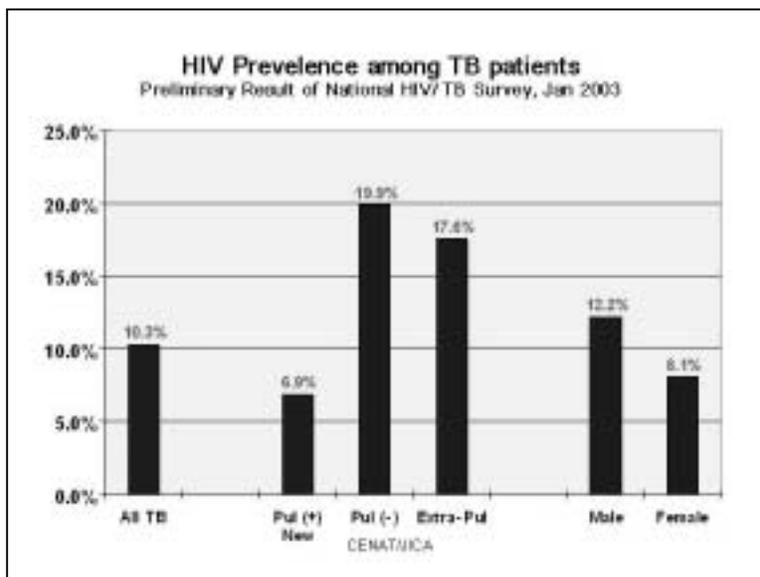
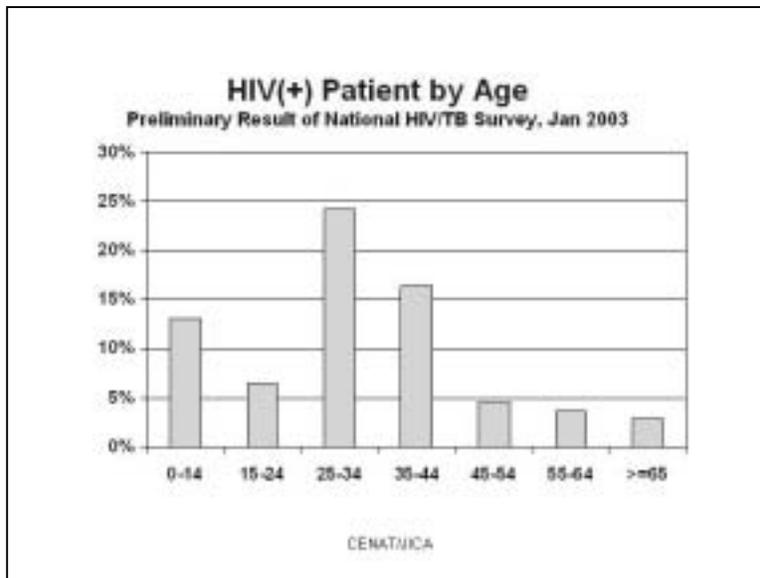


CENAT/JICA

- > Background
- > TB/HIV activities
- > Outcome
- > Plan for Phase II

Kosuke OKADA (Apr 03-)
Chief Advisor
CENAT/JICA



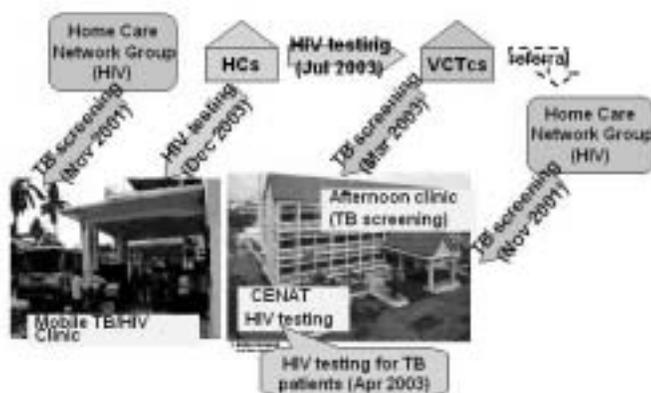


Beyond DOTS in Phnom Penh

- ◆ Afternoon clinic of regular TB screening for PLWH referred from VCT centers and supporting NGOs
- ◆ Mobile X-ray clinic at 4 FDHs for TB screening
- ◆ HIV testing for TB patients at CENAT
- ◆ Referral system of TB patients from HCs to VCT centers
- ◆ New trial of VCT using mobile clinic at 3 FDH for TB patients

CENAT/ICA

TB/HIV in PNP



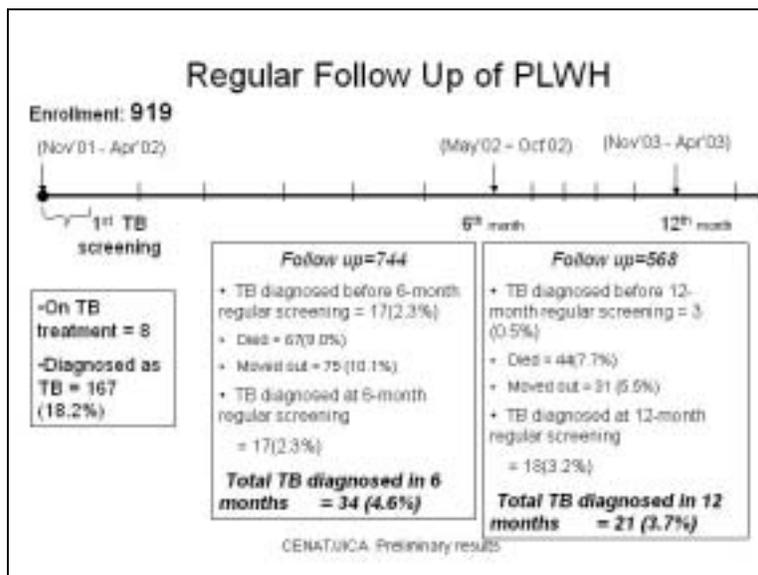
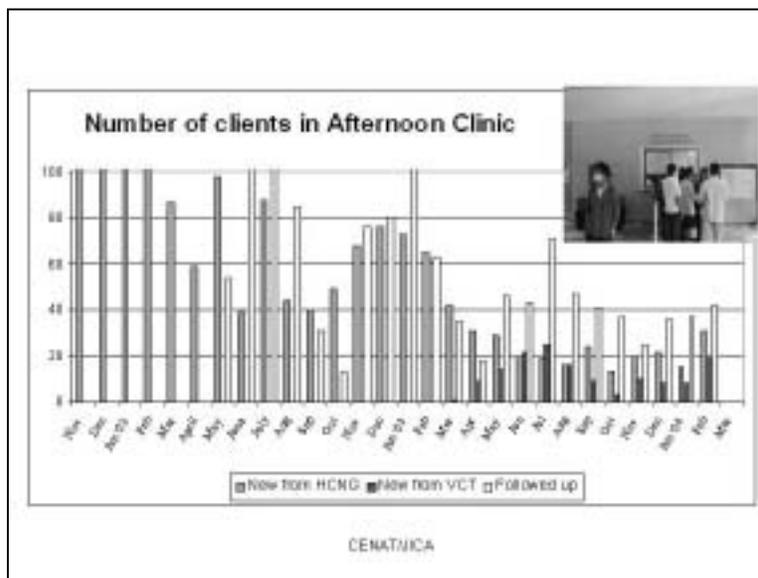
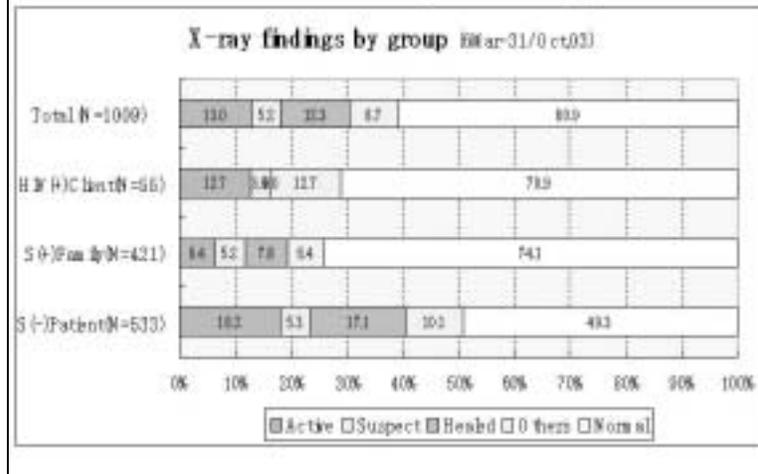
CENAT/ICA

Mobile X-Ray Clinic in Phnom Penh

Total 775(A:380, B:354, C:41)
 X-ray active:100, culture (+):31
 treated: 83
 (Mar. to Aug. in 2003)

- ◆ A: smear(-) TB suspects
- ◆ B: family of TB patients
- ◆ C: HIV(+) individuals

Mobile X-ray activity



Form of TB cases detected in 12 months (registered Nov01-Apr02)

No. of client registered = 919

TB diagnosed = 224 (24.3%)

Form of TB

S(+) PTB		S(-) PTB		EPTB	
New	44	C(+) M.tb	32	Miliary	3
Relapse	1	C(+) Non tb	11	Lymph node	43
Failure		C(-)	55	Pleural effusion	6
Total	45(20.1%)	Under examination	15	Intestine	1
		Others	13		
		Total	126(56.2%)	Total	53(23.7%)

CENAT/ICA Preliminary results

Outcomes of TB cases detected in 12 months (registered Nov01-Apr02)

No. of client registered = 919

TB diagnosed = 224 (24.3%)

Started TB treatment = 199/224 (88.8%)

Outcomes of 8 months of TB treatment

Outcomes	Cured	Tx completed	Died	Defaulter	others
S(+) TB (n=40)	22 (55.0%)	-	13 (32.5%)	2 (5.0%)	under treatment 3(7.5%)
Other TB (n= 159)	-	93 (58.5%)	28 (17.6%)	23 (14.5%)	unknown 2 (1.8%) under treatment 13(8.2%)

CENAT/ICA Preliminary results

Plan for TB/HIV activities of Phase II project

- | | |
|--|--|
| <ul style="list-style-type: none"> • Afternoon Clinic for PLWH from HCNG and VCT • Referral system from HC to VCT • National TB/HIV survey in 2003 • Need for ARV therapy for TB patients • Less information on patients' immunity • 4 limited pilot areas | <ul style="list-style-type: none"> ➢ Provide the opportunity of ARV therapy for TB with HIV ➢ Introduction of CD4 counting ➢ Strengthen the capability of radiographic diagnosis ➢ 2nd National TB/HIV survey in 2005 ➢ Support expansion of referral system between TB and HIV to other areas |
|--|--|

CENAT/ICA

Annex D: PHR*plus* TB/HIV Co-morbidity Surveillance Response

Partners for Health Reform*plus* Project

TB-HIV Co-Morbidity Surveillance-Response

Learning and Improving for Scale-up

1

Partners for Health Reform*plus* Project

PURPOSE

Collect, Analyze and Use Data
to improve TB-HIV interaction interventions

particularly those interventions related to
co-morbidity detection and management.

2

Partners for Health Reform *plus* Project

OBJECTIVES

- Design and implement a standardized monitoring system for the TB-HIV implementation process in the four pilot provinces
- Facilitate the analysis and use of the information to directly improve the piloting process (i.e. the interventions being tested)

8

Partners for Health Reform *plus* Project

OBJECTIVES

- Ensure the documentation and fine-tuning of the HIV-TB interventions that can be used to scale up after the pilots
- Provide field-tested surveillance indicators and a system that address HIV-TB co-morbidity and can be used when interventions are scaled-up

4

Partners for Health Reform *plus* Project

OBJECTIVES

- Define resource requirements required for scaling up in other provinces
- Communicate and share findings (what works and does not work) within Cambodia and the ANE region.

5

Partners for Health Reform *plus* Project

Strategy:

- **learning,**
- **improving and**
- **communicating**

6

Partners for Health Reform *plus* Project

Information for learning and improvement

Several approaches will be used to collect, analyze and use information for improving the pilot interventions:

- **Periodic monitoring of indicators**
- **In-depth group and individual discussions**
- **Rapid system assessments**
- **Other data for learning and improving TB-HIV interventions**

7

Partners for Health Reform *plus* Project

Use of information for intervention improvement and scaling-up

- 1) to learn and improve the piloted interventions,
- 2) to develop TB-HIV interventions that are field tested and can be scaled-up, and
- 3) to develop a feasible TB-HIV information system that can be used for routine decision-making and planning.

8

Partners for Health Reform *plus* Project

Approach

- ✓ Identification of key measures and questions, and methods of data collection/analysis
- ✓ Use data for learning and improving the TB-HIV surveillance and response

9

Partners for Health Reform *plus* Project

Identification of key measures and questions, and methods of data collection/analysis

1. Overall mapping of the two programs (first level mapping)
2. Detailed inventory of the information component
3. Modifications to the current information systems (indicators, forms, analysis and use)
4. Map the other TB-HIV surveillance-response components

10

Partners for Health Reform *plus* Project

Identification of key measures and questions, and methods of data collection/analysis

5. Define what data will be collected by one of the two data collection methods (Focused Discussions and Systems Assessments)
6. Develop the data collection/analysis instruments
7. Implementation

11

Partners for Health Reform*plus* Project

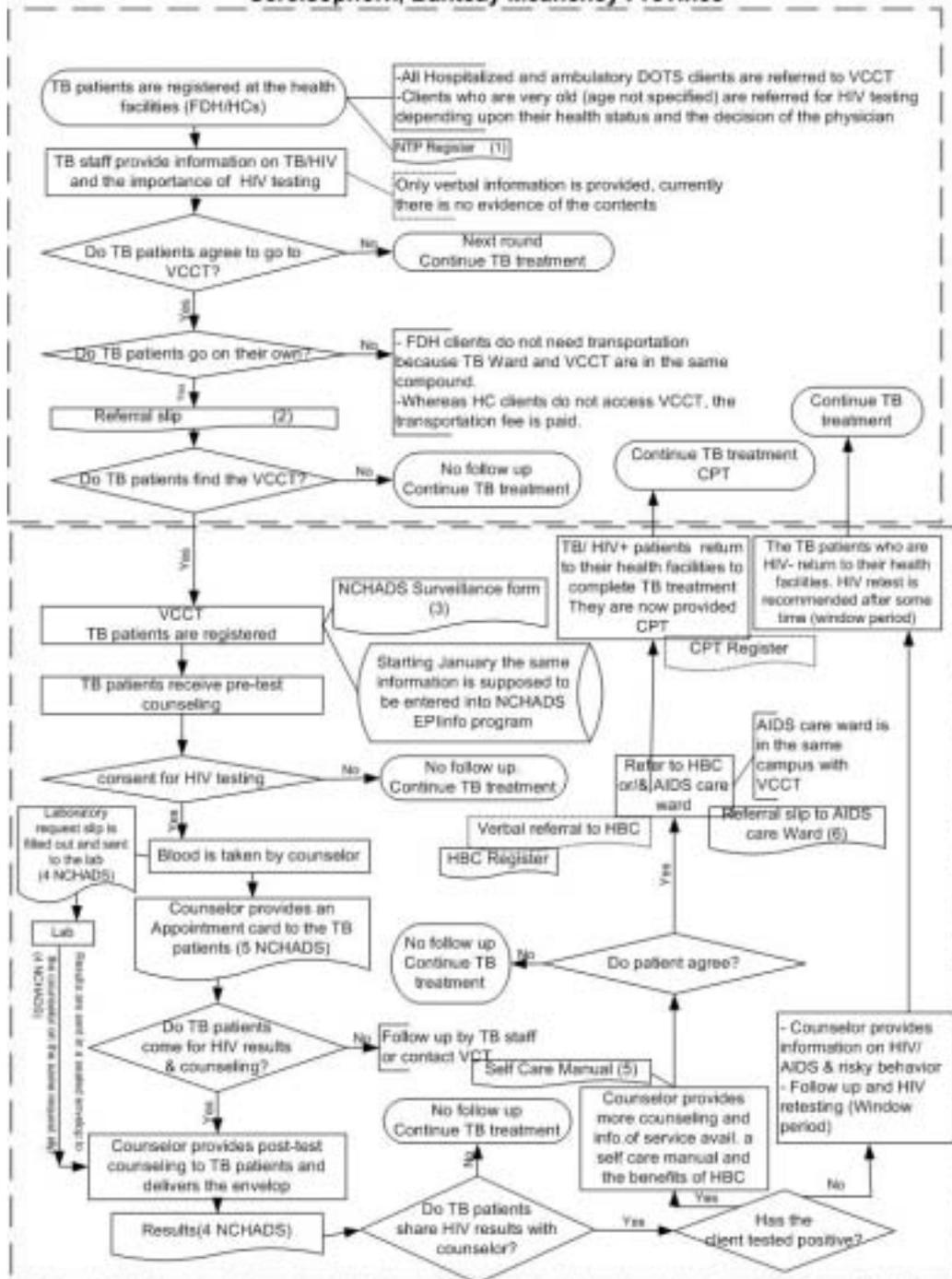
Use data for learning and improving the TB-HIV surveillance and response

- Use of TB-HIV surveillance information to take public health action
- Use of data collected during the pilot to improve TB-HIV surveillance-response

12

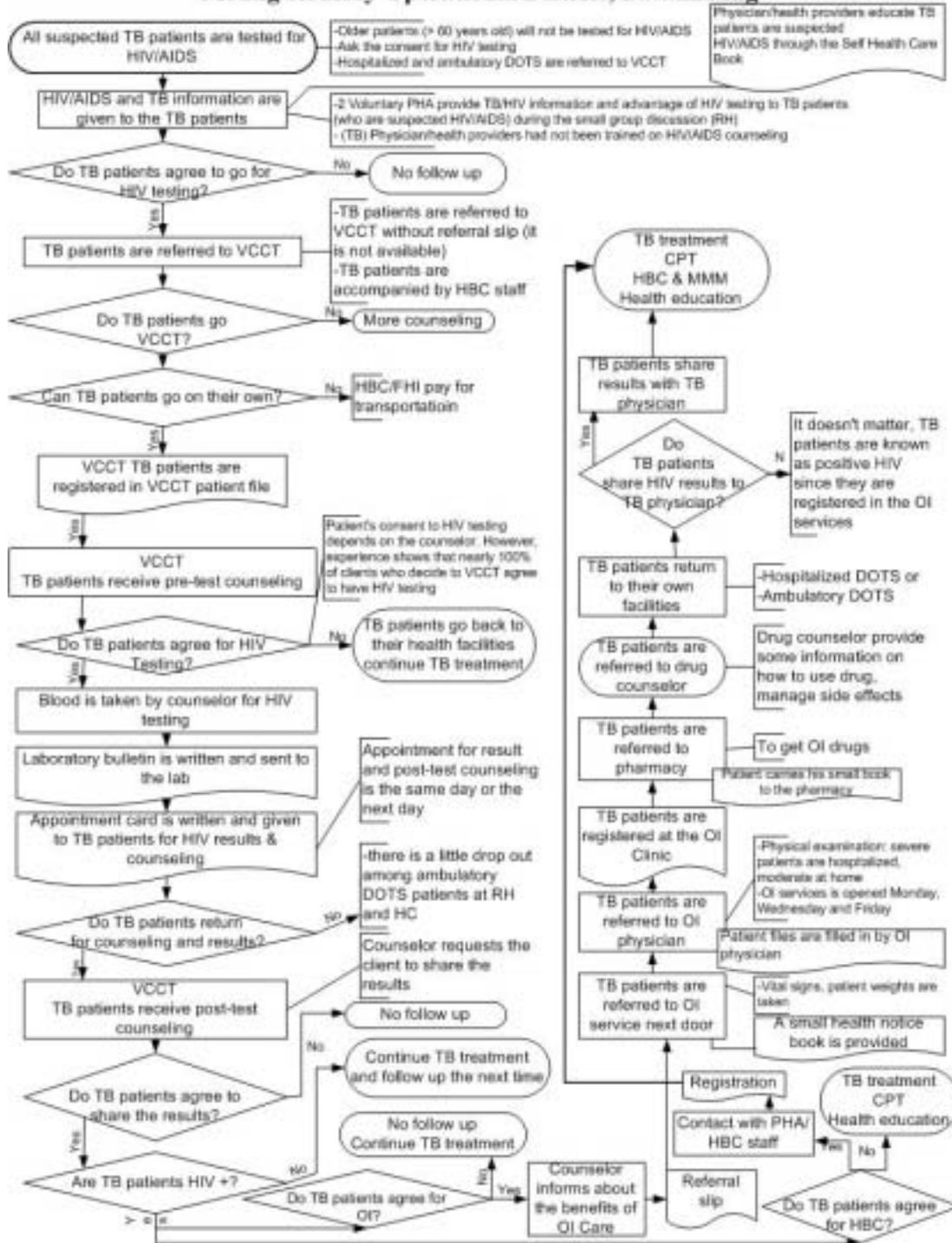
Annex E: TB/HIV Co-morbidity Care Implementation Process Maps

TB/HIV Co-morbidity Care Implementation Process Map
Referral of TB Patients to HIV Service
Sereisophorn, Banteay Meanchey Province



TB/HIV Co- morbidity Care Implementation Process Map
Referral System of TB patients (RH, and 8 HCs) to VCCT
Moung Roussey Operational District, Battambang

A

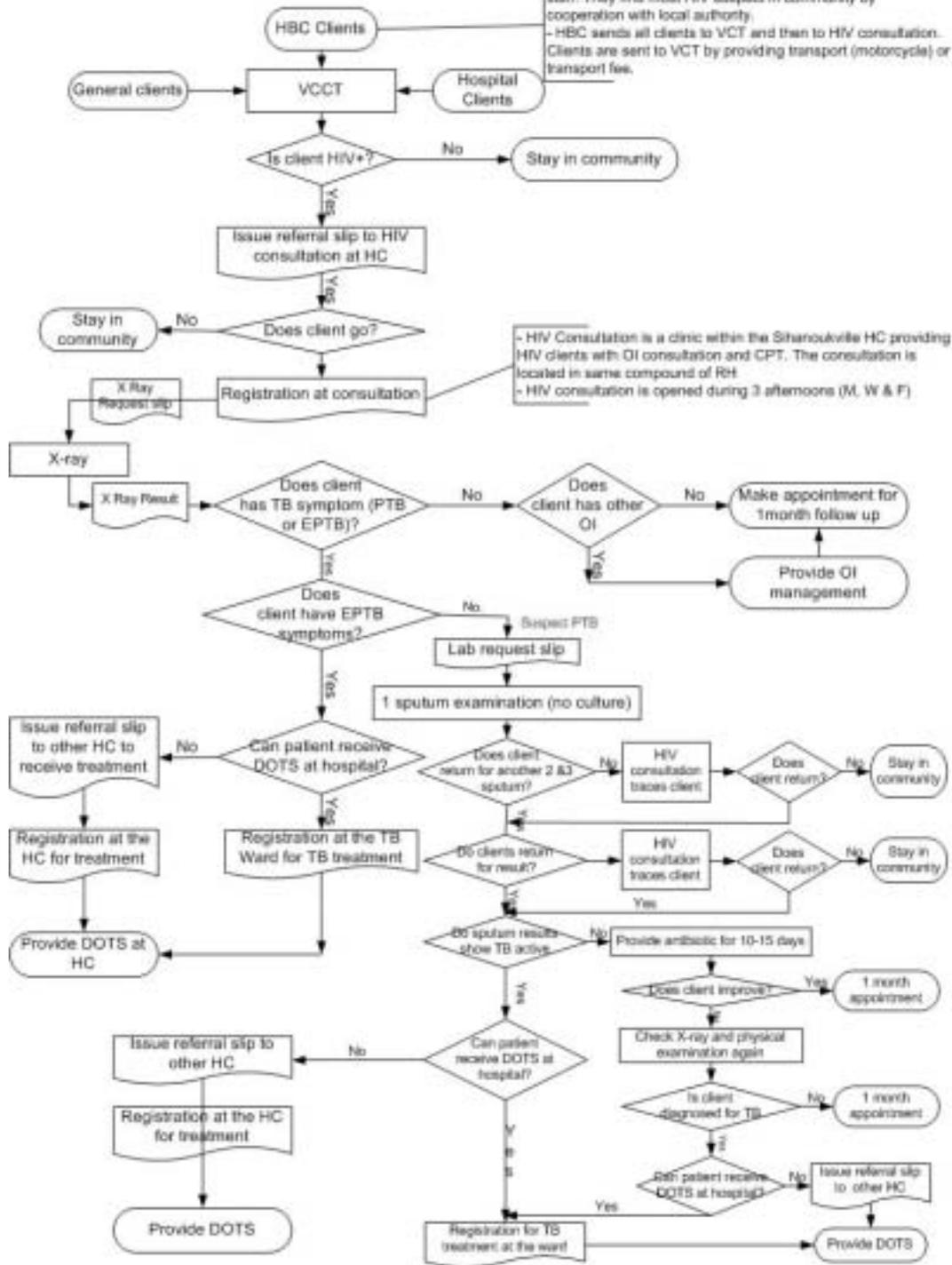


TB/HIV Co-morbidity Care Implementation Process Map
Referral of HIV Clients to TB Service

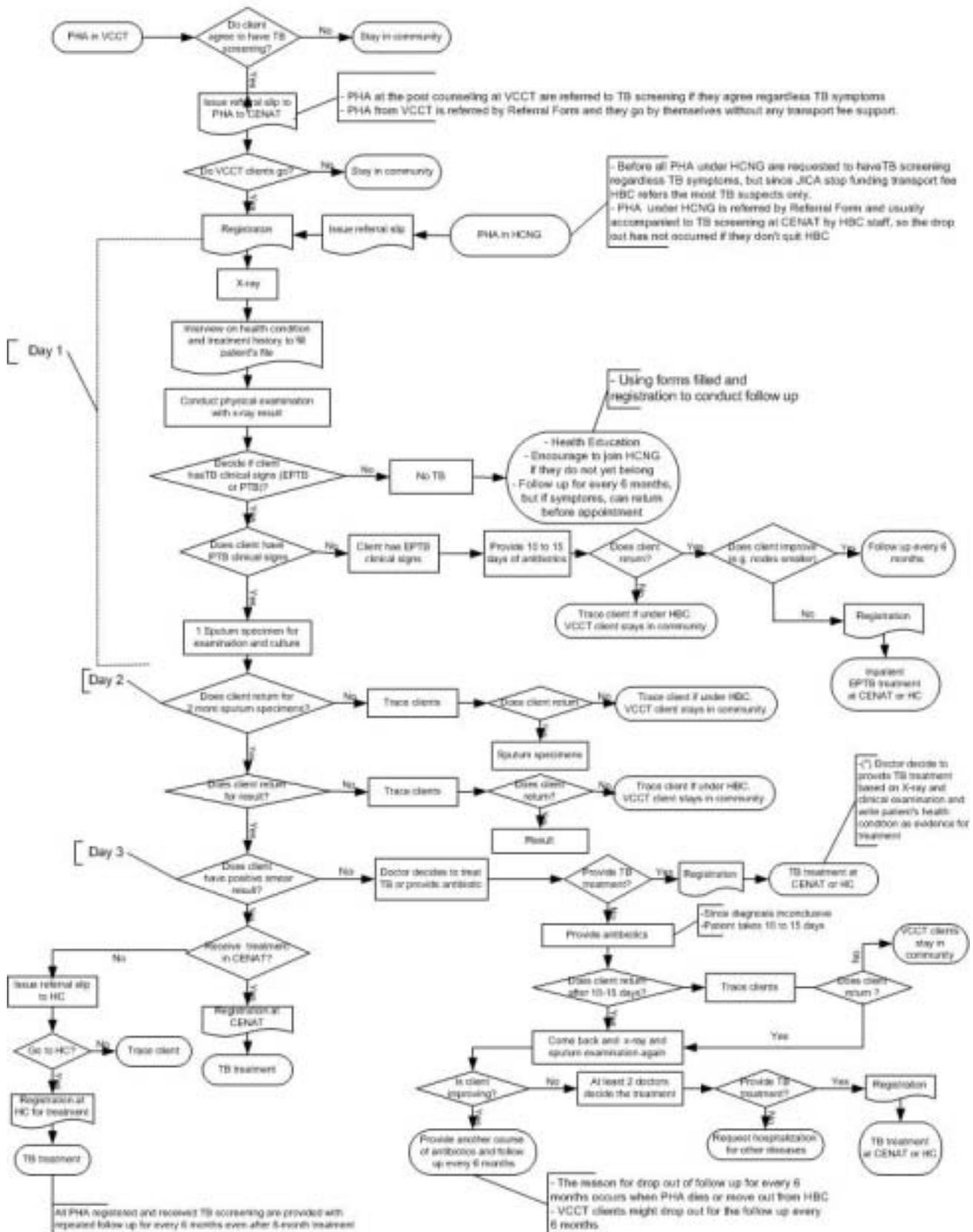
B

Sihanoukville

- Home Based Care (HBC) is a joint service of KWCD and HC staff. They find most HIV suspect in community by cooperation with local authority.
 - HBC sends all clients to VCT and then to HIV consultation. Clients are sent to VCT by providing transport (motorcycle) or transport fees.



Referral System of HIV Service to TB Service in Phnom Penh: CENAT Afternoon Clinic



Annex F: Information Tables

INFORMATION TABLE – BANTEAY MEANCHEY

No	Title	Created by	Purpose	Facility
1	VCCT monthly report form	PHD + CDC	Report monthly on VCCT clients (general clients)	VCCT
2	Material and reagent monthly report for VCCT lab	PHD + CDC	Report on VCCT lab supplies	VCCT (lab)
3	Register of TB patients referred for HIV testing (also used as monthly report)	PHD + CDC	Register and report on referrals	TB ward/HC
4	Register of HIV + clients referred for TB screening (also used as monthly report)	PHD + CDC	Register and report on referrals	VCCT
5	Referral Slip from VCCT to TB/TB to other services incl. VCCT	PHD+CDC	Referrals	TB ward/VCCT
6	Monthly Report of Positive HIV Clients were referred for X-ray	PHD+CDC	Referrals	TB ward
7	Monthly Report of Positive HIV Clients were referred for smear examination	PHD + CDC	Report on referrals	TB ward
8	Monthly report of clients received from VCCT at the TB facilities	PHD + CDC	Report on referrals (tracks drop out)	PHD
9	Monthly report of clients received from TB at the VCCT	PHD + CDC	Report on referrals (tracks drop out)	PHD
10	Appointment slip for HIV testing	NCHADS	Referral	VCCT
11	Register for VCCT	NCHADS	Registration of clients	VCCT
12	Counseling registration sheet	NCHADS	Registration of clients	VCCT
13	Appointment card for post-test counseling	NCHADS	Appointments	VCCT
14	Register for lab	NCHADS	Registration of samples	VCCT (lab)
15	Referral Slip from VCCT to other services	NCHADS	Referral from VCCT to other services	VCCT
16	TB Patient Card	CENAT	TB Treatment follow up	TB patient
17	TB patient treatment card	CENAT	TB treatment follow up	TB ward
18	TB register (facility)	CENAT	Registration of patients	HC/TB ward
19	TB register (lab)	CENAT	Registration of samples	lab
20	Request slip for smear examination	CENAT	Request for lab work	TB ward/HC
21	HIS forms	MOH	Data collection for national HIS	HC/FDH/RH

INFORMATION TABLE – BATTAMBANG

No	Title	Created by	Purpose	Facility
1	TB/HIV monthly report	OD + FHI	Report on TB/HIV Co –morbidity	VCCT/TB Ward/OI Consultation
2	VCCT monthly report	OD + FHI	Report on VCCT clients (general clients)	VCCT
3	Monthly report of supplies & reagents	OD + FHI	Report on lab supplies	VCCT (lab)
4	Request slip for X-ray and ultrasound	OD + FHI	Referral	OI ward
5	Client Awareness checklist	OD + FHI	Assess HIV/AIDS knowledge of client	VCCT post-test counseling
6	Side effect of drugs	OD + FHI	Drug counseling and tracking of side effects	Drug counseling (part of OI service)
7	Register for IPT (Log book)	OD + FHI	Registration of IPT clients	OI ward
8	IPT card	OD + FHI	IPT Follow up card	OI ward
9	Monthly statistic for OI management	OD + FHI	Report on OI clinical	OI ward
10	Form for the clinical management of HIV patients: first visit	OD + FHI	Report on clinical management	OI ward
11	Form for the follow up review of HIV patients	OD + FHI	HIV client follow-up	OI ward
12	Selection form for IPT	OD + FHI	Checklist for IPT inclusion	OI ward
13	IPT treatment card	OD + FHI	IPT treatment follow up	TB ward
14	X-ray film envelop	OD + FHI	Hold X Ray film	VCCT
15	Notice book for OI clients (It is given to the clients for monthly follow up, especially during the MMM monthly meeting, it is a blank book)	OD + FHI		OI ward
16	Patient's list who came for OI management at Moug Roussey RH	OD + FHI	Report on OI clinic clients	VCCT
17	Quarterly Report	OD + FHI	Report quarterly on activities	OI ward
18	Appointment card for HIV testing	NCHADS	Referral	VCCT
19	Register for VCCT	NCHADS	Registration of VCCT clients	VCCT
20	Counseling registration sheet	NCHADS	Clients information	VCCT
21	Appointment card for post-test counseling	NCHADS	appointment	VCCT
22	Referral card from VCCT to other services	NCHADS	Referral	VCCT
23	Register for lab	NCHADS	Registration of samples	VCCT (lab)

24	TB Register (facility)	CENAT	patient log	HC/TB Ward
25	TB Register (lab)	CENAT	log for samples	Lab
26	Request slip for smear examination	CENAT	Request for lab work	TB ward/HC
27	TB Patient Card	CENAT	TB patient follow up card	TB ward
28	TB Patient Treatment Card	CENAT	TB treatment follow-up	TB ward
29	HIS forms	MOH	data for HIS	HC/FDH/RH

INFORMATION TABLE – PHNOM PENH CENAT/JICA

No	Title	Created by	Purpose	Facility
1	Referral slip from HBC to CENAT Afternoon Clinic	CENAT/JICA	Referral	HBC
2	Referral slip from HC to VCCT	CENAT/JICA	Referral	HC
3	Referral slip from VCCT to TB treatment center	CENAT/JICA	Referral	VCCT
4	TB Detection Register	CENAT/JICA	Register PHA for TB screening	CENAT
5	Patient file	CENAT/JICA	Record all patient's information	CENA
6	Referral slip to other health center	CENAT	Referral	HC
7	Sputum request slip	NTP	Referral	CENAT
8	Culture request slip	CENAT	Referral	CENAT
9	Daily report or re-visitors	CENAT/JICA	Daily report of TB screening	CENAT
10	Monthly report of activities of CENAT Afternoon Clinic-Dispensary	CENAT/JICA	Monthly report of TB screening	CENAT
11	Monthly report of activities of CENAT Afternoon Clinic	CENAT/JICA	Monthly report of TB and HIV screening	CENAT
12	HIV Counseling Register Book for Hospital	CENAT/JICA	Register HIV screening for TB patients	VCCT in hospital
13	HIV Counseling Register Book for Dispensary	CENAT/JICA	Register HIV screening for TB patients	VCCT in dispensary
14	HIV Counseling Register Book for Mobile VCCT	CENAT/JICA	Register HIV screening for TB patients	Mobile VCCT
15	Laboratory request slip	CENAT/JICA	Referral	VCCT
16	Leaflet encouraging TB patients to VCCT	CENAT/JICA	Help explain to patients about benefit of VCCT	VCCT
17	Counseling Register Sheet	NCHADS	Register	VCCT
18	Logbook of TB patient referred to Red Cross VCCT	CENAT/JICA	Register TB patients for referral to VCCT	HC
19	Referral slip form TB to VCCT	CENAT/JICA	Referral	HC
20	Referral card for VCCT	NCHADS	Referral	VCCT
21	VCCT-laboratory slip	NCHADS	Referral	VCCT
22	Appointment slip for post-test counseling	NCHADS	Appointment	VCCT
23	Monthly report of VCCT	VCCT/World Vision	Monthly report of VCCT activities	VCCT
24	Counseling Register Sheet	NCHADS	Register	VCCT
25	List of VCCT clients	NCHADS	Register	VCCT

26	Referral card for VCCT	NCHADS	Referral	VCCT
27	Referral slip from VCCT to TB	CENAT/JICA	Referral	VCCT
28	VCCT-laboratory slip	NCHADS	Referral	VCCT
29	Appointment slip for post-test counseling	NCHADS	Appointment	VCCT
30	Monthly report of VCCT	VCCT/World Vision	Monthly report about VCCT activities	VCCT
RHAC VCCT				
31	Counseling Service Registration	RHAC0	Register HIV testing and counseling	VCCT
32	Referral slip from VCCT to TB treatment center	CENAT/JICA	Referral	VCCT
33	Monthly report of RHAC VCCT	RHAC	Monthly report about HIV testing and counseling	VCCT
Home Care Network Group (HCNG)				
34	Monthly report of HCNG	HCNG	Report about Home Based Care Team activities	HCNG
35	Monthly report of Home Based Care team	HCNG	Report about Home Based Care activities	HBC/HCNG
36	Supervision checklist for OI management	HCNG	Supervision	HCNG
37	Supervision checklist for HBC team	HCNG	Supervision	HCNG
38	Referral slip	HCNG	Referral to HBC	other services

INFORMATION TABLE-Sihanoukville Health Department				
No	Title	Created by	Purpose	Facility
TB screening				
1	Referral slip of TB suspect from VCCT to TB	SHV	Referral	VCCT
2	Referral slip from TB to VCCT	SHV	Referral	HC/TB ward
3	Referral slip from HC to other services	SHV	Referral	HC
4	X-ray request form	SHV	Referral	HC and Hosp.
5	Sputum request form	NTP	Referral	HC and TB ward
6	HBC Patient file for PHA	SHV	Record information of patients for case management	HC
7	Patient Consultation file	SHV	Record information of patients for case management	HC
8	Logbook for TB registration	SHV	Record TB screening for PHA	HC
9	Logbook for HIV registration	SHV	Record HIV screening for PHA	HC
10	Report of CoC and TB/HIV activities	SHV	Monthly report of all CoC and TB activities	VCCT
Sihanoukville VCCT				
11	Counseling Registration Sheet	NCHADS	Register HIV testing and counseling	VCCT
12	List of VCCT clients	NCHADS	Register HIV testing and counseling	VCCT
13	VCCT-laboratory slip	NCHADS	Referral	VCCT
14	Appointment slip for post-test counseling	NCHADS	Appointment	VCCT
15	Referral card for VCCT	NCHADS	Referral to other services	VCCT
Home Based Care				
16	Logbook for Home Based Care clients	HBC	Register PHA by areas	HBC
17	Q1 of HBC report	HBC	Quarterly report of HBC activities	HBC

Annex G: Analytical Guide

Components	Tasks	Desired performance	Actual	Changes made	Follow-up on improvement
Collaboration between TB and HIV vertical programs	<ul style="list-style-type: none"> ▲ TB/HIV coordinating committee ▲ Formation of the TB/HIV coordinating committee ▲ Meeting (periodicity) ▲ Decisions made ▲ Follow-up communication ▲ Sharing experiences ▲ Providing feedback ▲ Action plan ▲ Joint monitoring ▲ Joint evaluation ▲ Joint surveillance 				
Knowledge/training	<ul style="list-style-type: none"> ▲ Basic TB/HIV Co morbidity ▲ Has a copy of the Action plan ▲ Data collection and entry VCCT staff ▲ Counseling TB staff ▲ X-ray reading skills ▲ Counseling ▲ Standardized case definitions ▲ Treatment protocols 				
Case management	<ul style="list-style-type: none"> ▲ Case detection ▲ Lab confirmation ▲ Disease confirmation by physician ▲ Treatment protocols <ul style="list-style-type: none"> ▲ TB treatment ▲ CPT ▲ IPT ▲ OI management ▲ HBC follow-up ▲ Disease screening protocols 				
Referral system	<ul style="list-style-type: none"> ▲ Refer clients from one focal point to another ▲ Documentation of referral (referral slip) ▲ Follow-up of clients ▲ Tracking cross-overs from one vertical program to another ▲ Implementation guidelines 				

Linkage with community	<ul style="list-style-type: none"> ▲ Follow-up on tasks 				
Data collection	<ul style="list-style-type: none"> ▲ Registers at all focal points ▲ Information collected ▲ Information shared/reporting ▲ Analysis ▲ Use of data that is collected ▲ Recording treatment outcomes 				
Components	Tasks				Recommendations for improvement
Information sharing	<ul style="list-style-type: none"> ▲ IEC material ▲ Making services available known to the community <p>Information sharing between services, with other pilots and outside</p>				
Monitoring and evaluation	<ul style="list-style-type: none"> ▲ Tools for monitoring, evaluation ▲ Joint supervision ▲ Analyzing and using information 				

Annex H: Workshop Findings and Recommendations

Analysis TB/HIV, Sereisophorn FDH, BMC - Workshop on 28th January 2004

Components	Tasks	Tasks (are working)	Tasks (are not working)	Causes/constrains	Recommendations for improvement
Collaboration between TB/HIV programs	Formation of pilot level technical working group		HIV technical unit (technical support) is not active TWG (PHD) has not been formed		The meeting should be conducted weekly TWG should be formed and conducted the meeting once a month
	Meeting (periodicity, level)		Provincial Technical Bureau (administrative and management support) are not working well		Group suggest to use existing structure but need improvement
	Communicating		It is not well between the TB and HIV team		These two teams should have a good relationship in order to scale up the TB/HIV Co-morbidity care.
	Providing feedback		Information is provided one way bottom up but there is no return		Feedback should be provided
	Decision making		It is not clear at all		Decision making should clear to solve the problem
	Sharing experiences		It is not done		Meeting should be conducted so that they could share information each other
Referral system	Refer clients from on focal point to another	TB patients are referred to VCCT Some HIV + clients are referred	No official policy on HIV to TB ward (number is low)		A practical TB screening policy should be developed
	Providing proof of referral (referral slip)	Referral cases are used with the referral slip			
	Follow up of clients		Follow up system has not been implemented		Address of clients for outreach
	Tracking cross-over from one vertical program to another		Lack of transportation support		Transportation for referring the poor should be provided
	Implementation guideline		There is no implementing guideline		Implementing guideline should be developed

Case management	Case detection	TB patients are screened for HIV	HIV + clients were screened for TB but there was a few cases (not official policy)		
	Lab confirmation	It is done			
	Disease confirmation by physician				
	Treatment protocol: .TB treatment .CPT .IPT .OI management .HBC follow up	It is available	No treatment protocol for CPT/IPT		CPT/IPT treatment protocol should be developed Need CPT/IPT supply HBC should follow up TB
		It is working on HIV/AIDS	It is not done on TB		
Knowledge/training	TB/HIV Co-morbidity		TB/HIV Co-morbidity training is not sufficient		More TB/HIV Co-morbidity should be provided
	Operational framework	It is done			
	Basic training	It is done			
	Data entry and collection		They have not been trained		Data entry and collection should be trained
	X-ray training	It is done	X-rays have not been implemented for TB diagnosis (TB/HIV/AIDS)		This matter should be discussed
	Counseling		HIV counseling among the TB staff has not been conducted		HIV counseling training should be conducted
Data collection	Registers at all focal points	All registers at all the focal points available			
	Information collected	It is done			Data collection form should be developed
	Information shared/reporting	It is done			
	Use of data that is collected		Data are not used		
	Analysis data		It is not done	No indicators	Indicators should be developed
Information sharing	IEC material	There are some TB and HIV IEC	There is no TB/HIV IEC material		IEC material should be developed
	Services available	Available services are informed to the clients and the others			

Analysis TB/HIV, Moug Roussey Operational District, BTB - Workshop on 30th January 2004

Components	Tasks	Tasks are working	Tasks are not working	Causes/ constraints	Recommendations for improvement
Collaboration between TB and HIV programs	Clear policy direction and guidance		It still needs clarification		
	Formation of pilot level technical working group	TWG is formed at the PHD (informal)	Waiting for PHD level approval		TWG (PHD) should be formed officially
	TB/HIV Coordinating committees	MMM committee, CoC committee, have been functioning			
	TB/HIV manual		TB/HIV manual is not available		It should be published
	Meeting (periodicity, level)	MMM meeting is conducted monthly, every last Saturday of the month CoC meeting is conducted monthly, every last Friday of the month Both of these committee meeting have been conducted regularly at the OD level VCCT and TB services have weekly meetings			
	Communicating	There is good communication (VCCT, TB ward, HBC, Community, and the others)			
	Providing feedback	It is working well because the TB/HIV working group has a weekly and monthly meeting at the OD level	However there is no feedback for reports sent to higher levels (PHD, or National program)		Feedback system should be developed
Decision making	They decide TB diagnosis by doing X-ray first and then smear examination, IPT, Cotrim, suspected TB patient on HIV are referred to VCCT for counseling and HIV testing, however all HIV + clients are screened for TB.				

	Sharing experience	Team visited CENAT Afternoon clinic and Thailand (IPT implementation)			All field visit and training should be shared with the RH, OD, and provincial
	Joint IEC strategies	They are being conducted			
	Joint training activities	They are being conducted			
	Joint monitoring evaluation	Monitoring and supervision works well at the OD level. Supervision checklist has been developed	Monitoring and supervision is not implemented yet from the PHD to OD		Propose the supervision of the TWG at the provincial to OD
	Joint research		It is not done		
	Joint surveillance		It is not done		
	Joint procurement and distribution Drug Consumable Laboratory agents	It is done well and have no problems			
Referral system	Refer clients from one focal point to another	Good referral system between the public health facility and community. Access to health facilities by poor is facilitated by HBC team or FHI (For those outside the HBC areas)			
	Providing proof of referral (referral slip)	Referral slip is used from VCCT to the other	There is no referral slip between VCCT and HBC		
	Follow up of the clients	Most of the cases are followed up, especially all the cases referred in the compound of Moug Roussey RH/OD because the PLWHA volunteers are working there. They facilitate the client access to the service by avoiding the drop out.			
	Tracking cross-over from one vertical program to another	It is ok			
	Implementation guideline				
Case management	Case detection	TB/HIV case detection is carried by HC, other health facilities			
	Lab confirmation	It is done			

	Disease confirmation by physician	It is done			
	Treatment protocol: TB treatment CPT IPT OI management HBC follow up	Available Available Available in draft Available in draft			
	Policy direction and guidance				
	Method of screening PLHA for IPT	It is done. All PLWHA who has no TB, is provided the IPT			
Knowledge/training	TB/HIV Co-morbidity	It has been implemented, most of the staff have received training			
	Operational framework	available			
	Basic training	done			
	Data entry and collection		It has not been done yet	It just started	Suggest provide data entry and collection training
	X-ray training	It is done			
	Counseling		It has not been done to the TB staff		Training on HIV counseling among the TB staff should be provided
	Standardized case definitions		Not available		
	Treatment protocols	TB treatment protocol is available			
	Training manual and module				
Policy direction and guidelines					
Data collection	Register at all the focal points	Data has been collected from the services (VCCT, TB, and others)			
	Information collected	TB/HIV report (VCCT clients, IPT clients, OI clients) established	TB/HIV report completion not regular (delays)		
	Information shared/ reporting		TB/HIV data are not integrated to the HIS		Should integrate the TBHIV data in the HIS
	Analysis		It is not done	Lack of training	Data analysis training should be conducted

	Use of data that is collected	Data collected has been used for presentation and planning sent them to the PHD and the national program (NCHADS/CENAT)			
	Recording treatment outcomes	It is done			
Information sharing	IEC	TB and HIV IEC are available	TB/HIV IEC are not available		TB/HIV IEC should be published and distributed as soon as possible
	Services available		It is not done		
	Information packages		It is not done		
Monitoring and evaluation	Monitoring and evaluation tools	Supervision checklist was developed			Regular supervision from PHD to OD

Analysis TB/HIV, Sihanoukville - Workshop on 10th February 2004

What is supposed to happen?					
Components	Tasks	What is working	What is not working	Causes/Constraints	Recommendations for improvement
Collaboration between TB and HIV vertical programs	Clear policy direction guidance	There is a workshop to provide the situation of TB/HIV co-morbidity and the action plan to cope with this burden.			
	Formation of pilot level technical working group		There is no technical working group for TB/HIV in order to provide instruction and assistance to TB/HIV activities.	This is a new activity. Meeting to form the technical working group for TB/HIV has not been convened yet, and there is a lack of budget.	This technical working group should be formed as soon as possible.
	TB/HIV Coordinating committees	TB/HIV coordination committee was already established.	However, this TB/HIV coordination committee does not function well.	Due to the new activity, there is a lack of regular meeting, job responsibility is limited and there is no instruction from national level.	

	TB/HIV manual		TB/HIV manual is not available for consultation.		TB/HIV manual should be prepared for implementation.
	Meeting (periodicity, level)		There is no meeting to discuss about TB/HIV activities.	Due to the absence of TB/HIV working group and the lack of budget support, the meeting for technical and management issues is not happened at all.	
	Communicating	There is communication between TB and HIV program.	However, this activity is not done well.	Because it is a new activity.	
	Providing feedback	There is feedback provided.	But it is not helpful.		
	Decision making	Decision making on TB diagnosis such as sputum examination, X-ray and TB treatment has been implemented.			
	Experience exchange	There is one study tour to Takeo province on AIDS care, but it is not TB/HIV experience.	Experience exchange of TB/HIV activities is not done yet.	Because it is a new activity and budget is not available.	Experience exchange should be done.
	Joint IEC strategies		There is no joint IEC material for TB/HIV co-morbidity.	Due to the new activity and lack of budget.	Joint IEC material should be produced to facilitate the health education.
	Joint training activities	Joint training activities such as TB/HIV co-morbidity, counseling on TB/HIV, TB/HIV nursing care and workshop on TB/HIV were provided.			
	Joint monitoring, evaluation		Joint monitoring and evaluation for TB/HIV activities has not functioned.	Technique, budget and knowledge are limited.	Technical and financial support should be provided.
	Joint case detection	Joint case detection is being implemented. We	However, case detection is limited.		Case detection should be improved and strengthened.

	<p>Joint procurement and distribution</p> <ul style="list-style-type: none"> .Drugs .Consumables .Laboratory agents 	<p>refer PHA to OPD to do TB screening and OI management. We also refer TB patients to VCCT to do HIV screening and provide CPT and OI treatment.</p> <p>TB, OI drugs and laboratory agents are available for consumption.</p>	<p>There is a lack of consumables like medical equipment.</p>	<p>There is no procurement and budget.</p>	
Referral system	<p>Refer clients from one focal point to another</p> <p>Providing proof of referral (referral slip)</p> <p>Follow-up of clients</p> <p>Tracking cross-over from one vertical program to another</p> <p>Implementation of referral guidelines</p>	<p>Referral of clients from TB to VCCT and from VCCT to TB services is being implemented.</p> <p>Referral slip was produced and is being used.</p> <p>There is follow-up of clients through regular appointment for next consultation and the follow up of TB treatment result.</p> <p>There is a tracing of patients who fail to meet the appointment and receive TB DOTS</p> <p>There is an instruction for referral.</p>	<p>However, the referral of TB patients from HC to VCCT is not implemented smoothly.</p> <p>However, client tracing is not satisfied yet.</p>	<p>Transport fee support is limited.</p> <p>The following are the reasons:</p> <ul style="list-style-type: none"> a. lack of resource like means and budget b. lack of time 	<p>There is a need to find a way of support.</p>
Case management	<p>Case detection</p> <p>Lab confirmation</p>	<p>TB/HIV case detection is being implemented through referral system from TB to VCCT and from Home Based Care to TB.</p> <p>All cases of TB/HIV detection are confirmed by laboratory. Most TB cases among PHA are smear negative TB.</p>			

	<p>Disease confirmation by physician</p> <p>Treatment protocol .TB treatment .CPT .OI management</p>	<p>All cases of TB/HIV, especially TB cases are diagnosed by physician confirmed by lab result.</p> <p>TB treatment protocol is available for reference. CPT and other OI management have been implementing by HBC and Health center.</p>			
	<p>HBC follow up</p> <p>IPT and Method of screening PLHA for IPT</p>	<p>All PHA under HBC are monthly followed up in collaboration between health center and HBC.</p> <p>There is draft of IPT protocol.</p>	<p>However, there is only HBC team in Sihanoukville</p> <p>However, implementation of IPT has not done yet.</p>	<p>IPT training has not provided yet.</p>	<p>There is a need to have HBC for every health center.</p> <p>IPT training and implementation should be started.</p>
Knowledge/Training	<p>TB/HIV Co-morbidity</p> <p>Action plan</p> <p>Data entry and collection</p> <p>X-ray training</p> <p>Counseling</p>	<p>Training on TB/HIV co-morbidity already done before the activity started.</p> <p>Action plan for TB/HIV already developed.</p> <p>Data collection and entry have been implementing.</p> <p>Only one TB physician was provided with X-ray training.</p> <p>Counseling training for TB/HIV co-morbidity was already offered before the implementation started.</p> <p>Most of the staff has knowledge of case</p>	<p>However, the implementation does not go along with the action plan and does not meet the requirement.</p> <p>However, the tools and format are not in the easy way.</p> <p>However, there is no X-ray training provided for doctors and physicians who are responsible for TB and OI diagnosis for PHA.</p>		<p>There is a need to provide technical support.</p> <p>X-ray training should be provided.</p>

	Standardized case definitions	definition on TB/HIV co-morbidity.	But they are not enough for implementation.		
	Treatment protocols and training manual and module	Treatment protocols for TB and HIV are given.			More treatment protocols should be distributed.
	Policy direction and guidelines	They are available.		Distribution is not broad.	
Data collection	Registers at all focal points and Recording treatment outcomes	All registers at all focal points are available and treatment outcomes are recorded.			
	Information collected Information shared/reporting	Also there is a information collection, sharing and reporting.			
	Data Analysis Use of data that is collected		However, there is no data analysis and use.		There is a need to provide training of data analysis and use.
Information sharing	IEC	There are some IEC material for health education and counseling.	However, IEC materials are vertically developed for TB and HIV/AIDS, but are not enough. There is no joint IEC for TB/HIV co-morbidity.		Joint IEC on TB/HIV should be produced and distributed for implementation.
	Service available	There is some other health for referral of clients.			
Monitoring and evaluation	Monitoring and evaluation tools		Monitoring and evaluation tools are not available.	Knowledge on monitoring and evaluation are limited and there is no tools	Tools for monitoring and evaluation should be provided.

TB/HIV Co-morbidity Care Implementation Pilot (CENAT/JICA: Workshop on 5 March 04)

What is supposed to happen?					
Components	Tasks	What is working	What is not working	Causes/Constraints	Recommendations for improvement
Collaboration between TB and HIV vertical programs	Clear policy direction guidance	There was a workshop to inform staff of TB/HIV policy.			There is a need to make these understand more
	Formation of pilot level technical working group	Technical working group was already formed.	Technical working group does not function well.		Role and responsibility should be described clearly.
	TB/HIV Coordinating committees	TB/HIV coordinating committee is available. (three of the four groups mentioned)			
	TB/HIV clinical manual	There is TB/HIV clinical manual (two groups) (they might be confused about a short paragraph about TB diagnosis in HIV positive clients in TB Clinical Manual.)	TB/HIV clinical manual is not available (the other two groups).	Due to the lack of time, financial support.	A clear TB/HIV clinical manual should be compiled for implementation.
	Meeting (periodicity, level)	Meeting is conducted.	However, they are not done regularly.	Staff has many workloads.	Responsible staff should organize the meeting regularly and financial support should be planned clearly.
	Communicating	Communication is done.	It does not function well.		We should have enough staff and budget to cope with this issue.
	Providing feedback	Feedback is implemented. There is a decision making on TB diagnosis and treatment.	However, it is regular and enough.		Feedback system should be created.
	Decision making	Experience is shared	However, It is not enough to improve the implementation.		

	<p>Sharing experience</p> <p>Joint IEC strategy</p> <p>Joint training activities</p> <p>Joint monitoring and evaluation</p> <p>Joint research</p> <p>Joint surveillance</p> <p>Joint procurement and distribution .Drugs .Consumables .Laboratory reagents</p>	<p>There are some IEC materials.</p> <p>There are few trainings.</p> <p>There is joint research on TB/HIV (study on HIV seroprevalence among TB patients).</p> <p>There is a joint surveillance.</p>	<p>However, they are not enough to facilitate the implementation.</p> <p>The training provided is not enough for implementation.</p> <p>There is no joint monitoring and evaluation</p> <p>There is no joint procurement and distribution.</p>	<p>There is no training to share experience.</p> <p>The capacity and collaboration are limited in joint IEC material production.</p> <p>The capacity or knowledge of trainer should be a consideration, and it is a pilot.</p> <p>Because it is a pilot, and there is a lack of technical working group on TB/HIV.</p> <p>Because it is a pilot, and there is a lack of technical working group and collaboration on TB/HIV</p>	<p>Sharing experience should be strengthened in different ways.</p> <p>TB and HIV programs should coordinate each other to produce them and well distribute.</p> <p>More training of TB/HIV should be conducted.</p> <p>There should be a joint monitoring and evaluation.</p>
Referral system	<p>Refer clients from one focal point to another</p> <p>Providing proof of referral (referral slip)</p> <p>Follow-up of clients</p>	<p>There is a referral of clients from one focal point to another.</p> <p>Referral slips are being used for referral.</p> <p>Follow up of clients is being conducted</p>	<p>However, it cannot cover all the cases.</p>	<p>There is lack of financial support for referral.</p> <p>There is a need of budget for follow up activity.</p>	<p>Budget for referral should be supported to increase the implementation.</p>

	Tracking cross-over from one vertical program to another	They are implementing.	There is no regular practice.	There is a need of budget for implementation.	There is a need to support the transport fee.
	Implementation guidelines	There is an instruction.	It is not clear enough.		There should be a compile guideline.
Case management	Case detection	Case detection has been implemented.	It is not enough.		It should be increased.
	Lab confirmation	There is a support of lab confirmation.	It is not enough, esp. EPTB.		Provision of reagent and techniques should be considered to strengthen.
	Disease confirmation by physician	There is a disease confirmation by physician.		However, the capacity of the physician is limited, esp. for EPTB cases.	There is a need of capacity building such as training and the collaboration between OPD and hospital.
	Treatment protocol TB treatment CPT IPT OI management HBC follow up	TB treatment protocol is available. It is not clear because some mentioned that it is available and the other said it is not.	There is no CPT and IPT protocol for implementation.	This protocol is on draft or printing.	It should be disseminated as soon as possible.
	Method of screening PLHA for IPT	There is HBC guideline for implementation.	There is no guideline for screening PLHA for IPT.	It is under preparation.	It should be disseminated as soon as possible.
Knowledge/ Training	TB/HIV Co-morbidity	There is workshop to inform of TB/HIV co-morbidity.	However, it is not clear enough.	The period of workshop is short.	
	Action plan	There is an action plan.	However, it is not enough.		
	Basic training	There is a basic training provided.	However, it is not enough.	The training period is short.	More training should be provided.
	Data entry and collection	There is a data entry and collection.	However, it is not clear and enough.		
	X-ray training	X-ray training is provided.	It is not enough.		
Counseling	There is counseling.	It is not broad for everyone.		There is not budge to support training.	Counseling training should be provided to all relevant staff.

	Standardized case definitions	Standardized case definition is available.			
	Treatment manual	Treatment manual for TB is established.	Treatment manual for AIDS	It is modifying.	It should be disseminated as soon as possible.
	Training manual and module	Training manual and module are available.			
	Policy direction and guidelines	They are available.			
Data collection	Registers at all focal points	Registers at all focal points are established.			
	Information collected	Information is collected.	However, it is not enough.		
	Information shared/reporting	Information and reporting are done, mostly through meeting.	It is not enough and broad.		
	Data Analysis	Data analysis is done.	It is not enough.		
	Use of data that is collected	There is a use of data collected.			Training of data analysis should be provided.
	Recording treatment outcomes	All treatment outcomes are recorded.			
Information sharing	IEC	IEC is established.	But it is not enough		IEC production and dissemination should be increased.
	Service available	Other service are available.			
Monitoring and evaluation	Monitoring and evaluation tools	There are monitoring and evaluation tools.	One group said they are not clear to say. They used question mark (?).		