

Implementing Party: CBM Australia

Country: Cambodia

Project: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Takeo

Report Period: January to March 2012

Approved Budget: \$617,077

Start Date: January 2010

Completion Date: June 2012

Surplus funds that can be released: Nil

Milestones:

Objective	Activity Schedule	Due	Completed	Reason for delay
<p>1. To develop, test and implement a Gender and Disability Inclusive Approach to Community Eye Health (DIACEH) Program (model, manual, guidelines) with appropriate / adequate referral pathways (diagnosis – treatment – reintegration – rehabilitation) in collaboration with the Cambodian Development Mission for Disability (CDMD) in Krir Vong Operational Districts and Takeo Province by Dec, 2011.</p>	<p>1.1 Needs Assessment and detailed implementation planning (DIP) to be completed by Kiri Vong Referral Hospital and Takeo Eye Hospital to inform development of DIACEH; informed by a community KAP Survey.</p>	January 2010	- Completed	
	<p>1.2 CBM Australia / Nossal Institute and CBM Cambodia to develop Gender & DIACEH model based on community needs assessment outcomes & KAP survey.</p>	January / February 2010.	- Completed	
	<p>1.3 Train key staff at TEH, provincial, district and commune level in DIACEH model – increase capacity of key staff to provide training and supervision of health service staff at program delivery level.</p>	March 2010.	- Completed	
	<p>1.4 Establish referral pathways in line with DIACEH model across TEH, KV, CDMD and VHWS.</p>	July 2010.	<p>Referrals Jan-Mar 2012:</p> <ul style="list-style-type: none"> - From CDMD to TEH: 347 (Ad.M: 106, F: 202, Chi.M:16, and F:23) - From TEH to CDMD: 61 (Ad.M:25, F:28, Chi.M:1, and F:7) -From Other: 120 (Ad.M:23 , F: 35, Chi.M:36, and F:26) 	
	<p>1.5 Pilot and implement DIACEH model / guidelines within KV Operational districts /Takeo Province (20 communes).</p>	February 2010 and ongoing dependent upon times of course training.	- Monitor/follow up visit done during pre-eye screening publicity and during the outreach eye screening, once every 5-6 weeks. (for those who were trained in Dec 2010)	

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<p>2. To strengthen Takeo Provincial Eye Hospital (TEH) and Kiri Vong Referral Hospital to upscale their capacity to provide essential Community Eye Health services to reduce Avoidable Blindness by Dec. 2011.</p>	<p>2.1 Train key newly recruited /current personnel for TEH and KV to enhance their professional skills in ophthalmology/ eye health: 5 Ophthalmic nurses (3 for TEH, 2 for govt) 1 year, 1 Nurse Orthoptist 6 mth Aravind, 1 Paediatric Nurse 3 mth Aravind, 1 doctor 2 mth Aravind* <i>(*Changed/re-directed, the doctor was admitted to the Ophthalmology Residency program at University of Health Sciences in Phnom Penh.)</i></p>	<p>2010, 2011</p>	<p>Ophthalmology Upgrading Course: Dr. Neang Mao finished the upgrading and Dr. Chea Ang finished his 3rd year, he took his final exam on 05th -06th December 2011 and he passed the exam by official announcement on 07th Dec 2011.</p> <p>-Dr. Moerchen with Dr. Ang and Dr. Mao prepares the poster on: Outcome of screening for diabetic retinopathy in collaboration with community based peer educators in Takeo province, Cambodia. The poster will be presented in the coming APAO Conference in April in Korea</p> <p>-Diploma in Ophthalmic Nursing new course started in 12 September 2011 with 10 students (2 Battambang Eye Unit support by SEVA& IRIS, 2 Battambang BOC support by BOC, 1 Prey Kabas, 2 TEH, 1 RTC Kampot, 1 Kampot Eye Unit, and 1 Sihanouk Ville support by CBM). Basic lectures finished at the end of November 2011 and in December 2011 theory and practical assessments were conducted under close supervision of Mr.Ponlork and Sr.Evangeline as the trainer and head of departments.</p> <p>- Orthoptists Training for Mrs. Pring Kimny in Aravind Eye Hospital, India was conducted from 1st July – 21st Dec, 2011, she started working back at TEHo on 26th Dec 2011.</p> <p>- Pediatric Nurse Training for Mrs. Heang Prang (01st July- 30th September 2011) at Aravind Eye Hospital, India. She started working back at TEH on 3rd Oct, 2011</p>	
	<p>2.2 Consolidate Health Management Information System (HMIS) function at TEH and integrate HMIS into operations in Kiri Vong VC and linked to TEH with compliance with Provincial Dept. of Health reporting requirements.</p>	<p>CERA setup March 2010</p> <p>Follow up and monitoring August 2010</p>	<p>- HMIS is operational in TEH with data being collected since October 2010</p> <p>- In June 2011, integrated the TEHo medical inventory control and KVC data to the TEHo operating HMIS</p> <p>- Upgraded HMIS on process to develop software of inventory programme</p>	

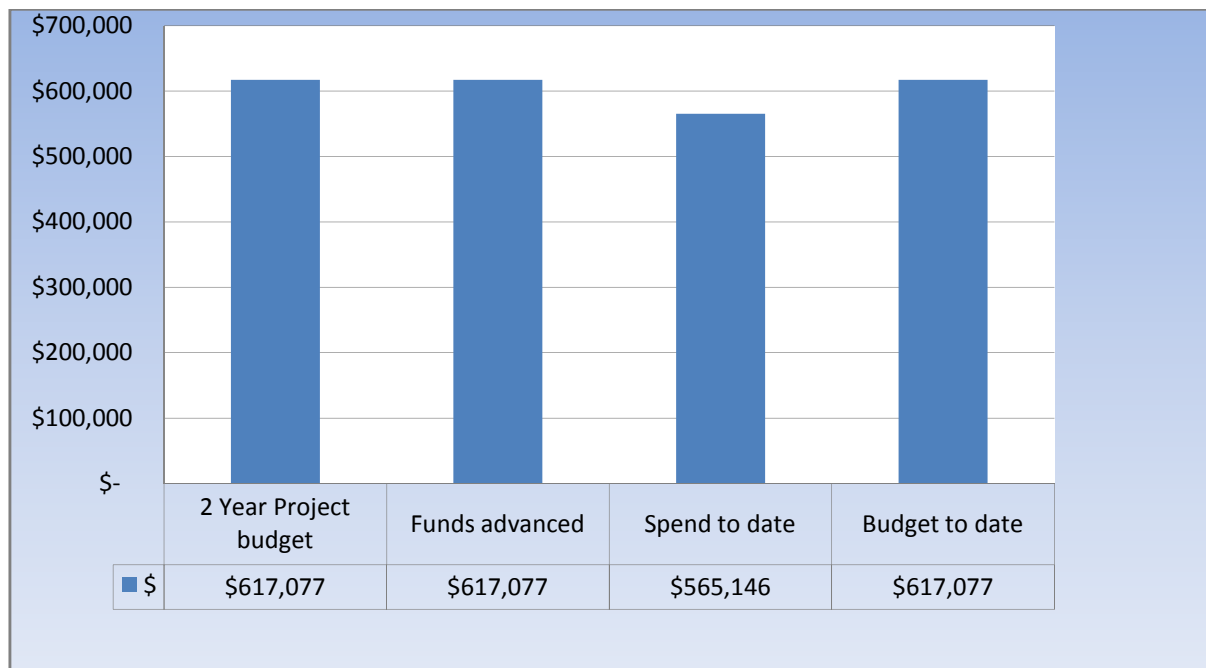
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			integrate with HMIS of TEHo (finished installing additional hardware in new location such as pharmacy, Optical Shop, Project Office since 15 th Sept and 100% of software was finish and install and Training about the procedure how to perform this data base to staff involve since 28 th Dec, 2011 with 3 months testing on system. - Still on the process of testing on new program link to HIS and plan to finalise on 15 th May 2012.	
	2.3 Increase Cataract surgical Rate from 2009.	Ongoing	- 1% increase from 1 st quarter of 2011 Total # of Cat.surgery: 657 * Adult M: 221 F: 420 *Children M: 10 F: 6	
	2.4 Increase refractive error correction services.	TEH ongoing from January 2010. KV VC ongoing from June 2010.	-22.5% of refraction increase from the same quarter of 2011 (1,062 in 1 st Q 2011 and 1,370 in 1 st Q 2012) TEH: -Refraction: (Adult M:408, F:566 and Children M:44, F:44) -Low Vision: Total:50 (Ad.M:13, F:13, Ch.M:10, F:14) KVC: Refraction: 308 (Ad.M:144, F: 164, Chi.M: 0, F: 0)	
	2.5 Increase community outreach screening in communities and schools (inclusive of gender and disability) including: cataract, uncorrected RE, screening, corneal ulceration from 2009. TEH 2 per month 2010. KV 2 per month 2011. TEH 3 per month 2011.	Monthly throughout project.	- 53.5% decrease in total number of patient screenings from the same quarter of 2011. (2,034 in 1 st Q 2011 and 945 in 1 st Q 2012) - 66% decrease for referral patients (700 in 1 st Q 2011 and 238 in 1 st Q 2012) -46.2% decrease for the patient came to CTEH for further treatment or surgery (234 in 1 st Q 2011 and 126 in 1 st Q 2012) -TEH Outreach Screening: Screening: 572 Refer : 190 + Cat: 111 + Other: 79 Came to TEH: 108 + Cat: 66 + Other:42	TEHo Management team agreed to postpone screenings due to conducting the RAAB survey 1 st Q of 2012 we conducted eye screening only 2 months Feb & March because of RAAB in Jan

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			<p>-School Screening in 2nd School: 234 (Boy: 104, girl:130 and percentage of refractive error is 2.99%)</p> <p>-Kirivong Screening: 139 Refer to TEH: 38 + Cat: 29 + Other: 9 Came to TEH:18 + Cat: 13 + Other: 5</p> <p>-28 village health workers attended monthly follow up meeting for corneal ulcer intervention.</p> <p>- 1st Quarter 217 people were examined by VHWs, 195 found corneal abrasions 99% abrasions healed and 23 patients referred to TEH for further treatment and surgery.</p>	
	2. 6 RAAB in selected Kiri Vong Operational Districts and Takeo town Districts as a means to measure end of project results.	November 2011.	4,650 sample sites within 93 clusters were conduct in the whole Takeo province with 4 teams. In each team there was one doctor and two ophthalmic nurses, 2 IT for data entry and 4 supervisors to check all the process. The training of the RAAB teams was conducted by Mr.Toby and TEHo Team on 28 th Nov- 02 nd Dec, 2011 and before started to conduct field interview and eye check up from 26 th Dec 2011 to 30 th Jan 2012 we conduct a refresher training on 23 rd Dec by Dr.Manfred, Bonn, and Nimeth. In the result from the beginning until 26 th Jan 2012 we finished all 93 clusters with entry all data to program RAAB database and send to CERA (RAAB consultant) and NPEH we wait to receive the final report from CERA.	Delay of permission letter from National Ethic Committee (NEC) and delay in receiving appropriate census data from the local government
	2.7 KAP in selected Kiri Vong Operational Districts and Takeo town Districts as a means to measure end of project results.	November 2011		TEH and CBM agreed to cancel KAP due to short time period between first KAP
3. To enable the target populace districts to access a quality affordable	3.1 Information Education Communication (IEC) campaign for promotion of eye health and eye-	June 2010 to December	Twice daily local radio spots about Corneal ulcer, Cataract, Glaucoma,	

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continuum of care (diagnosis – treatment – reintegration - rehabilitation) in Kiri Vong Operational Health District and Takeo Province by Dec. 2011.	care services awareness raising including World Sight Day events (Oct. 2010/2011) within Takeo Province.	2011.	Pterygium, Diabetic Retinopathy and promotion of the services of KVC and TEH renew the contract with the local radio station from March to July 2012.		
	3.2 Consolidate the KV Vision Centre activities to professionally screen, treat and appropriately refer cases presenting to it, commencing by June 2010. Train 22 health centre staff in program procedures. Train 22 community health workers in program procedures.			- Ongoing follow up PEC training of HC staff and CDMD VHV by participating in Eye Screening in OD Kirivong.	
	3.3 Training of CDMD field workers 10, and VHW 200 in the delivery of DIACEH program	June 2010 with ongoing supervision.	In agreement with CBM Aust (Gail): this activity is being conducted by CDMD (in July 2010 and will finish on July 2011)		
	3.4 Establish up to 20 Community Disability Coordination Groups and community based Self Help Groups with the support of CDMD. (Establishment of Self-Help groups will be funded by other CBM funds.)	March 2010 to January 2011 with ongoing monitoring.	-Activities are to be implemented by CDMD. In progress. -Collaboration TEH and CDMD by Quarterly meeting.		

Funding Received: \$617,076

Actual Spend to Date	Project budget to Date	Variance
595,796	617,076	(21,280)



Are you confident that you will be able to spend the full amount by end of June 2012?

Comments on budget variances:

Project to date timing differences

Project to date permanent variances

Activity	Project to date Variance \$	Project to date Variance %	Comment on variance over 10%
<i>Variances are reported in the monthly financial reports.</i>			

Issues and Challenges:

1. The process of integrating CTEH management into Caritas Cambodia is on going:
The integration of the financial systems Ms.Sam Sokha CTEH's current Finance Manager has been working closely with Mr.Mao Minut Finance Manager of Caritas to develop the integration. She works 3 days (Monday to Wednesday) in Caritas Phnom Penh and 2 days (Thursday and Friday) in the CTEH. Ms.Sok Sengheap CTEH's Finance Assistant has be promoted to Accountant and fully be based at CTEH and Mr.Ngin Peng Khim Office Assistant at Phnom Penh has been transfer to work 2 days at CTEH (Thursday and Friday) as an Assistant Administrative Manager and procurement officer. Mr.Bonn has promoted and recognized to be the official Program Director Caritas Takeo Eye Hospital, Sr.Myrna is an technical program advisor, Mr.Nimeth is a hospital Administrative Manager and Dr.Neang Mao is a Medical Manager.
2. Renewal of a one year agreement between TEHo and CDMD on work collaboration during screening, patient referrals and subsidies as recommended by CBM/CEARO done.
3. Delay renewal of on agreement between CTEH and Mo Po Tsyo on diabetic retinopathy screening.
4. RAAB was delayed (see above activity 2.6) and completed in January 2012. Final report from CERA consultant yet to be received.

5. The new MoU between the 3 parties was signed to eventual handover of Kirivong Vision Center management to Kirivong Referral Hospital take effect on February 2012. TEH will continue to monitor technical and outreach activities.
6. Preparation to set up vision centre at Preykabbash by working on study of general situation, management system of RH, OD, HCs, and other partner that can accelerate the vision centre work well and construction plan.
7. Process to handover project management to local staff, strategic plan, Multiple Year Plan 2012-2015, proposal, report and other communications.
8. Process to handover Diploma Ophthalmic Nurse Training to the training institution (Kampot Regional Training Centre) and NPEH fully manage.
9. Preparation the process of integrate stock and inventory system in to the existing hospital HIS.