

ABI Consortium 2012 Annual Progress Report

Implementing Agency: CBM Australia

Project title: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness - Takeo, Cambodia

Report completed by: Caritas Takeo Eye Hospital (CTEH), CBM

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Background:

As part of the Partnership Framework and Funding Order contracts with AusAID, the ABI Consortium is required to report to AusAID on an annual basis. Information provided by each of you in this Annual report to the Secretariat will be used to prepare the overall "Consortium program level" annual report to AusAID.

Report preparation:

Please use the following points to inform the preparation of your report:

- This report should cover your project implementation period January - Dec 2012.
- Use your Program Agreement activity schedule, implementation plans and M&E plans as the basis of your reporting i.e. report against these plans.
- Use the PAF excel spreadsheet to provide your data against relevant PAF indicators. Please note that contrary to recent discussions about PAF data required for the Activity Completion Report, the **PAF data you should provide for this 2012 Annual Progress Report must be just for the period Jan-Dec 2012.**
- Use the recommended word limit for each question as a guide to the depth of analysis and quantity of information required.

Please return all annual Progress Reports to: Naomi Thomson [by COB Monday February 15th 2013](#)

ABI Consortium 2012 Annual Progress Report

Part A: Stories of Change

1. Stories of Change:

Please provide 1 story of change/case study for a beneficiary in your project outlining their situation at base line (pre intervention), the situation following intervention and the effect this has had on their lives.

Guidance note:

Try to keep your stories succinct - approx 400-500 words per story. Feel free to attach a high-resolution photograph (remember you must have permission of the person). Beneficiaries could be eye health staff who have received training, a partner representative who has developed new skills or a vision impaired person who has had their sight restored.

This is not intended to be a rigorous research exercise - it is simply to capture positive stories of change that have taken place as a direct result of your ABI Consortium project interventions

Case Study 1:

Name: Nhip Oun

Programme: Caritas Takeo Eye Hospital (CTEH)/CBM

Location: Takeo province, Cambodia

Mr. Nhip Oun is 60 years old, lives in Taset village, Papel commune, Tramkok district, Takeo Province, around 30 km from Caritas Takeo Eye Hospital (CTEH). His wife, Pak Yon is 50 years old and has three children. All of them are married. Mr Oun was affected by hemiplegia in the right side of his body during childhood, so his right arm and leg are totally paralysed with severe contractures in all joints.



Unfortunately, both his eyes have blurred in the past 5 years and he became completely blind last year. He could do some housework and move around the house with a homemade crutch before he lost his sight. Under these conditions his life was very difficult and he got quite depressed, as each day he needed assistance (from his wife or his children) when he wanted to go somewhere or do routine tasks. He felt hopeless in his life due to his disabilities with his arm, leg and eyes.



On October 13, 2012, he was brought by his wife to an eye screening organized by CTEH at Preychour Health Centre. After a primary eye check, he was referred with other eye patients to CTEH for further examination on October 21, 2012. He and others eye patients were picked up by bus and taken to CTEH. After the ophthalmologist conducted an eye examination, he was told that he had cataracts in both eyes and needed to be operated the next day. However Mr Oun said that he could not afford to pay for the eye operation. Subsequently, he was provided a subsidized surgery after a socio-economic assessment was made by CTEH's counsellor.



His right eye operation was completely successful on October 22, 2012. The following day, he was advised how to



carefully open and use his eye by the duty nurse before fully removing his eye pad. He started to open his right eye very slowly and closed it a few times before he could fully open it. After he saw everything around him clearly he kept smiling and was thanking all the staff, CBM, AusAID, ABC tissue vision, Wilde Ganzen and other donors that helped him to have this new life. He expressed that he could now walk without assistance. Now he could go out and join other social activities in his village and do more house work and some farming to help his wife. He is very happy to go back to get his left eye operation at CTEH after a period of recuperation because he trusts the quality services of CTEH in helping patients to reduce blindness in Cambodia.

Case Study 2:

Name: Khath Khan

Programme: Caritas Takeo Eye Hospital/CBM

Location: Takeo province, Cambodia



Miss. Khath Khan is 42 years old and lives with her parents in Krang village, Srour Nge commune, Trang district of Takeo Province, around 25 km far from CTEH. She has poliomyelitis in her left leg with server scoliosis (lordorsis), which he has had since she was 5 months old, but her health is quite good. Because her vision was completely blurred and became blind in the last few months, she found it difficult to walk to go anywhere. She then stayed only in one place, so she started getting depressed in her life, due to villagers isolating and discriminating against her because they believed that she had done a bad thing in a past life.

One day, Ms. Samith Tep, who was selected as a Corneal Ulcer Intervention volunteer to be responsible for her village, explained to Miss Khan's parents and encouraged her to visit CTEH. She first felt afraid to go, but after that she decided to visit CTEH with her parents on Thursday morning, January 5, 2013, she joined a 15 minute eye health promotion (which are held every morning in CTEH) then she was asked to register for an eye examination. She was examined by an ophthalmologist and told that she has cataracts in both eyes and needed to be operated on. However she could not afford to pay for the operation. Consequently CTEH through its support program for poor patients and an assessment by a CTEH councillor, she was provided a subsidized operation for left eye on January 6, 2013. She was supported with food and transportation (funded by CBM), so she felt confident and comfortable during her stay at CTEH.



The next morning after her left eye operation, the nurse who was on duty explained to her about how to open her eye properly and the complications of seeing after removing the eye pad. She was very happy after she saw everything around her clearly; so she started to say loudly "thank you so much to all staffs, CBM, AusAID and other donors who helped me. I never thought I could see again like now".



Now she can walk independently to visit her neighbours and to help her mother to do house work such as cooking and taking care of her nephews and nieces at home. Besides that, she runs a small business under the support of her family. Lastly, she will go back to CTEH for eye surgery on her right eye after two months time.

Part B: Implementation Progress **Efficiency and Effectiveness**

Guidance note: In simple terms, there are 2 aspects to analysing your implementation progress - “efficiency” and “effectiveness”. Efficiency considers the day-to-day implementation of your project, whether the project implementation is running on time and within budget (or not), the project activities and outputs. The information you have been providing in your monthly and quarterly report relates to efficiency.

Effectiveness on the other hand, considers the effects the project is having (outcomes) and whether it will work as you thought it would (theory of change). Assessment of the effectiveness of your project requires deeper analysis of the outcomes or effect (changes created) that the project activities are having (or will have) with project beneficiaries and how these will contribute to achieving your stated Objectives.

Efficiency of implementation progress:

NB: The Consortium does need to include information on implementation efficiency in its Annual Report to AusAID. This will be drawn from your Quarterly Reports to avoid duplication of reporting by you. This analysis will be undertaken by the Secretariat using data taken from your Quarterly Reports.

1. Effectiveness of implementation progress:

Use your project plans as the basis for answering this question and complete the following table. For each of your stated Objectives briefly describe:

For each of your project’s stated Objectives outline the key achievements for the 12 month period Jan-Dec 2012;

Rate the likelihood of achieving your stated Objectives using the following scale:

A = The objective is on track to be fully achieved by the end of the project;

B = The objective will be partly achieved by the end of the project;

C = The objective is unlikely to be achieved by the end of the project

During 2012 CTEH operated under two sets of objectives for the ABI program: from 1 January 2012 to 30 June 2012 (ABI Phase 1) and from 1 July 2012 to 31 December 2012 (ABI Extension). Each time period had different objectives however they were aligned and the activities were essentially the same. For ease of understanding, the objectives in this report are listed under the original ABI Phase 1 descriptions; however this table shows how the ABI Extension objectives relate.

ABI Phase 1	ABI Extension	Activities
1. Develop, test and implement a Gender and Disability Inclusive Approach to Community Eye Health.	1. To strengthen eye care referral pathways.	<ul style="list-style-type: none"> • Disabled patient referrals • Training of teachers for eye screenings
2. Strengthen CTEH and KV RH capacity in providing essential Community Eye Health services.	4. To strengthen capacity of TEH systems to deliver an extended range of quality services. 3. To increase availability of district level eye services.	<ul style="list-style-type: none"> • Training activities for medical personnel • Corneal ulcer screenings • Referrals from Mo Po Tsyo • Outreach/screening activities
4. Enable target populace	2. To increase	<ul style="list-style-type: none"> • Advocacy activities

access to a quality affordable continuum of care.	community awareness on eye care and early treatment	
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Objectives	Key achievements in Jan - Dec 2012	Rating A, B or C
<p>Objective 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 Kiri Vong Operational Districts and Takeo Province by Dec, 2012.</p>	<ul style="list-style-type: none"> • Refresher training of CTEH staff on DIACEH and ongoing implemented within the daily service of CTEH program. • Management team of CTEH organized the review the implementation of Disability, Gender, and Child protection inclusive on Eye Health in workshop. <ol style="list-style-type: none"> 1. On 21st September 2012 Dr. Nuth Sinath, Vice-Director of Takeo Provincial Health Department and Mr. Phan Phorn, Deputy Director Provincial of Social affair Youth, and Veteran to provided recommendations on the implementation's process of CTEH disability inclusive services. 2. On 27th December 2012 Ms. Lim Bunly, director of woman affair department and Ms. Chanthou training specialist on gender, gave lecture and recommendation on CTEH's process of implementation on gender issues, in order to raise awareness. 3. On 28th December 2012 Mrs. Petra Moerchen and 2 assistants ran refresher training on child protection policy at CTEH with activities such as assessing the implementation of child protection policy of CTEH, T-shirt drawing and printing, yoga and other games for children in CTEH, and develop a communication flow chart to be displayed in CTEH. <ul style="list-style-type: none"> • Mr. Te Serey Bonn Program Director CTEH and Mr. El Nimeth Manager Hospital Administrator were assigned by Caritas Cambodia management team to take lead technical team to develop Child Protection Policy for Caritas Cambodia. The final draft was presented by Bonn to partners of Caritas and Ministry of Social affair Youth, and Veteran for consultation and recommendation in December 2012. • Translation of the DIACEH manual in Khmer and distributed to all stakeholders includes National Program for eye health, Provincial Health Department of Takeo, 5 ODs and 70 HCs in Takeo Province November 2012. • 195 patients referred to CDMD (89 women, 91 men and 15 children) for rehabilitation 40.2% increase compare to 2011. • 1,157 patients referred from CDMD to CTEH (664 female 	A

	<p>/52 girls) 18.7% decrease compare to 2011. 2.28% are disabled).</p> <ul style="list-style-type: none"> • Disability: 2,920 (975 females/70 children) patients with presenting VA < 6/18 on the better eye; 1,259 (411 females/38 children) patients suffering from blindness (PVA < 3/60 on the better eye), 433 hearing problem (276 females, 2 children), 73 physical problem (15 females, 13 children), 152 understand problem (105 females, 1 child). 	
<p>Objective 2: To strengthen Takeo Eye Hospital (CTEH) and Kiri Vong Referral Hospital to upscale their capacity to provide essential Community Eye Health services to reduce Avoidable Blindness by Dec. 2012</p>	<p>1. Training:</p> <ul style="list-style-type: none"> • 11 resident doctors (5 female) are being trained in the CTEH ophthalmology programme under the umbrella of NPEH (National Program for Eye Health) and the University of Sciences, Faculty of Medicine, Phnom Penh. The 11 resident doctors reported by 3 months rotation in two training hospitals: Takeo Eye Hospital, Ang Doung Hospital and Siem Reap eye hospital. • Diploma in Ophthalmic Nursing Training organize by CTEH is under the umbrella of Kampot RTC (Regional Training Centre), NPEH and Human Resources Department of Ministry of Health. The 5th course was started on September 2011 had 10 students nurses (2 Battambang Eye Unit supported by SEVA& IRIS, 2 Battambang BOC supported by BOC, 1 Prey Kabas, 2 CTEH, 1 RTC Kampot, 1 Kampot Eye Unit, and 1 Sihanouk Ville supported by CBM. After 12 months trained on theory and clinical practise at Caritas Takeo Eye Hospital the training committee conducted final examination on 4 -5 October 2012. In the result all students were passed with 7 students have good score and 3 students have medium score. • Dr Ang attended the APAO conference in South Korea (April 2012). A poster on the outcome of screening for diabetic retinopathy was prepared in collaboration with community based peer educators in Takeo province and presented during the conference. • Dr. Moerchen Manfred attend training course of “Understanding an eye health system in order to achieve VISION 2020” in London. Main outcome was introduction about a new tool of assessment of eye care and integration into the general health system. • Follow up clinical Low Vision training of Mrs. Karin for Mr. Rothna and Ms. Kimny on 11-19 June and she recommended CTEH to become low vision center and establish collaboration with Krousar Thmey Blind School. • Supported 2 doctors, 15 nurses(5 females) from CTEH, 10 ophthalmic nurse students (4 females), and 2 staffs of Kirivong Vision (1 female) on June, 2012 and 2 doctors, 6 refractionists (2 females) 14 nurses (4 females) on Dec, 	<p>A</p>

2012 participated in CME for Cambodian Ophthalmic Nurse Society.

- Ms. Pring Kimny and Mr. Nol Rathna low vision expertise at CTEH was invited to give lecture on Low Vision in program Inclusion of Education training to primary school with 39 school teachers that was conducted by CRS at Samrong District, Takeo province (July).
- Dr. Neang Mao and Mr. Ken Pounlok in charge of training were attending training on Eyexelcel-Expanding Global Eye Care workforce through Excellence in training on 17th -20th July 2012 at LAICO-Aravind Eye Care System, Madurai, India. After training on 26th July, they did the presentation to share new knowledge to CTEH's staff.
- 25 peer educators of Mo Po Tsyo were trained process of screening Diabetic Retinopathy and referral system that conducted by CTEH (September).
- 22 Health Centre staffs from OD Kirivong were provided refresher training on Primary Eye Care that conducted by CTEH (September).
- 62 Community Volunteers of CDMD were provided refresher training of Primary Eye Care by CTEH (September).
- 45 Takeo secondary school teachers trained in vision screening (1-2 November).
- 92 Takeo secondary school teachers participated on refresher training on vision school screening (November and December).
- Provided training Primary Eye Care to 18 community health worker of Prasahakum Prey Kabash and 7 people from other NGOs at Kirivong district (December).
- CTEH conducted training on Counselling and Behavioural Attitude towards Patient Centred Services to all staffs of CTEH at Pailin facilitated by Fr. Totet Banayal. Training was conducted in two groups 1st Group, 27 people, started on 17-21 November 2012 and the 2nd Group, 27 people started from 22-26 November 2012
- Dr. Vong Chrean In charge Community Ophthalmology was attended 4 weeks training course on Community Outreach and Social Marketing of Eye Care Services at LAICO Aravind Eye Hospital, India (November-December).
- Ms. Mon Sokunthea Ophthalmic Nurse in charge of outpatient department attend short-term training programme in FFA & USG for 2months at LAICO Aravind Eye Hospital, India. (December 2012 to Jan 2013)
- Dr. Neang Mao Medical Manager attends Laser in Diabetic Retinopathy Management for two months at LAICO

Aravind Eye Hospital, India. (Dec 2012 to March 2013)

2. Service/Corrections/Outreach:

- Consultations CTEH 29,885 (15,299 Females/3,858 children/1,479girls) 15,682 new out-patient 3% increase compared to 2011.
- Consultations KVC 3,124 (1,614 Females / 335 children /161girls)
- 2,424 cataract surgeries (1,522 (63%) female/51 children)
- Cataract outcome: outcome at discharge 49.2% good, 44.6% borderline, 6.1% poor outcome - 1st follow-up after 1-3 weeks (72.2% presented for follow-up) with best VA 52.9% good, 40.7% borderline, 6.5% poor outcome. Total complication 3.0% (1.0% vitreous loss, 0.5% capsule rupture without vitreous loss, 0.5% Zonular dehiscence, 0.2% Striate keratopathy, 0.4% Endophthalmitis, and 0.3% others)
- Cataract surgery rate 1,615 (2010:1,366, 2011:1,582)
- 154 low vision (48 females/59 children) 28% increase from 2011 and 157 low vision divides dispensed (41 females/59 children) 32% increase from 2011.
- CTEH Refraction 4,655 (2,582 females/346 children), prescribed 2,581(1,460 females/142 children), 2,421 spectacles dispensed (1,345 females/ 137 children) 17% increase compared to 2011.
- KVC Refraction 1,299 (671 females/ 3children), 852 prescribed (416 females) and 431 spectacles dispensed (219 females)
- 1,650 secondary school (Grade7, 8, and 9) students screened (835 females - 49.5%). Prevalence of refractive error: 4.3% (3.15% for male, 1.13% for female).
- CTEH outreach: 3,260 vision screenings: (2,047 females/177 children) 1,436 referred (922 Females/39 children) 641 attendance at CTEH for further treatment and surgery increase from 42% in 2011 to 45% in 2012. This could be due to an organized pick-up service for poor patients and outcome of eye education during outreach.
- KVC outreach: vision screenings 843 (534 female - /24 children) 345 referred (242 Females) 127 attend at CTEH and 47 attend at Kirivong Vision Centre (KVC) for further treatment and surgery.
- 28 village health workers (12 female) attended monthly follow up training for corneal ulcer Intervention (888

	<p>consultations, finding 791 corneal abrasions, 789 treated healed, and 99 referred to CTEH for further treatment).</p> <ul style="list-style-type: none"> • 26th Jan RAAB survey finished all 93 clusters with entry all data to program and send to CERA (RAAB consultant) and NPEH for checking and prepare the report so on the final report was sent from CERA. 	
<p>Objective 3: To enable the target populace districts to access a quality affordable continuum of care (diagnosis - treatment - reintegration - rehabilitation) in Kiri Vong Operational Health District and Takeo Province by Dec. 2012.</p>	<ul style="list-style-type: none"> • Twice daily local radio spots promoting eye health such as corneal ulcer, cataract, glaucoma, pterygium, diabetic retinopathy, and promotion of eye care services in Takeo and neighbouring provinces. • Distribute ICE material such as leaflets of Cataract, Glaucoma, Corneal Ulcer, Diabetic Retinopathy, and Child protection during patient's counselling and printing practice guide of Disability inclusive of eye care Khmer Version, KAP Survey, and RAAB Survey. • Basic eye care and health education given to out-patients daily at CTEH waiting area (27,345 patients and companions). • World Sight Day celebrated on 9th October with topic of Diabetic Retinopathies that was participated by representative of Caritas Cambodia, representative of people with disability, Provincial Health Department Director, Department of Social Affairs Director, Department of Women Affairs Director, and NGOs partner such as Cambodia Development Mission for Disability (CDMD), CBM in Cambodia, Disabled Youth Children Foundation For Education and vocation (DYCFE), Patient Information Centre (MoPoTsyo), Our Objective Organization (OOO), Catholic Church in Preykabash, all staff of CTEH, more than 270 patients and care givers attended during the ceremony. After ceremony we provided free consultation for 260 patients and 71 patient surgeries in the following day. • For cataract surgeries 3% of patients are able to pay the full fee, 3% above USD\$50, 63% below USD\$50 (on average they can contribute USD\$7) and 31% are unable to contribute any payment. • MoU between the 3 parties was signed to eventual handover of Kirivong Vision Centre management to Kirivong Referral Hospital take effect since February 2012 and CTEH still continue to monitor technical and outreach activities. • MoU between the 5 parties was signed to eventual handover of Corneal Ulcer Intervention management to Health Centre Trea and Sro Nge take effect since December 2012 and CTEH still continue to monitor technical. 	<p>A</p>

2. Implementation Variations:

Using the following table, for those Objectives rated “B” or “C” in Question 1 above, briefly describe the key reasons for delays or changes and how you plan to manage the situation and complete the project.

Objective No.	Reasons for variation	Implications and/or mitigation strategy
	N/A	

3. M&E Systems: (250 words maximum)

3.1 Briefly describe the effectiveness of your monitoring systems during the period January -December 2012. Consider whether you are receiving good quality and timely information from the field and whether is it proving useful for implementation decision making? What is working well and what isn't?

The Feb 2012 ABI Evaluation found that the ABI project at CTEH has played a key role in improved data collection and understanding of eye health issues in Takeo province. CTEH's Health Management Information System (HMIS) has been expanded to include inventory management and data is used to improve management. For example, Community volunteers were trained in areas identified by the system as having the most number of patients with corneal ulcers. Activity data (covering consultations, surgeries, outreach/screenings, training, medicines, spectacles, etc) is continuously collected and collated on a monthly basis. This timely reporting has enabled activities to be monitored accurately and for the activity work plan to be implemented.

Results from the 1st KAP-survey (2010) played an important role in tailoring CTEHs health information messages in 2012. For example the KAP suggested that 75% of disabled participants and 99% of the overall sample reported some knowledge about cataracts, but only 18.6% reported surgery as the best treatment. In response CTEH has developed simple explanations of appropriate treatment for cataracts.

3.2 List any reviews or evaluations you have undertaken of your project in 2012. Briefly outline the key recommendations and actions that have resulted.

- **Evaluation of Activities in Cambodia funded by the Avoidable Blindness Initiative** (February 2012) found that the project has supported a significant improvement in the understanding of eye health in Takeo Province and has worked well with a range of local NGO and government partners to achieve significant outcomes. The evaluation found that there were opportunities to coordinate with the multilateral Health Equity Fund and that data management remains a challenge.
- Results from the **Evaluation Report of the Kiri Vong Referral Hospital Vision Centre** (December 2012) demonstrated that the Vision Centre has established itself as an important provider of primary eye care services and is an important source of referrals to both KVRHVC and the CTEH. While the health information system at Kirivong is efficient the evaluation recommended including more specific patient data and follow up information.
- Following a **CTEH Financial Evaluation** in 2011, the integration of CTEH's financial management within the Caritas system commenced in 2012. A regional accountant was

relocated permanently to CTEH to oversee all accounting operations and the finance officer now works three days at Caritas Phnom Penh office and two days at CTEH.

- **Takeo Province RAAB Survey** (December 2011 - January 2012) found that the prevalence of blindness best correction visual acuity (BCVA) for those aged 50 years and above is approximately 2.8% in Takeo province. 3,370 people aged 50 years and over are estimated to be blind (835 males and 2539 females) and the prevalence of blindness (BCVA) resulting from un-operated cataract is calculated at 1.9%. 2313 people aged ≤ 50 years are estimated to be blind as a result of un-operated cataract in Takeo province, the majority (1914) being women.

4. Sustainability Strategies (maximum 250 words)

Briefly describe your project's strategies to enhance sustainability and describe examples of success to date in this regard.

Guidance note: It is not expected that all project outcomes will be sustainable at this stage however the strategies being used in your project will be important to working towards achieving sustainable outcomes. It is the strategies that you are using that you need to describe here e.g. training local staff as trainers so training inputs can continue beyond the life of the project, developing cost sharing or cost recovery systems with hospitals so that financial sustainability may be achieved sometime in the future, advocating for enabling government or hospital policies etc.

One sustainability strategy used by CTEH is to provide high quality services, as this will convince both patients and the government of the value of their support. Already the Provincial Health Department supports CTEH's electricity and water supply. CTEH has 57 local staff and 22 of them are government staff designated to work at CTEH.

Staff retention due to more lucrative opportunities in Phnom Penh is a challenge, however CTEH ensures a sustainable approach to staffing by hiring qualified staff with family in Takeo where possible, as well as opportunities for scholarships, extra training, and where funding is available salary increases to reflect good work performance.

Cambodia has a shortage of qualified and well-trained staff in the field of ophthalmology, health administration, community based rehabilitation etc. The project contributes to training courses that empower local staff in the field of ophthalmology. Cost recovery is another sustainability strategy: currently CTEH has 4 beds reserved for full fee paying patients and at the optical shop 55.8% of patients/customer paid the full price for spectacles in 2012. At Kirivong Vision Centre 69.5% paid the full price.

The localisation and integration of CTEH's management into Caritas continued to be a major focus in 2012. A fully localised team has been managing the Program since June 2011. The program will become fully integrated into the Caritas management system in 2013 and the challenge for Caritas will be to find suitable funding for future activities. Kirivong Vision Centre was handed over to the district government referral hospital in 2012 and will be sustained through Takeo Provincial and Kirivong Operational District Governments. CTEH continues to provide mentoring support for the centre.

5. Cross cutting issue: Gender (250 words maximum)

Describe the strategies taken by your Agency and your partners throughout 2012 to ensure the participation of women and girls. Provide examples of success or particular challenges you have faced in 2012 in this regard.

In order to encourage the recognition of women CTEH celebrates International Women's Day (8 March) and provides gender training for all staff. CTEH has playground equipment for children and a child friendly examination room, which encourages women (usually the primary care givers in Cambodia) to come to CTEH and know that their children are welcome and will have something to occupy them.

The number of both women and girls patients has increased from 1.023 in 2008 to 1.28 in 2012. The higher percentage of female patients highlights the fact that avoidable blindness in Cambodia is significantly higher in females than males. The percentage of female patients at CTEH is higher than male patients (56.14%) and also at Kirivong (56.82%). Outreach screenings average 61.15% female patients. More emphasis on community ophthalmology appears to be one keystone to improved accessibility for female patients.

64% of all cataract surgeries were performed on female patients in 2012. Results from the RAAB 2012 suggest that there was almost no reduction in female blindness compared to 2007 (3.5 to 3.4%) but a significant decrease in male blindness (2.1 to 1.73%). This highlights the need for increased efforts in tackling female blindness. However, it should be noted that women's higher life-expectancy is one reason for higher prevalence, therefore a stable or slightly decreased prevalence could still indicate a successful program.

CTEH still faces challenges to gender inclusion with regard to human resources. 5 females hold high positions within the management of CTEH, thus ensuring a balanced gender perspective in decision making, however are few local female staff in upper professional medical positions. This is a) a reflection of Khmer culture as males are receive more education/career opportunities and b) due to the fact that CTEH has no input in the selection of doctors and nurses for training - this is done by government. CTEH has attempted to influence this process and also encourage the NPEH and other NGOs to send female candidates for training at CTEH (see PAF Human Resources). However the numbers of female trainees are still limited since most students at nursing technical schools are male.

6. Cross cutting issue: Disability Inclusive Approaches (250 words max)

Describe the disability inclusive approaches being used by your Agency and your partners throughout 2012. Provide examples of success or particular challenges you have faced in 2012 in this regard.

The new CTEH facilities completed in April 2010 incorporated many disability inclusive features including ramps, wheelchair accessible toilets, 4 additional wheelchairs, colour markings on steps, large type signage, wide walkways playground facilities and a large kitchen preparation area for caretakers of patients with special needs.

CTEH has clearly established protocols for the registration, examination and diagnosis of patients, ensuring that staff are kind and polite, clearly explain procedures, provide clear physical directions and are observant of patients should they require assistance (physical or otherwise).

CTEH provides counselling and social economic assessment to vulnerable patients who may have difficulty paying for health services and in particular the situation (for example financial/ disabilities in family) of patients is a strong consideration when subsidies are provided to patients.

CTEH has a strong referral system where patients may require further disability assistance beyond their eye health care. Patients are referred to CTEH's partner, CDMD who has a strong presence in Takeo especially within its remote areas with a strong network of volunteer health workers and self-help groups. (195 patients were referred to CDMD (89 women, 91 men and 15 children) for rehabilitation 40.2% increase compare to 2011 and 1,157 patients were referred from CDMD to CTEH (664 female /52 children). The 1st KAP suggested that significantly less disabled participants are able to travel to an eye-institute on their own. Providing free transportation and more intense collaboration with CBR-services seem crucial in overcoming this barrier.

The completion of the DIAECH training workshops since 2011 and provision of refresher training follow up every year has meant that staffs at CTEH, KVC and CDMD have reinforced their disability and gender inclusive approach to their work.

Collecting data on disabled patients has not yet yielded reliable data. Even though a practice guide for DIACEH was developed with simple tools for disability measurement, the suggested options haven't proven to be feasible. Further support may be needed. 2,920 visual impairments (975 females/70 children), 433 hearing problem (276 females, 2 children), 73 physical problem (15 females, 13 children), 152 understand problem (105 females, 1 child) among 14,867 new outpatient were recorded in HMIS of CTEH in 2012.

7. Cross cutting issue: Child Protection: (250 words maximum)

Describe the strategies taken by your Agency and your partners to ensure the protection of children.

All staff have signed code of conduct child protection and completed training on the child protection policy. Staffs are trained on how to appropriately treat children, respect their rights and know how to identify child abuse victims. Staffs are trained to ensure that a parent or guardian is present with children during examinations and that their informed consent is given for any medical procedures, take picture, voice record, case study for publication.

A separate child examination room was built at CTEH to provide children with a child friendly environment to help ease the stress that an eye examination can cause. The availability of these facilities is broadcast over a loudspeaker to patients in CTEH's waiting area. Nurses and staff also advise patients before they are admitted into the hospital.

The absolute number of children increased from 3,610 in 2011 to 3,858 in 2012. This impressive increase could be one of the effects of the separate children examination room and the child protection policy in place.

Every year CTEH conducts refresher training to all staffs and do the assessment on how to practice child protection policy within daily work of hospital with invited expert from outside the organization. This year's training was conducted on 28th December 2012 by Mrs. Petra Moerchen.

8. Performance Assessment Framework (PAF) Data

Please provide data against the following 8 Core performance indicators using the excel spreadsheet provided for the Jan- Dec 2012 period. If any of these indicators are not relevant to your project (for example not all projects have involved construction of buildings) please ignore.

Outcome Area	Core Indicator
Integrated Eye Health Care	1. Number of eye health care centres providing integrated eye care as a direct result of ABI projects
	2. Number of eye health services with documented referral pathways to disability services and/or Disabled Peoples Organisations
Disease Control	3. Number of patients treated (<u>disaggregated by condition, gender, age & location</u>)
Infrastructure Development	4. Number of buildings constructed/renovated (<u>disaggregated by type, location, and whether building is accessible for PLWD</u>)
	5. Number and type of equipment supplied
Human Resource Development	6. Number of eye health care personnel trained (<u>disaggregated by cadre, gender and location</u>)
Partner Government (in-country) Policy and Planning	7. Number of commitments by in-country governments to support (policy) and contribute (funds) to ongoing eye health care investment
	8. Number of eye health care centres implementing data collection systems as a result of ABI projects

OUTCOME AREA	CORE INDICATOR	RESULTS DATA																																																																																																																																
Integrated Eye Health Care	1. Number of eye health care centres providing integrated eye care as a direct result of ABI projects.	<p>Two centres</p> <p>1 - Takeo Eye Hospital. Comprehensive eye health care services: surgery (cataract, glaucoma, tritiasis, laser diabetic retinopathy, pterygium), refractive error correction services, optical shop - readymade and onsite prescription made spectacles.</p> <p>2 - Kirivong Vision Centre. Limited eye health care services: refractive error correction, optical shop for readymade spectacles, and specific prescriptions made at CTEH.</p>																																																																																																																																
	2. Number of eye health services with documented referral pathways to disability services and/or Disabled Peoples Organisations	<ul style="list-style-type: none"> • 195 patients referred to CDMD (89 women, 91 men and 15 children) for rehabilitation 40.2% increase compare to 2011. • 1,157 patients referred from CDMD to CTEH (664 female/52 girls) • Disability: 2,920 (975 females/70 children) patients with presenting VA < 6/18 on the better eye; 1,259 (411 females/38 children) patients suffering from blindness (PVA < 3/60 on the better eye), 433 hearing problem (276 females, 2 children), 73 physical problem (15 females, 13 children), 152 understand problem (105 females, 1 child). 																																																																																																																																
Disease Control	3. Number of patients treated (<u>disaggregated by condition, gender, age & location</u>)	<p>CTEH Patient Consultations Categorised by Eye Conditions</p> <table border="1"> <thead> <tr> <th rowspan="2">Eye Condition</th> <th colspan="2">2011</th> <th colspan="2">2012</th> </tr> <tr> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Cataract - male</td> <td>1,442</td> <td>5%</td> <td>1,447</td> <td>5%</td> </tr> <tr> <td>Cataract - female</td> <td>2,776</td> <td>10%</td> <td>2,599</td> <td>9%</td> </tr> <tr> <td>Cataract - child</td> <td>113</td> <td><1%</td> <td>105</td> <td><1%</td> </tr> <tr> <td>Trachoma</td> <td>88</td> <td><1%</td> <td>128</td> <td><1%</td> </tr> <tr> <td>Glaucoma</td> <td>826</td> <td>3%</td> <td>751</td> <td>3%</td> </tr> <tr> <td>Refraction</td> <td>3,884</td> <td>13%</td> <td>4,655</td> <td>16%</td> </tr> <tr> <td>Corneal Ulcer</td> <td>1,262</td> <td>4%</td> <td>1,073</td> <td>4%</td> </tr> <tr> <td>Injury</td> <td>231</td> <td>1%</td> <td>204</td> <td>1%</td> </tr> <tr> <td>Other - child</td> <td>2,984</td> <td>10%</td> <td>3,128</td> <td>10%</td> </tr> <tr> <td>Other - adult</td> <td>15,373</td> <td>53%</td> <td>15,795</td> <td>53%</td> </tr> <tr> <td>Total</td> <td>28,979</td> <td></td> <td>29,885</td> <td></td> </tr> </tbody> </table> <p>CTEH Patient Consultations Categorised by Origin Location</p> <table border="1"> <thead> <tr> <th rowspan="2">Location</th> <th colspan="2">2011</th> <th colspan="2">2012</th> </tr> <tr> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Takeo</td> <td>18,313</td> <td>63%</td> <td>19,125</td> <td>64%</td> </tr> <tr> <td>Daunkeo</td> <td>1,261</td> <td>4%</td> <td>1,228</td> <td>6%</td> </tr> <tr> <td>Angkor.Borei</td> <td>925</td> <td>3%</td> <td>958</td> <td>5%</td> </tr> <tr> <td>Tramkak</td> <td>3,838</td> <td>13%</td> <td>4,185</td> <td>22%</td> </tr> <tr> <td>Treang</td> <td>2,257</td> <td>8%</td> <td>1,820</td> <td>10%</td> </tr> <tr> <td>Samrong</td> <td>3,056</td> <td>11%</td> <td>3,693</td> <td>19%</td> </tr> <tr> <td>Kirivong</td> <td>1,041</td> <td>4%</td> <td>907</td> <td>5%</td> </tr> <tr> <td>Koh andet</td> <td>601</td> <td>2%</td> <td>480</td> <td>3%</td> </tr> <tr> <td>Prey Kabas</td> <td>1,898</td> <td>7%</td> <td>2,654</td> <td>14%</td> </tr> <tr> <td>Borey Julsa</td> <td>363</td> <td>1%</td> <td>322</td> <td>2%</td> </tr> <tr> <td>Bati</td> <td>3,073</td> <td>11%</td> <td>2,978</td> <td>16%</td> </tr> </tbody> </table>	Eye Condition	2011		2012		Total	%	Total	%	Cataract - male	1,442	5%	1,447	5%	Cataract - female	2,776	10%	2,599	9%	Cataract - child	113	<1%	105	<1%	Trachoma	88	<1%	128	<1%	Glaucoma	826	3%	751	3%	Refraction	3,884	13%	4,655	16%	Corneal Ulcer	1,262	4%	1,073	4%	Injury	231	1%	204	1%	Other - child	2,984	10%	3,128	10%	Other - adult	15,373	53%	15,795	53%	Total	28,979		29,885		Location	2011		2012		Total	%	Total	%	Takeo	18,313	63%	19,125	64%	Daunkeo	1,261	4%	1,228	6%	Angkor.Borei	925	3%	958	5%	Tramkak	3,838	13%	4,185	22%	Treang	2,257	8%	1,820	10%	Samrong	3,056	11%	3,693	19%	Kirivong	1,041	4%	907	5%	Koh andet	601	2%	480	3%	Prey Kabas	1,898	7%	2,654	14%	Borey Julsa	363	1%	322	2%	Bati	3,073	11%	2,978	16%
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Kampot	2,995	10%	2,953	10%
Kg.Speu	1,963	7%	1,888	6%
Other Province	5,708	20%	5,815	19%
Total	28,979		29,885	

CTEH Patient Consultations Categorised by Age

Age range*	2011		2012	
	Male	Female	Male	Female
Children				
0-4	651	698	776	780
5-14	1,274	997	1,326	974
Adults				
15-49	6,469	6,457	6,465	6,282
>=50	3,935	8,498	4,272	9,010
Sub total	12,329	16,650	12,839	17,046
Total		28,979		29,885

Additional information on hospital services has been included in Part 1.1 (Objective 2)

Infrastructure Development	4. Number of buildings constructed/renovated (<u>disaggregated by type, location, and whether building is accessible for PLWD</u>)	<ul style="list-style-type: none"> • Renovation incinerator, Reed Bed, and repaint wall of Out-patient Department (OPD), Admission Ward, and outside operation theatre (OT) of Caritas Takeo Eye Hospital • Upgrade HIS with additional hard ware, soft ware, and maintenance the existing system. • Install LCD at the waiting area for health education and entertainment for patients during waiting service. • Install LCD connection with Argon Laser at OPD and operating microscope at OT and Classroom for training purpose.
	5. Number and type of equipment supplied	<ul style="list-style-type: none"> • 2 laptops • 1 set of desktop • 4 printers • 3 LEDs Monitor • 1 Auto Lend Edger • 1 Drying machine • 3 Oxygen Concentrators • 1 Lab Microscope • 1 Teaching Observation tube for Argon Laser. • 1 slit lamp • 1 Keratometre • 1 finger printer • 1 Argon Laser • 2 Digital Cameras • 1 LCD projector
Human Resource Development	6. Number of eye health care personnel trained (<u>disaggregated by cadre, gender and location</u>)	<ul style="list-style-type: none"> • 11 resident doctors (5 female) are being trained in the CTEH ophthalmology programme under the umbrella of NPEH (National Program for Eye Health) and the University of Sciences, Faculty of Medicine, Phnom Penh. The 11 resident doctors reported by 3 months rotation in two training hospitals: Takeo Eye Hospital, Ang Doung Hospital and Siem Reap eye hospital. • Diploma in Ophthalmic Nursing Training organize by CTEH is under the umbrella of Kampot RTC (Regional Training Centre), NPEH and Human Resources Department of Ministry of Health. The 5th course was

started on September 2011 had 10 students nurses (3 females) (2 Battambang Eye Unit supported by SEVA& IRIS, 2 Battambang BOC supported by BOC, 1 Prey Kabas, 2 CTEH, 1 RTC Kampot, 1 Kampot Eye Unit, and 1 Sihanouk Ville supported by CBM. After 12 months trained on theory and clinical practise at Caritas Takoe Eye Hospital the training committee conducted final examination on 4 -5 October 2012. In the result all students were passed with 7 students have good score and 3 students have medium score.

- The new curriculum of Diploma of Ophthalmic Nursing was revised by training committee (RTC Kampot, HRD MoH, NEPH, and CTEH) and approved by Human Resource of MoH to implement in the coming next course.
- Dr Ang attended the APAO conference in South Korea (April 2012). A poster on the outcome of screening for diabetic retinopathy was prepared in collaboration with community based peer educators in Takeo province and presented during the conference.
- Dr. Moerchen Manfred attended training course of “Understanding an eye health system in order to achieve VISION 2020” in London. Main outcome was introduction about a new tool of assessment of eye care and integration into the general health system.
- Follow up clinical Low Vision training of Ms. Karin for Mr. Rothna and Ms. Kimny on 11-19 June and she recommended CTEH to become low vision center and establish collaboration with Krousar Thmey Blind School.
- Supported 2 doctors, 15 nurses (5 females) from CTEH, 10 ophthalmic nurse students (4 females), and 2 staffs of Kirivong Vision (1 female) on June, 2012 and 2 doctors, 6 refractionists (2 females) 14 nurses (4 females) on Dec, 2012 participated in CME for Cambodian Ophthalmic Nurse Society.
- Ms. Pring Kimny and Mr. Nol Rathna low vision expertise at CTEH was invited to give lecture on Low Vision in program Inclusion of Education training to primary school with 39 school teachers that was conducted by CRS at Samrong District, Takeo province (July).
- Dr. Neang Mao (male) and Mr. Ken Pounlok in charge of training were attending training on Eyexcel-Expanding Global Eye Care workforce through Excellence in training on 17th -20th July 2012 at LAICO-Aravind Eye Care System, Madurai, India. After training on 26th July, they did the presentation to share new knowledge to CTEH’s staff.
- 25 (5 females) peer educators of Mo Po Tsyo were trained process of screening Diabetic Retinopathy and referral system that conducted by CTEH (September).
- 22 (8 females) Health Centre staffs from OD Kirivong were provided refresher training on Primary Eye Care that conducted by CTEH (September).
- 62 (22 females) Community Volunteers of CDMD were provided refresher training of Primary Eye Care by CTEH (September).
- 45 (20 females) Takeo secondary school teachers trained in vision screening (1-2 November).
- 47 (1 female) Takeo secondary school teachers participated on refresher training on vision school screening (November and December).
- Provided training Primary Eye Care to 18 community health worker of

		<p>Prasahakum Prey Kabash and 7 people from other NGOs at Kirivong district(14 females) (December).</p> <ul style="list-style-type: none"> • CTEH conducted training on Counselling and Behavioural Attitude towards Patient Centred Services to all staffs of CTEH at Pailin facilitated by Fr. Totet Banayal. Training was conducted in two groups 1st Group, 27 people (10 females), started on 17-21 November 2012 and the 2nd Group, 27 people (11 females) started from 22-26 November 2012. • Dr. Vong Chrean (male) In charge Community Ophthalmology was attended 4 weeks training course on Community Outreach and Social Marketing of Eye Care Services at LAICO Aravind Eye Hospital, India (November - December 2012). • Ms. Mon Sokunthea Ophthalmic Nurse in charge of outpatient department attended short-term training programme in FFA & USG for 2 months at LAICO Aravind Eye Hospital, India. (December 2012 to Jan 2013) • Dr. Neang Mao Medical Manager attends Laser in Diabetic Retinopathy Management for two months at LAICO Aravind Eye Hospital, India. (Dec 2012 to March 2013)
Partner Government (in-country) Policy and Planning Capacity	7. Number of commitments by in-country governments to support (policy) and contribute (funds) to ongoing eye health care investment	<ul style="list-style-type: none"> • An official MOU for the handover of the Kirivong Vision Centre to Kirivong Referral Hospital finalised in February 2012. • The budget plan for Kirivong Vision Centre has approved to integrate into annually budget plan of Kirivong Referral Hospital. • The (5 year) National Plan for Eye Health is still in the process of being approved and integrated into the strategic plan of the Ministry of Health, however CTEH has been recognised as a Regional Eye Hospital and Training Hospital and the Takeo Provincial Health Department is contributing to the cost of water, electricity, some technical staffs and place for CTEH. • CBM/CARITAS and Fred Hollows are members of the team to revise the National Strategic Plan to Reduce Avoidable Blindness 2009-2015 together with the NPEH and a facilitator from MoH Dr. Lo Veasnakiri.
	8. Number of eye health care centres implementing data collection systems as a result of ABI projects	Two centres 1 - Takeo Eye Hospital. 2 - Kirivong Referral Hospital Vision Centre.

	RAAB Cambodia 2007	RAAB Takeo 2007 breakdown	RAAB Takeo 2012
Prevalence Best-corrected visual acuity (BCVA) < 3/60	2.81% (Female 3.4% Male 2%)	2.95% (Female 3.5% Male 2.1%)	2.75% (Female 3.4% Male 1.73%)
Cataract Surgical Coverage in eyes < 3/60	34% (Female 31.3% Male 39.8%)	-	44% (Female 41.7% Male 49.4%)
Cataract Surgical Coverage in persons < 3/60	54.9% (Female 49.8% Male 67.4%)	-	64.7% (Female 59.5% Male 78.1%)
Outcome % good BCVA	75.5%	-	82.5%
Outcome % poor BCVA	15.2%	-	11%
Outcome % good last 5 years BCVA	81.9%	-	88.7%

Outcome % poor last 5 years BCVA	11.5%	-	7.7%
IOL-implantation	88.7%	-	92.7%