

Implementing Party: CBM Australia

Country: Cambodia

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

Report Period: April- June 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
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.	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.	January 2010	- Completed	
	1.2 CBM Australia / Nossal Institute and CBM Cambodia to develop Gender & DIACEH model based on community needs assessment outcomes & KAP survey.	January / February 2010.	- Completed	
	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.	March 2010.	- Completed	
	1.4 Establish referral pathways in line with DIACEH model across TEH, KV, CDMD and VHWS.	July 2010.	Referrals April-June 2012: - From CDMD to TEH: 257 (Ad.M: 87, F: 135, Chi.M:20, and F:15) 42% less than the same quarter in 2011. - From TEH to CDMD: 36 (Ad.M:21, F:15, Chi.M:0, and F:0) 14% less than the same quarter in 2011. -From Other: 332 (Ad.M: 109, F: 190, Chi.M:15, and F:18)	
	1.5 Pilot and implement DIACEH model / guidelines within KV Operational districts /Takeo Province (20 communes).	February 2010 and ongoing dependent upon times	- 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) and DIACEH	

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		of course training.	<i>guidelines was translated in Khmer and will distribute to all partners by next quarter.</i>	
<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>	2010, 2011	<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 presented in APAO Conference on 13-16 April in Korea</p> <p>-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. Main results will be shared with local staff at CTEH and with partner NGOs and NPEH during sub-sectorial meeting.</p> <p>-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.</p> <p>-Supported 31 nurses from CTEH and ophthalmic nurse student to attend Continuing Medical Education (CME) for Cambodia ophthalmic nurse society on 8-9 June.</p> <p>-KVC is now managed and operated by 2 nurses trained at CTEH with technical support of CTEH.</p> <p>-Diploma in Ophthalmic Nursing new course started in 12 September 2011 with 10 students (2 Battambang</p>	

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			<p>Eye Unit support by SEVA& IRIS, 2 Battambang 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. Mid term evaluation was conducted by NPEH, KRTC, HRD MoH, and CTEH on 5-6 March and the result 8 pass and 2 fail.</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 integrate with HMIS of TEHo (finished installing additional hardware in new location such as pharmacy, Optical Shop, Project Office since 15th Sept and 100% of software was finish and install and Training about the procedure how to perform this data base to staff involve since 28th Dec, 2011 with 3 months testing on system.</p> <p>- Still on the process of testing on new program link to HIS and plan to finalise on 15th May 2012.</p> <p>- HMIS completely installed by end of June 2012. Caritas Cambodia IT staff provides the follow up advice and supervision.</p>	

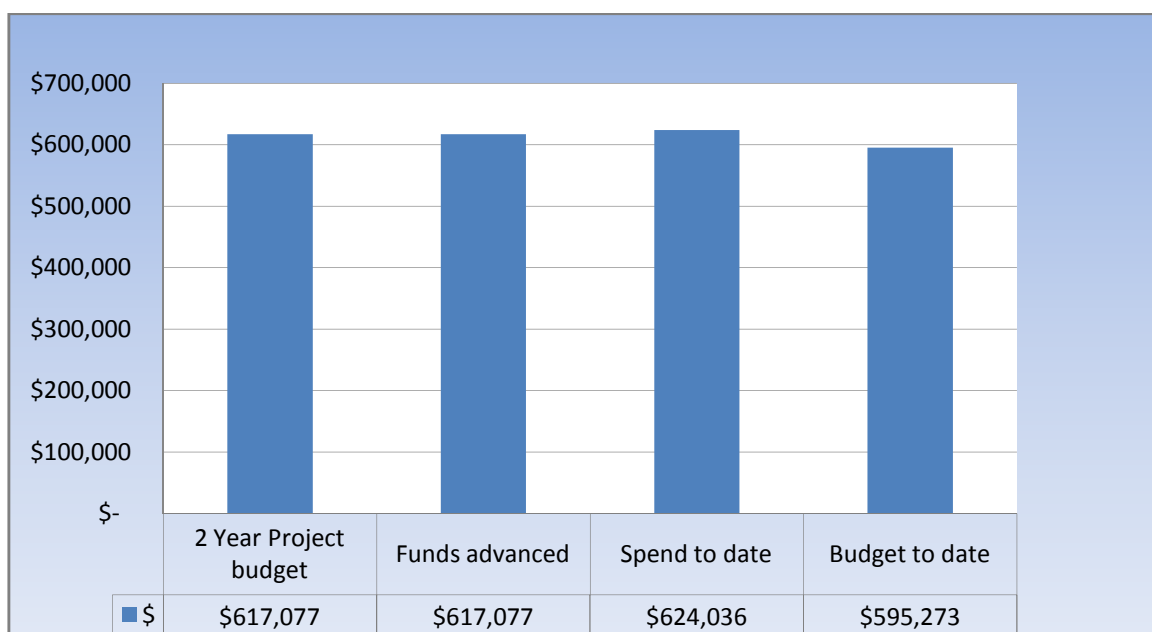
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	2.3 Increase Cataract surgical Rate from 2009.	Ongoing	Total # of Cat.surgery: 616 * Adult M: 223 F: 380 *Children M: 5 F: 8 7.5% decrease from 2 nd quarter of 2011 due to the national commune election in June.	
	2.4 Increase refractive error correction services.	TEH ongoing from January 2010. KV VC ongoing from June 2010.	25% of refraction increase from the same quarter of 2011 (1,005 in 2 nd Q 2011 and 1,256 in 2 nd Q 2012) TEH: -Refraction: 1,256 (Adult M:454, F:703 and Children M:55, F:44) 380% of low vision increase from the same quarter of 2011 (10 in 2 nd Q 2011 and 48 in 2 nd Q 2012) -Low Vision: Total: 48 (Ad.M:15, F:14, Ch.M:10, F:9) KVC: Refraction: 318 (Ad.M:156, F: 162, 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.	63% increase in total number of patient screenings from the same quarter of 2011. (1,193 in 2 nd Q 2011 and 1,940 in 2 nd Q 2012). 30% increase for referral patients (473 in 2 nd Q 2011 and 616 in 2 nd Q 2012). 49% increase for the patient came to CTEH for further treatment or surgery (213 in 2 nd Q 2011 and 318 in 2 nd Q 2012) • TEH Outreach Screening: Screening: 929 Refer : 481 (52%) + Cat: 271 (56%) + Other: 210 (44%) Came to TEH: 203 (42%) + Cat: 117 (58%) + Other:86 (42%) • School Screening: 3 secondary Schools: 781 students (Boy: 386, girl: 374) screened and percentage of refractive	

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			<p>error is 3.07%</p> <ul style="list-style-type: none"> • Kirivong Screening: 230 patients screened Referred to KVC 31 (13%) TEH: 65 (28%) + Cat: 42 (65%) + Other: 23 (35%) Came to TEH: 32 (49%) + Cat: 20 (63%) + Other: 12 (37%) <p>28 village health workers attended monthly follow up meeting for corneal ulcer intervention.</p> <p>2nd Quarter 130 people were examined by VHWs, 112 found corneal abrasions 100% abrasions healed and 18 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.	<p>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 Langdon, CERA, University of Melbourne and TEHo Team on 28th Nov- 02nd Dec, 2011 and before started to conduct conduct survey from 26th Dec 2011 to 30th Jan 2012 we conduct a refresher training on 23rd Dec by Dr.Manfred Mörchen, Mr.Te Serey Bonn, and Mr.El Nimeth. In the result from the beginning until 26th 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. In June, the RAAB draft report was received from CERA</p>	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		CTEH and CBM agreed to cancel KAP due to short time period between first KAP and will be conduct on 2013
3. To enable the target	3.1 Information Education	June 2010	Twice daily local radio spots about Corneal ulcer,	

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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. 2011.	Communication (IEC) campaign for promotion of eye health and eye-care services awareness raising including World Sight Day events (Oct. 2010/2011) within Takeo Province.	to December 2011.	Cataract, Glaucoma, Pterygium, Diabetic Retinopathy and promotion of the services of KVC and TEH renew the contract with the local radio station from April to July 2012.	
	<p>3.2 Consolidate the KV Vision Centre activities to professionally screen, treat and appropriately refer cases presenting to it, commencing by June 2010.</p> <p>Train 22 health centre staff in program procedures.</p> <p>Train 22 community health workers in program procedures.</p>		- 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	Completed	
	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.	Completed	-Collaboration TEH and CDMD by Quarterly meeting.

Funding Received: \$617,076

Actual Spend to Date	Project budget to Date	Variance
624,036	595,273	28,763



Comments on budget variances:

Project to date timing differences

This program has approximately \$34k in exchange gains which will be applied to additional activities including the purchase of equipment.

Issues and Challenges:

1. The process of integrating CTEH management into Caritas Cambodia is on-going:
 - CTEH attend the bi-monthly Caritas Management Committee Meeting(two times in Phnom Penh and one time in Battambang Province) to discuss the project achievement and develop the Child Protection Policy for implementing in Caritas Cambodia. This policy was not finalized, so committee gave this task to technical group (CTEH, CCMH, SRHCP, SRDP, and NO) to review it again to ensure it is suitable for using in the whole Caritas Cambodia before submitting to discuss in Caritas Management Committee Meeting in Siem Reap will be held on mid-August 2012.
 - Staff's scale salary of CTEH was reviewed by Caritas Management Meeting based on Caritas Salary Scale Policy. It was not the same with range of Caritas because this budget is taken from CTEH's budget that why it still have a gap between CTEH and Caritas. However, it is much better than before and it is a part of making staff have more motivation and commitment to perform their work effectively. Next plan, fund raising for CTEH is the main responsibility of Caritas Cambodia to expend its budget to support projects.
 - Mr. Kim Rattana, Executive Director and Sr. Myrna, project advisor went to join the Caritas regional meeting on 25-28 June 2012 in Taiwan. The meeting open up the avenue for CTEH to be presented to other Caritas organization in different parts of the world. There is a need for CTEH to consider new opportunities by expanding it services in human and community development services not only in medical field. The existing activities of Caritas Cambodia has to compliment and assist CTEH if ever the expansion for community development will be taken by CTEH.
Pledges of support were given for the formal education of staff with the leadership team
The Caritas Cambodia Team finalizes the plan to visit the Caritas offices in Europe to raise funds and introduce the role of CTEH in the development of the health care system in Cambodia.
 - Special meeting on 21 June 2012 at Caritas Office with Ms.Liz Cross, Mr.Ngy San, Mr.Kim Rattana, Sr.Myrna Porto CD, and Mr.Te Serey Bonn about CTEH's structure. The purpose CBM wants to have an administrative consultant to support CTEH to strengthen the administrative system and project planning and proposal...etc. But this issue was not taken decision yet, so Rattana asked CBM to send official letter to Caritas. On 26th June Liz send an official letter to Rottana, unfortunately Rottana has been in Taiwan and he responded to Liz he will response an official letter after meeting with CTEH team on Monday 2nd July.
 - Preparation of the 2013 Budget and Multi year Plan 2012 -2015.
 - The 2012 Budget was prepared by using the multi year and considering the advises of CBM BKK during the series of meetings and visits. Caritas Cambodia also presented the commitment to support the budget of CTEH by recruiting other donors from the Caritas family.
2. Organized staff monthly meeting to discuss and present the progress report, achievements, discipline to ward patient and staff, and feedback from staff to improve daily operation. There have a positive changes of staff's attitude toward patient or staff because staff are more understood about bad attitude effect to quality of services. The minute of meeting is clear written with action taken by each department under coordinated by program Director and Administrative Manager.
3. Monthly Management Team Meeting is organized regularly to discuss plans and solves daily operation with clear decision and followed up by Program Director and Administrative Manager. Recently, there have a positive achievement after management team decided to install fingerprint machine on March to monitor the working hour (time in-out) to ensure staffs come on time in order to improve the waiting hour of patient. Meanwhile each chief of department is responsible for improving patient flow and provide technical support to its staff.
4. On 1st January, 2012 signed a renewal of a one year agreement (January to December, 2012) between CTEH and CDMD on work collaboration during screening, patient referrals and subsidies as recommended by CBM/CEARO done.

5. On 21nd May, 2012 signed a renewal of one year agreement (June 2012- June 2013) between CTEH and Mo Po Tsyo on diabetic retinopathy screening.
6. Make six months agreement (July to December, 2012) between CTEH and DYCFE (Disability Youths-Children Foundation for Education and Vocation) on work collaboration during eye screening and patient referrals at Tram Kok district was sign on 26th June 2012.
7. Make six months agreement (July to December, 2012) between CTEH and OOO (Our Objective Organization) on work collaboration during eye screening and patient referrals in Takeo province was sign on 4th July 2012.
8. RAAB was delayed (see above activity 2.6) and completed in January 2012. The draft report was send by Mr.Toby on Final report from CERA consultant yet to be received.
9. 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.
10. 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.
11. Process to handover project management to local staff, strategic plan, Multiple Year Plan 2013-2015, proposal, report and other communications is approximately 80% complete.
12. Process to handover Diploma Ophthalmic Nurse (DON) Training to the training institution Kampot Regional Training Centre (KRTC) and NPEH to fully manage the training is approximately 20% complete and currently seeking formal permission from MoH. After discussion with all parties NPEH announce during sub sectoral meeting to let CTEH to continue train DON for 3 year more before KRTC ready to deal with this training.
13. Preparation of integrating the stock and inventory system into the existing hospital health information system (HIS) completed install on process implementation.