

CAMBODIA CCC

OVERSIGHT SITE VISIT REPORT

Site(s) visited:	PR-CENAT OD 1. Russey Keo (OD Samdach Ouv),(MDR-TB and C-DOTS) 2. Khmer Soviet Friendship Hospital (MDT-TB and TB/HIV) 3. CENAT Hospital and Laboratory (TB-HIV)
Date(s) of visits:	7 and 8 August 2014 (Morning from 7:30 to 12:00am)
Site Visit Delegates:	Dr. Rajandra Yadav, Ms. Inga Oleksy Dr. Fujita, Dr. Ly Vanthy, Mr. Kong Bunthorn(CCCOC members) Dr. Chiv Bunthy and Hen Sokun Kolroth (CCC Secretariat)
Objective of Visit (why site was selected for visit):	OC members would like: <ul style="list-style-type: none"> • to understand patient experience on treatment • to understand screening, referral and community DOT aspect • to understand diagnosis, treatment and follow-up aspect

Key issues identified during visit:

1. OD Samdach Ouv

Referral of MDR-TB suspect:

- 9 suspects referred by the OD for testing
- OD supervisor does not know their status

Visit to patient 1:

- Has completed 16 month treatment
- Patient was not tested for MDR-TB when given retreatment; thus testing delayed

Visit to patient 2:

- Smear positive in 2013
- Repeatedly smear positive testing 2 time in 2014
- Xpert test did not show **Rifampicin resistance** earlier. But tests were never repeated to check for resistance in spite of being repeatedly smear positive.

Conclusion on MDR-TB:

- Highly fragmented system of case management: HC, OD, SHCH, CHC, CENAT, KSH
- Patient records are split into different books
- Disconnect between OD referral center, diagnostic labs and treatment centers
- The teams of different levels never meet *together* to coordinate and share information

2. Khmer Soviet Friendship Hospital

- More than 80% TB patients are tested for HIV at Khmer Soviet Hospital (national average 82%)
- But only about 4% TB patients are tested for HIV at CENAT Hospital (low performance since

many years)

Conclusion on TB-HIV:

-CENAT Hospital probably has the lowest HIV testing rates among TB patients in Cambodia.

3. CENAT Hospital and Laboratory (TB-HIV)

- MD-Xpert Machine: partially damage (not fully function)
- Blame to GF delay in procurement process.

**Did delegation meet recipients of program (people living with or affected by the diseases)?
What feedback was gained on impact and satisfaction with programs?**

The delegations are meet one of old TB patients who are TB resistant around 02 years, and that patients she looked healthy but she did not know about her first line or second lone drug

- TB patients did not meet our delegation because they are gone to work

Recommendations to CCC, Oversight Committee, or PRs arising from visit:

- Should follow up with lost case TB patients
- The doctor need tell the patients about their fist line and second line treatment
- TB patients need the take VCCT test
- The doctor should know how to complete the form.
- Invite the GF team during their visit in Sept to see the CENAT Lab equipment.