

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**THIRD QUARTERLY COMPREHENSIVE REPORT, 2009
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**



**MINISTRY OF HEALTH
NATIONAL CENTER FOR HIV/AIDS, DERMATOLOGY AND STD**

ACKNOWLEDGEMENTS

On behalf of National Center for HIV/AIDS Dermatology and STD, I would like to acknowledge the hard work of all staff and partners in the implementation of HIV/AIDS Prevention and Care Programme in line with to Strategic Plan For HIV/AIDS and STI Prevention and Care 2008-2010 and regularly send reports to Planning Monitoring and Reporting Unit and Data Management Unit of NCHADS. These achievements occurred the great participation of Provincial Health Department/Provincial AIDS Office, Operational District, Referral Hospital, and NCHADS Units and supported from all stakeholders and partners.

Phnom Penh, 27/11/2009



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National Center for HIV/AIDS Dermatology and STD
Quarterly Comprehensive Report on HIV/AIDS and STI
Third Quarter 2009



Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 3rd quarter of year 2009. The report is intended to aggregate data and information collected from all OI/ART, VCCT, Family Health Clinics, HBC, and PMTCT sites from the whole country to be represented as the National Comprehensive Report for the health sector response to HIV/AIDS and STI in Cambodia. The following sections reported the main three program areas implemented for this period that are including: I) Programme management and implementation; II) Results of health service deliveries; and III) Financial Report on funding disbursements against the second quarterly budget plan.

I. PROGRAMME MANAGEMENT AND IMPLEMENTATION :

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) is the Government Institution of the Ministry of Health whose mandate is to coordinate and develop Policies, Strategies, and Guidelines for implementation of HIV/AIDS and STI Prevention, Care, Support and Treatment activities within the health sector. It plays an important role in mobilizing and allocating resources for the implementation of activities at national and provincial levels to achieve the objectives and goals of NCHADS Strategic Plan 2008-2010, which aligns with the Ministry of Health's overall Health Strategy Plan for Health Care in Cambodia 2008-2015, as well as to move towards to the universal access by 2010.

A. GFATM Round 7 Grant Management:

According to a Program Grant Agreement for R7 HIV/AIDS grant between Principal Recipient and Sub-Recipient signed on 2 January 2009, and the implementation letter number 2 dated on 26 March 2009, recommended to change the Program starting date from 1st January 2009 back to 1 December 2008, therefore, the reporting period for first semi-annual report was covered from 1st December 2008 to 30 June 2009 . In order to capture the program implementation during the third Quarterly progress update and disbursement request (including share information of catch up targeted plans, challenges and lesson learned and financial reports), PR/NCHADS organized the Quarterly meeting with all R7 sub-recipients to track their achievements against the targets at the end of first 6 month period of program implementation in 2009, to share lesson learned, to identify issues and challenges, to look for the practical solution, and to address any issues related to the program implementation during the course of the reporting period. Manager and key persons who are responsible for Programmatic, M&E, Finance and Procurement of each SRs are invited to participate and present their achievements in the 3rd quarter 2009 in the Quarterly Meeting which was held at NCHADS's meeting room, from 14th -15th July 2009. *(Please see the report in Annex 3).*

PR/NCHADS was organised a Principle Recipient Technical Review Team (PRTRT) meeting to review a first Semi-Annual Report 2009 of PR/NCHADS which consisted of three main parts:

programmatic, financial and procurement section. The main purpose of the meeting were to review, to clarify, to comment, and to recommend to improve the quality of report before submitting to LFA for further review, before the final submission of this report to the GFATM. The Principle Recipient Technical Review Team members (PRTRT) on HIV/AIDS component were invited to participate in this meeting. To standardise and harmonised arrangement of the GFATM Grant Management in Cambodia, PR/NCHADS was invited the similar panellist members to joint this meeting. They come from NGOs, Public and Civil Society which have a range of expertise in developing, implementing, and assessing relevant programs in Cambodia. (Please see the report in Annex 3).

B. NCHADS Program Implementation:

Under the Ministry of Health, NCHADS also plays a role as to coordinate the program implementation to provide the technical support on HIV/AIDS and STI prevention, care, support and treatment program to all partners including Provincial AIDS Offices and NGOs. Within NCHADS Strategic Plan 2008-2010, there are main activities set in HIV/AIDS and STI components of the strategic plan that are implemented by NCHADS, provinces, and NGOs.

The following descriptions are the detailed report of activities in each component that has been done during this quarter at national and provincial level.

1. Prevention Package:

National Level:

a. Behavioral Chang Communication (BCC):

i. Technical Working Group Meeting:

National Technical Working Group on COPCT meeting to review the activities of the Outreach Peer Education program and referral mechanism of EWs to check up at STI clinics and other services such as VCCT, OI/ART and Reproductive Health. Some issues were found during discussion:

- 2 provinces (Oddor Meanchey and Rattanakiri) did not have NGOs working on Outreach and Peer Education program for EWs. NGOs who are members of COPCT were brought up this issue to discuss with their own organization.
- Some NGOs were not yet selected Peer Facilitators and Peer Educators as recommended by a new approved SOP based on the budget plan, and they has to revise activities and budget for the next year.

ii. Trainings and Workshops:

One 3-day Regional network meeting on Outreach and Peer Education Program was conducted in Kampong Cham province. 62 participants were invited to attend in this meeting including PF/PE, PST/OP, STI officers from 12 provinces (SHV, BTB, TKV, PLN, KHK, PST, KCM, BMC, PNP, SRP, KCN and KTM) and representative of CWPD, SFaDA, PSDA. This meeting provided opportunity for participants to review their achievements, share experiences, discuss challenges during the implementation and find out the appropriate solution for the future.

3 trips for field assessment and orientation for implementation the new SOP on Prevention and Care for Most at risk population were conducted in Battambang- Banteay Meanchey, Koh Kong, Preah Sihnouk, Kampong Thom and Preah Vihear.

Joint Supervision visits with STI/RTI Unit to monitor and to provide technical supports on OPC program and STI prevention were conducted by BCC and STI officers in Kampong Chhnaing, Kampong Speu, Phnom Penh, Kandal, Kampong Cham, Pursat, Battambang, Siem Reap, Pailin, Mondulhiri, Svay Rieng, Banteay Meanchey, and Oddor Meanchey province. *(Report in file)*

Provincial Level:

Based on the reports from provinces, some activities were done in this period including:

- Refresher training on outreach and peer education program among EWs to PST/OP members, were organized by Provincial AIDS Office.

Table 1: Summary of Refresher Training for PST/OP were conducted by provinces during Q3. 2009

	Provinces	# of participants
1	Kampong Cham	12p
2	Siem Reap	20p
3	Banteay Meanchey	33p
4	Phnom Penh	28p
5	Pursat	8p

- Supervision on outreach and PE program at OD level were conducted by PST/OP members, in Kratie, Kampong Thom, Kandal, Prey Veng, Kampot, Phnom Penh, Pailin, Preah Sihanouk, Kampong Speu, Svay Rieng, and Pursat.
- PST/OPC meeting and meeting with owners of entertainment sex workers were regularly organized (Table 2)

Table 2: Summary of PST/OP and Owner meeting conducted by provinces during Q3.2009

Provinces	Owner meetings		PST/OP meetings	
	# of meeting	# of participants	# of meeting	# of participants
1 Kratie	1	38p	2	13p
2 Kampong Thom	1	53p	2	42p
3 Kandal	1	45p	3	51p
4 Kampot	1	35p	2	22p
5 Phnom Penh	2	100p	2	44p
6 Pailin	1	24p	1	8p
7 Preah Sihanouk	2	57p	3	36p
8 Kampong Speu	1	60p	2	18p
9 Banteay Meanchey	2	115p	3	36p
10 Svay Rieng	2	51p	3	27p
11 Prey Veng	2	59p	3	33p
12 Siem Reap	1	53p	3	45p
13 Battambang	1	76p	3	53p
14 Kampong Chhnaing	1	43p	3	27p
15 Pursat	1	42p	3	21p
16 Kampong Cham	2	75p	2	18p
17 Takeo	1	45p	2	12p
18 Oddor Meanchey	3	30p		

b. Sexual Transmit Infection/ Reproductive Tract Infection (STI/RTI):

National Level

i. Technical Working Group Meeting:

STI/RTI Unit of NCHADS conducted a monthly TWG meeting for reviewing the results of STI/RTI case management, result from monitoring and supervision at the sites for period January to June 2009, and review update the Strategies, objectives, activities, indicators and targets for STI/RTI component, for Strategic Plan 2010-2015 (*Minutes in file*).

ii. Trainings and Workshops:

Trainings and workshops were organized during this period including:

- In collaboration with PHD/PAO, SIT/RTI Unit of NCHADS organized four 3-days Regional Network meeting for Health Care providers and Lab technician in Kratie, Kampong Speu, Battambang, Kampong Cham province, participated by STI Officers, Lab technician and STI Clinic. The purpose of this meeting were provide the opportunities for clinicians and lab technicians working at STD clinic from each region have shared experiences, knowledge, and challenging cases observed and treated during last year.
- In collaboration with partners who work on HIV/AIDS prevention and care for Entertainment workers such as FHI, MEC, RHAC, MSIC, PSF, CWPD, and PDF; STI/RTI Unit and BCC Unit of NCHADS organized one 3-day coordination meeting between STI clinics and Provincial Continuum of Prevention to Care and Treatment Support team from 22 provinces for strengthening the referral of EWs to check up at STI Clinics (*Report in file*).
- Three 3-day Refresher Trainings on STI/RTI case management for EWs and MSM were organized with 99 participants from 32 STI clinics in 21 provinces except Kandal, Mondulkiri and Kep.
- Facilitated in Trainings on STI/RTI case management for Health Care providers from the HCs and STI clinics in Kep, Kampong Thom, Kampong Cham, Takeo.
- Facilitated in Training on STI/RTI case management for MSM for MSIC clinic staff.
- In collaboration with FHI, organized one 2-days Coordination meeting to develop plan and activities for STI/RTI component with 9 provinces that supported by FHI including Kampong Chhnang, Kampong Cham, Siem Reap, Pailin, Battambang, Sihanouk Ville, Koh Kong, Pursat and Banteay Meanchey. This meeting aims to review the achievements and identify challenges in 2008-2009, and the need for 2010. (*Report in file*)
- Data of STI cases, serological and bacteriological testing from National STI Clinic are summarized in Table 3, 4 and 5.

Table 3: *Consultation and treatment*

Disease	Dermatology		STD		Surgery	
	Male	Female	Male	Female	Male	Female
Month						
July	942	1248	27	24	4	6
August	1114	1328	28	26	6	4
September	970	1218	40	37	12	13

Table 4: Serological testing

Test	RPR		TPPA		HBs-Ag		HBs-Ab		HCV-Ab		HIV-Ab	
	Total	+	Total	+	Total	+	Total	+	Total	+	Total	+
Month												
July	28	0	25	0	44	5	44	14	43	0	26	3
August	25	0	22	1	36	1	37	2	37	2	30	3
September	25	2	22	1	35	3	36	13	32	1	34	0

Table 5: Bacteriological testing

Method	Gram Stain			Wet mount		
	GNID	PMNs >10	# of test	Yeast	Trichomonas	# of test
Months						
July	1	1	6	0	0	0
August	0	0	0	0	0	0
September	0	3	6	0	0	9

iii. Monitoring and Supervision

- STI/RTI Unit in collaboration with clinicians and lab technicians from National STD clinic conducted jointed supervision visits to monitor and provide technical support to STD clinics in Kampong Chhnang, Battambang, Phnom Penh, Pursat, Svay Rieng, Banteay Mean Chey, Oddor Meanchey, Siem Reap, Prey Veng and Koh Kong (Reports in file).

PROVINCIAL LEVEL:

- Mobile STI clinic was conducted every month for Entertainment workers at districts in Krakor/Pursat, Baray Santok/Kampong Thom, Mebon and Svay Antor/Prey Veng, Chhouk/Kampot Phnom Sruoch and Korng Pisey/ Kampong Speu, and Bavet/Svay Rieng, Osmach and Chhorng Chorn/Oddor Meanchey. The following tables (6 and 7) are summarizing activities that have done at provincial and district levels.

Table 6: Summary of STI/RTI Refresher Training and STI/RTI Coordination meeting conducted by province during Q3, 2009

	Refresher Training (# of participants)	Coordination meeting (# of participants)
1	Kratie	14p
2	Prey Veng	32p
3	Kampong Thom	15p
4	Pursat	22p
5	Sihanouk Ville	18p
6	Phnom Penh	44p
7	Kandal	16p
8	Kampong Speu	18p
9	Svay Rieng	22p

10	Banteay Meanchey		46p
11	Siem Reap	35p	15p
12	Kampong Cham	60p	
13	Kampot	16p	13p
14	Kampong Chhnang	21p	22p
15	Takeo		34p
16	Oddor Meanchey	8p	

Table 7: Summary of Supervision on STI/RTI conducted by provinces during Q3.2009

Provinces	Supervision from PAO to ODs and STD clinics		Supervision from ODs to HCs	
	# of trips	# of sites	# of trips	# of sites
1 Kratie	3	3	6	6
2 Kampong Thom	2	2	6	6
3 Kandal	3	3	15	15
4 Kampot	4	4	12	12
5 Phnom Penh	5	5	7	7
6 Kep			4	4
7 Kampong Cham	10	10	33	53
8 Battambang	4	4	25	25
9 Prey Veng	7	7	22	22
10 Svay Rieng	2	2	6	6
11 Takeo	4	4	14	14
12 Oddor Meanchey	2	2	3	3

2. Care Package:

a. Health Facility and Home Based Care:

NATIONAL LEVEL:

i. Training/ Workshop:

- 3 sessions of Regional Clinician Network meeting on OI/ART Management were conducted in 3 different provinces, funded by GFATM-R4. This meeting provided an opportunity for HIV/AIDS care Clinicians from OI/ART sites to gain new knowledge, to share experiences from treatment sites across the regions, to discuss challenging cases observed and treated, and to raise quality improvement issues (Reports in file).
- Regional Network meeting for Home and Community Based Care for HIV/AIDS was conducted in Battambang province, funded by KHANA and CRS. The objectives of this meeting were to provide the new information on HIV/AIDS, review on the achievements and discuss on other issues or challenges faced during the implementation from January to June 2009 including reporting format, reporting flow, and to share experiences among Home Based Care team (Reports in file).
- In collaboration with CRS, the Orientation Workshop on Implementation of linked Response approach for HIV/AIDS and Reproductive Health in Sot Nikum OD, with 83

ii. Supervision :

- Joint supervision trips conducted to monitor on CoC and HBC activities in Kampong Thom, Preah Vihear, Preah Sihanouk, Stung Treng, Kampong Cham, Kratie, Svay Rieng, Koh Kong, Siem Reap, Pailin, Battambang, Banteay Meanchey and Takeo. The purposes of the supervision were to review on the activities in OI/ART sites, HBC team, provide technical support and the coordination between community and Health facilities (Reports in file).

PROVINCIAL LEVEL:

- Monthly CoC coordination committee meetings, MMM meeting and OI/ART meeting were conducted regularly and summarized in Table 8.
- Quarterly meeting for PMTCT was conducted with 44p from all PMTCT sites in Banteay Meanchey.
- The supervision to review the activities of HBC was conducted by CoC coordinator in Banteay Meanchey and Preah Sihanouk.

Table 8: Summary of CoC and MMM meetings conducted by provinces, in Q3, 2009

	# of MMM/mmm meeting	# of PLHA attended the MMM/mmm meeting	# of CoC meeting	# of participants	# of OI/ART team meeting	# of participants
1 BMC	10	1085p	4	129p	1	36p
2 KTM	3	205p	3	103p	3	60p
3 PLN	1	80p	3	54p	1	10p
4 KDL	1	102p	1	30p		
5 KPT	3	162p	3	69p	5	88p
6 BTB	3	281p	4	134p		
7 TKV			2	36p		

b. VCCT:

i. Workshop/Training:

- One 5-day training on HIV/AIDS Counseling for Linked Response Approach for 27 Counselors from HCs in Prey Veng, Preah Sihanouk, Siem Reap, Battambang (Reports in file).
- One 5-day training on HIV/AIDS Counseling for 25 Counselors from VCCT and HCs (6 HCs in Phnom Penh, 4HCs in Kandal, 2 HCs in Kampong Chnaing, 5 HCs in Prey Veng, 2 HCs in Kampong Cham, 2 HCs in Kampong Speu, and Komar Angkor RH/ Siem Reap (Reports in file).
- Two 5-days refresher training on Laboratory for HIV testing, Syphilis Screening for 63p lab technicians from Kampong Chnaing, Kampong Cham, Kampong Speu, Kep, Preah Sihanouk, Banteay Meanchy , Koh Kong, Kampong Thom, Siem Reap, Battambang, Kandal, Phnom Penh, Prey Veng, Kampot, Stung Treng, RHAC clinic, Marie Stop Clinic and MEC clinic (Reports in file).

- Two 2-days Regional Counseling Meeting to share experiences for 73 participants. These meetings provided opportunity for participants to share experiences and discuss challenges during the implementation.
- One 10-days Trainings on serology for HIV/STI testing including Syphilis screening, DNA, PCR for 16 Lab technicians from Referral Hospital of Banteay Meanchey, Battambang, Kampong Thom, Kampong Cham, Kampong Speu, Svay Rieng, Social Health Clinic and National STD and Dermatology Clinic.
 - o The important information was presented during this training such as Policy and Guideline for HIV testing, VCCT services, universal prevention etc
 - o Theory and practice on Non treponemal test, Determine syphilis test, RPR test, Serodia TPPA, Serodia HBs Ag, HVC, Serodia HIV1-2, Determine HIV1-2, Unigol HIV1-2, Stat pak HIV1-2, DBS for DNA PCR etc. (Reports in file).

ii. Monitoring and Supervision:

- 11 supervision trips conducted to monitor on the VCCT activities in Preah Vihear, Svay Rieng, Kampong Thom, Kampong Cham, Battambang, Mondulhiri, Rattanakiri, Takeo, Pailin, Prey Veng, and Kratie. The purpose of the supervision were to review the VCCT activities such as: register book, appointment cards, referral cards, process of pre and post test counseling, lab activities (Rapid test), blood samples, use and stock of reagents and consumables.

3. Surveillance & Research package:

a. Surveillance:

i HSS Round 10:

Reviewing and finalize questionnaires for HSS 2009 and preparing documents for Training on Data Collection for HSS 2009.

- #### ii Surveillance of primary HIV Drug Resistance transmission through threshold survey of recently infected people:
- This survey was started in June 2008 in Phnom Penh, where ART has been provided for about 6 years ago. This study aims to assess the proportion of people who have been infected with HIV strain resistant to any drug in the standard first line regimen and to assess whether standard first line regimen will continue to be effective. The prevalence of transmitted HIV DR to each drug in the standard first line regimen is classified as;

- **Low if <5%:** people infected with resistant strain to all relevant ARV drug or drug class.
- **Moderate if 5 – 15%:** Need to strengthen program functions and review ART program through monitoring of Early Warning Indicator.
- **High if >15%:** Need to change the standard first line regimen

Since this study started, the specimens have been collected from 5 VCCTs in Phnom Penh (National STD clinic, 7 Makara HC, clinic RHAC (Tek Tla & Tuol Sanke) and Chamkarmorn HC). As the end of this quarter, 53 HIV+ specimen out of 70 were collected and 39 HIV+ specimen were sent to Canada lab for sequencing.

- #### iii Monitoring of HIV Drug Resistance Early Warning Indicators :
- 7 Early Warning Indicators for HIV Drug Resistance were defined to collect from all OI/ART sites:

1. Percentage of quarters in which there were no ARV drug stock out.
2. Percentage of quarters no expired ARV drug was found at ART site
3. Percentage of ARV drugs are in storage conditions
4. Percentage of patients started on standard recommended first line ART regimen
5. Percentage of patients still on first line ART regimen 12 months after ART initiation
6. Percentage of patients lost to follow up at 12 months after ART initiation
7. Proportion of patients who kept all appointments (ART database) used as a proxy for adherence to ART

During this quarter, Surveillance unit collected data for EWI study from another 23 OI/ART sites (Stung Treng, Kratie, Smach Meanchey, Sre Ambel, Pailin, Sampovmeas, Don Keo, Ang Roka, Kirivong, Chey Chum Neah, Oudong, Kampong Cham, Tbong Khmum, Memut, Battambang, Mong Ressy, Sampov Loun, Mung kulborey, Prey Veng, Romeas Hek, Siem Reap, Kralanh, and Samrong/ Oddor Meanchey) which 14 sites has Pediatric services. The finding results of EWI from these 23 OI/ART sites were disseminated to OI/ART Team and discussed with NGOs who supported OI/ART sites. *(Please see the presentation in Annex 4).*

One 1-day training on Data collection for 2nd round of EWI study for 19 OI/ART sites was held at Sunway Hotel. After this training, Surveillance unit of NCHADS, will continue to collect these data from OI/ART sites including Kampong Speu RH, Serey Sophorn RH, Thmarpuok RH, Poi Pet RH, Military No. 5 RH, Thkmarkol RH, Kampong Thom, Svay Rieng, Kampong Chnaing etc.

b. Research:

i. Continuum Quality Improvement (CQI) for HIV Care:

NCHADS has started launching the Continuum Quality Improvement (CQI) for HIV Care in late December 2008, and early in 2009. The project aims to improve the quality of care and treatment services to PLHA in Cambodia, by strengthening the quality improvement among CoC, improve communication between health care providers, data management team, community support teams and other related organizations in the CoC.

Core indicators below are defined to monitor for CQI:

1. The mortality indicators:
 - Percentage of patients under ART who died
 - Percentage of patients under ART who were lost to follow-up
 - Percentage of patients under OI who died or were lost to follow-up
2. Case-finding and prevention indicators
 - Percentage of new OI patients with an initial CD4 count of >250 (Pre-OI)
 - Percentage of new TB patients who receive HIV testing and counseling (TB)
 - Percentage of ANC1 patients who receive HIV testing and counseling (PMTCT)
 - Percentage of known HIV+ pregnant women who receive prophylaxis and follow-up (pre-OI)
3. Quality of service indicators
 - Percentage of patients on ART who kept all appointments in the last quarter (Post-ART)

- Percentage of patients with CD4 counts <250 or WHO stage 4 who start ART after 60 days (Pre-ART)
- Percentage of patients with CD4 count less than 200 and 100 receiving prophylaxis with Cotrimoxazol (CXT) and Fluconazole respectively
- Percentage of patients newly registered at the OI/ART site who were screened for TB (Pre-ART)
- Percentage of patients on ART who are still on first line regimens after 12 or 24 months (post-ART)

The CQI were extend to another OI/ART sites such Neak Loeung, Preah Sihanouk, For implementing the CQI, Research team, OI/ART team, counselors, PLHAs, and partners discussed and analyzed the problems based on 3 criteria in different 10 key indicators: importance, urgency and feasibility.

Table below are the results of 10 Key indicators in Neak Loeung RH before starting the CQI:

		Q1. 2006	Q2. 2006	Q3. 2006	Q4. 2006	Q1. 2007	Q2. 2007	Q3. 2007	Q4. 2007	Q1. 2008	Q2. 2008	Q3. 2008	Q4. 2008	Q1. 2009	Q2. 2009
1	Percentage of adult patients under ART who died		1.6	0.7	0.3	0.8	0.7	1.1	0.2	0.2	0.4	0.2	0.3	0.6	0.4
2	Percentage of adult patients under ART who were lost to follow - up		0.4	0	0.3	1.3	0	0	0.2	0	0	0	0	0	0.8
	Percentage of Children patients under ART who were lost to follow - up		0	0.33	0.57	1.02	0	0.86	2.09	1.12	0.53	1.45	0.16		
3	Percentage of adult patients under OI were lost follow up		3.3	3.4	1.2	0.9	4	4.1	5.8	4.7	6.9	13.2	5.9	8.7	7.4
4	Percentage of late visit beyond buffer by quarter	8.4	9.1	8.8	10.7	10.8	9.4	9.7	10.1	9	9.1	9.7	9.3	12	12.7
	Percentage of late visit in buffer by quarter	11.3	10.3	7.6	10.2	9.6	11.8	8.2	9.7	10.5	11.3	8.5	8.9	9.4	10.5
	Percentage of visit exactly on schedule by quarter	57.9	58.2	56.2	51.6	52	53.1	56.3	52.9	55.4	60.1	61.3	61.8	55.3	56.3
	Percentage of early visit by quarter	22.5	22.4	27.5	27.4	27.6	25.7	25.8	27.4	25.2	19.5	20.5	20	23.3	20.5
5	Percentage of patients whose CD4<250 or WHO stage 4 who start ART within 60 days after eligible	41.7	44.5	43.8	41	51.7	11.5	21	23.1	23.5	41.2	17.9	11.8	24.2	40.9
	Percentage of Patients whose CD4<200 and received Cotrimoxazole by quarter	13.33	55.56	53.85	62.07	61.54	60	54.17	60.87	66.67	50.82	32.69	37.21	34.78	41.84
	Percentage of Patients whose CD4>=200 and CD4<200 received Cotrimoxazole by quarter														
	CD4<200	13.33	55.56	53.85	62.07	61.54	60	54.17	60.87	66.67	50.82	32.69	37.21	34.78	41.84
	CD4>=200	0	41.38	47.22	66.67	47.22	47.5	51.22	62.16	52	35.71	47.83	35.48	31.25	34.93

6	Percentage of Patients whose CD4<100 and received Fluconazole by quarter	6.25	18.42	35	33.33	21.05	50	18.18	21.21	6.25	7.69	24.24	24	25	23.08
	Percentage of Patients whose CD4>=100 and CD4<100 received Cotrimoxazole by quarter														
	CD4<100	6.25	18.42	35	33.33	21.05	50	18.18	21.21	6.25	7.69	24.24	24	25	23.08
	CD4>=100	16.67	27.03	31.71	20	19.57	18.87	11.32	7.35	4.26	0	5.05	4.71	6.74	10.2
7	Percentage of new TB Patients who were screened for HIV by quarter				34.2	15.8	31.2	26.5	64.3	54.9	57.3	50.9	76.4	27.4	57.9
8	Percentage of patients who has CD4>250 at initial visit by quarter	45.83	40.91	49.49	34.15	44.58	45.71	28.3	47.22	45.65	37.84	44	51.43	40	11.76
	Mean of CD4 of patients at initial visit by quarter	259.87	220.16	274.01	230.98	230.98	258.41	168.64	313.77	255.73	239.56	241.22	240.22	206.18	153.25
9	Percentage of patients still on first line after the 12 months and 24 months on ART														
	12 months														99.4
	24 months														98.8
10	Percentage of HIV Testing among ANC 1 by Quarter			94.64	34.82	55.31	55.59	70.12	48.92	32.36	49.49	69.91	76.41	81.00	73.68
11	Percentage of delivered women with known HIV status Quarter			32.50	64.29	85.71	75.56	92.50	81.43	79.63	89.80	82.14	84.21	84.38	86.36
	Percentage of HIV + Women who received any prophylaxis or HAART during Labor by Quarter			100	100	100	100	100	100	100	100	100	100	100	100

After discussion on the results of these indicators, 2 core indicators were selected to monitor and follow up during 6 months of quality of health care services in Neak Loeung RH:

- “Percentage of patients on ART who kept all appointments in the last quarter (post-ART) or Percentage of late visit beyond drug buffer by quarter” with importance score 23/24; urgency score: 23/24 and feasibility score: 22/24 and
- “Percentage of patient with CD4 less than 250 or WHO stage 4 who start ART after than 60days (Pre-ART)” with importance score 22/24; urgency score: 23/24 and feasibility score: 23/24 and

To follow up the progress of CQI Implementation, Research Unit conducted the coordination meeting with OI/ART team, relevant units of NCHADS, and partners in 3 provinces (Pursat, Battambang, and Banteay Meanchey). The meetings also aimed to review the work plan, challenges or issues faced during CQI implemented, and find appropriate solution.

- ii. One 3-day training on Biostatistics for support clinical and epidemiology HIV research capacity in Cambodia by Dr. Janaki Amin and Dr. Kathy Petoumenos, with 23 participants from Social Health Clinic, Research Unit of NCHADS and National Pediatric Hospital.

- iii. Other Research/study Programme to support the optimal use of Antiretroviral Therapy such as Qualitative study of ARV adherence, Cohort Study of ARV adherence, Immune Restoration Disease (IDR), PREDICT, were continuing activities from last year.

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

Coordinated to develop the 3rd quarterly comprehensive work-plan 2009 for NCHADS and 24 provinces that were included the detail activity plans, expected outputs and allocated available funds from all funding sources.

ii Coordination Meeting:

Coordination meeting with Logistic Management Unit, Procurement and relevant NCHADS Units were conducted every 2 weeks. The main objectives of the meeting are to quantify of the forecasting need of OI/ARV drugs, reagents, consumables for VCCTs, CD4, and STI clinics in 2010, to update the current stocks of these health products and commodity at NCHADS and CMS, and to monitor and follow up the supply management to avoid stock out at the services delivery levels.

Coordination meeting with all units for prepared the Planning workshop for HIV/AIDS Programme for year 2010.

iii Monitoring Activities:

In collaboration with Data Management Unit, the two 4-days workshop on Workshop on Strengthening of Monitoring and Reporting System and Data Management of HIV/AIDS Programme were conducted, with participated from PAO Managers, M&E Officers, HIV/AIDS OD Coordinators, Provincial Data Management officers from Battambang, Siem Reap, Banteay Meanchey, Pailin, Takeo, Preah Sihanouk, Kandal, Stung Treng, Kampong Chhnang, Pursat Kampong Thom and Prey Veng. The workshop aims to update knowledge on M &E System including how to develop M&E plan, Data presentation and outline on writing programmatic report; discuss and identify common data errors, how to minimize data errors and how to improve the quality of data; updated the information on NCHADS' Quality Monitoring for HIV/AIDS Care including Continuous Quality Improvement (CQI) and Monitoring Drug Resistance and integrate data collection on TB/HIV, Trainings, Meetings and BCC component;

Developed the 2nd Quarterly Comprehensive Report 2009, which is available at NCHADS' website at www.nchads.org. The report was also distributed to Provinces, MoH, NAA, donors and other partners.

PROVINCIAL LEVEL:

- Provincial AIDS Office of 24 provinces-cities developed the 3rd Quarterly Operational Comprehensive Plan which incorporated with many of the inputs and expected outputs from partners working at their ODs and Provinces.
- Organized the Quarterly Coordination meeting with partners to review the progress achievements and to identify the issues and solve the problem.
- Developed monthly report and quarterly report.
- Conducted the monitoring trip to ODs on HIV/AIDS programme Management.

Table 8: Summary of Provincial Coordination meeting and Mid Year review conducted by provinces, in Q3, 2009

Provinces	# of participants
1 Banteay Meanchey	28p
2 Kratie	20p
3 Pailin	20p
4 Kandal	41p
5 Phnom Penh	44p
6 Kampong Thom	60p
7 Battambang	80p

b. Data Management:

- Backlog data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for 2nd quarter 2009.
- Conducted supervision to province on data management, checked and entering OI/ART data in Pursat, Takeo, Battambang, Koh Thom/Kandal, Sihanouk Ville, Sre Ambel, Kampong Speu, and Svay Rieng.
- On-site training for OI/ART Data based in Kandal, Pailin, Svay Rieng and Stung Treng.
- Provincial Data Management Officers conducted the supervision to check and review the data at the sites such as OI/ART sites, VCCT sites and STI every quarter.

c. Logistic Management:

- Three sessions of 2-day workshop on the use of the report form, request form for VCCTs were organized in Takeo province, with 72 participants from 13 provinces (KCN, PVG, SVR, RTK, KSP, PST, PVH, OMC, SRP, BTB, KTM, STG, PLN).
- One 5-day Refresher Training on Logistic Management for 39p from 17 provinces.
- Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities

In quarter 3 -2009, there were a total of 54 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 22 *NGO STI clinics; RHAC: 17 clinics, Marie Stopes: 3 clinics, MEC: 1 clinic and PSF: 1 clinic).

Of the 32 family health clinics, 32 (100%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 30 labs are functioning (Annex: STI indicator 2). This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 186 health centers in 62 OD/18 provinces provide STI services using the syndromic approach. At these HCs, in quarter 3 2009, 1,532 consultations for male patients and 10,303 for female patients were reported to the data management unit of NCHADS. Of 1,402 male patients who having STI/RTI syndromes reported, 1,316 of those (94.0%) suffered from urethral discharges; 83 (5.9 %) from Genital ulcers and 3 (0.2%) from Genital warts respectively. Of 9,531 female patients who having STI/RTI Syndromes reported, 5,151 of those (54.0 %) suffered from vaginitis, 3,785 (39.7%) from cervicitis and vaginitis; 539 (5.7%) from PID, and 49 (0.5%) from Genital ulcers respectively. A total of 1,130 male partners and 1,941 female partners of STI patients were notified and treated for STI.

In 3rd quarter, 2009, 57,989 consultations were provided at a total of 51 specialized STI clinics (32 government and 19 *NGO STI clinics). Among those consultations, 5,317 consultations were provided to male patients, 1,595 to MSM , 40,695 to low-risk women, and 10,382 to brothel entertainment workers (BEWs) and non-brothel entertainment workers (NBEWs) (2,730 for BEWs; 7,652 for NBEWs) of which 5,323 were monthly follow-up visits] (Figure 1).

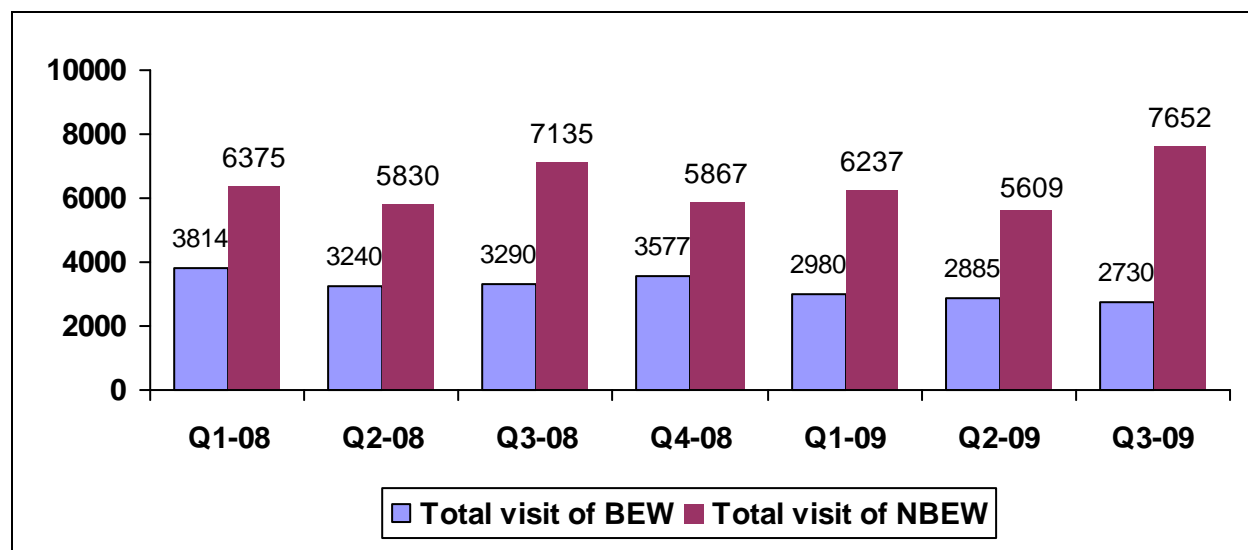


Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2008 to Q3- 2009

*The reports from Marie Stopes clinics are not available.

The RHAC clinics attract mostly low risk women whereas the 32 government STI clinics are used mostly by brothel entertainment workers and non-brothel entertainment workers. Most MSM population visited MEC clinic in Phnom Penh city.

At the 51 specialized STI clinics, among the 3,618 male patients who having STI syndromes reported in this quarter, 3,281 (90.7%) got urethral discharges, 20 (0.6%) got anal discharges, 202 (5.6%) got Ano-genital ulcers, 102 (2.8%) got Ano-genital warts, and 13(0.4%) were inguinal bubo. Among the 334 MSM people having STI syndromes, 217 (65.0%) suffered from urethral discharges, 37 (11.1%) from anal discharges, and 44 (13.2%) from ano-genital ulcers respectively.

At the 51 specialized STI clinics, among the 40,695 low-risk women having STI syndromes reported that 34,962 (83.0%) were treated for vaginitis, 6,551(15.5%) were treated for cervicitis and vaginitis, 173 (0.4%) were PID, 294 (0.7%) were ano-genital ulcers, and 158 (0.4%) were ano-genital warts.

During the third quarter– of 2009, of the 1,306 BEWs who attended specialized clinics for their first visit, 1,071 (82.0%) were diagnosed with a STI, including 453 (34.7%) with cervicitis. Among the 1,424 BEWs who attended specialized clinics for monthly follow-up visits, 540 (38.0%) of those were diagnosed with a STI, including 273 (19.2%) with cervicitis (Annex: STI indicator 1). In quarter 3 -2009, of the 3,753 NBEWs who attended specialized clinics for their first visit, 2,579 (68.7%) were diagnosed with a STI, including 1,249 (33.3%) with cervicitis. Of the 3,899 NBEWs who attended specialized clinics for monthly follow-up visits, 1,561 (40.0%) were diagnosed with a STI, including 660 (17.0%) with cervicitis.

Of a total of 1,513 RPR tests were conducted in 3rd quarter 2009 at the 32 government specialized STI clinics, and PSF and MEC clinics, 10(0.7%) were positive.

During this quarter, specialized STI clinics have referred 2,414 patients to VCCT, 8 of HIV/AIDS patients (PLHA) to OI/ART services, 53 pregnant women to ANC, and 29 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 180 patients from VCCT, 74 of patients from OI/ART services, 73 pregnant women from ANC and 26 women from Family Planning services.

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 9 years, from 12 sites in 2000 to 229 sites by the end of Q3 2009 (Annex: VCCT indicator 1) (Figure 2).

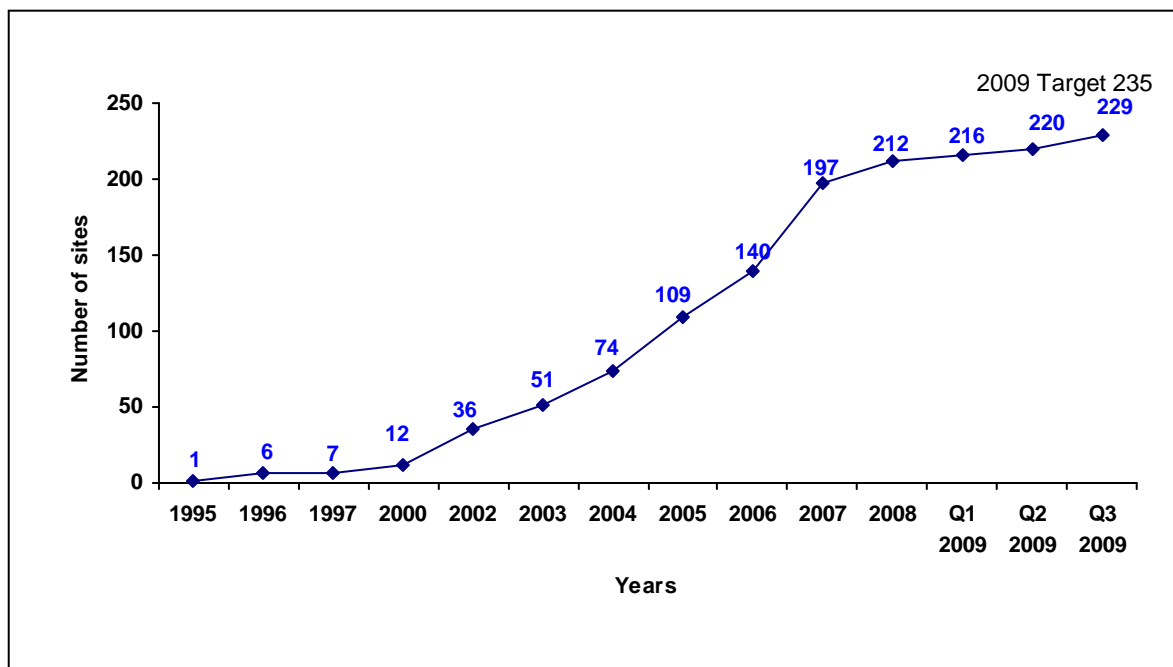


Figure 2: Trend in number of VCCT sites from 1995 to Q3-2009

A total of 9 new VCCT sites have been opened in Q3-2009 (Prek Rom Deng HC, Sdeov HC, Kor HC, Lvea HC in Kampong Cham, Veal Ang Popel HC, Bor Set PorMreal in Kampong Speu and Svay Leu HC, Sam Roang HC in Seam Reap and Bor Keo HC in Ratanakiri Province). Of the current 229 VCCT sites, 207 are supported directly by the Government and 22 by NGOs (RHAC, Marie Stope, MEC and Center of Hope).

Provider initiated HIV testing and counseling (PITC) was started in 2006. Health care workers propose HIV testing to ANC attendees, STD patients, TB patients and patients with symptoms of HIV disease who access health facilities, give pre-test information and provide a referral card to access VCCT services or draw blood and send it to VCCT. The HIV test is conducted at VCCT sites as well as post-test counseling.

In Q3-2009, of 120,724 (including 30,949 ANC attendees from NMCH) VCCT clients 57,288 (47.5%) were self referred, 35,702 (29.6%) were referred by ANC services, 1,829 (1.5%) were referred by STD clinics, 5,957 (4.9%) were referred by TB program, 7,359 (6.1%) were referred by HBC/NGO, 5,891 (4.9%) were referred by general medicine, 315 (0.3%) were referred by Pediatric care, 1,852 (1.5%) were referred by Maternity services, 790 (0.7%) were referred by BS/FP services and 3,399 (3.1%) were referred by other services (Figure 3).

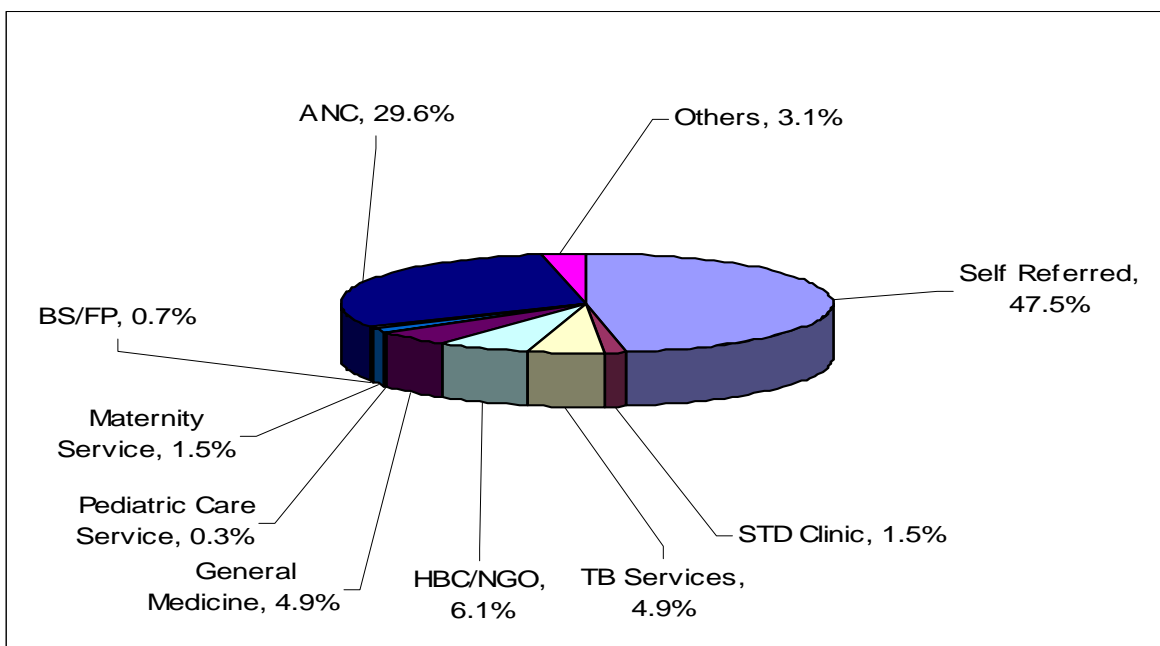


Figure 3: Trend in number of VCCT clients referred from other services in Q3-2009

A total of 120,471 clients tested for HIV in quarter 3-2009, including 89,522 VCCT clients, 5,378 TB patients, 28,443 pregnant women (24,831 at government facilities and 3,612 at RHAC clinics) and 6,462 male partners of pregnant women (6,118 at government facilities and 344 at RHAC clinics).

The figure 4 and Table 1 below show the trends and characteristics of the subset of VCCT clients and TB patients tested for HIV at VCCT services, these figures do not include pregnant women. A total of 89,522 VCCT clients and TB patients tested for HIV at VCCT sites in Q3-2009 (Figure 4).

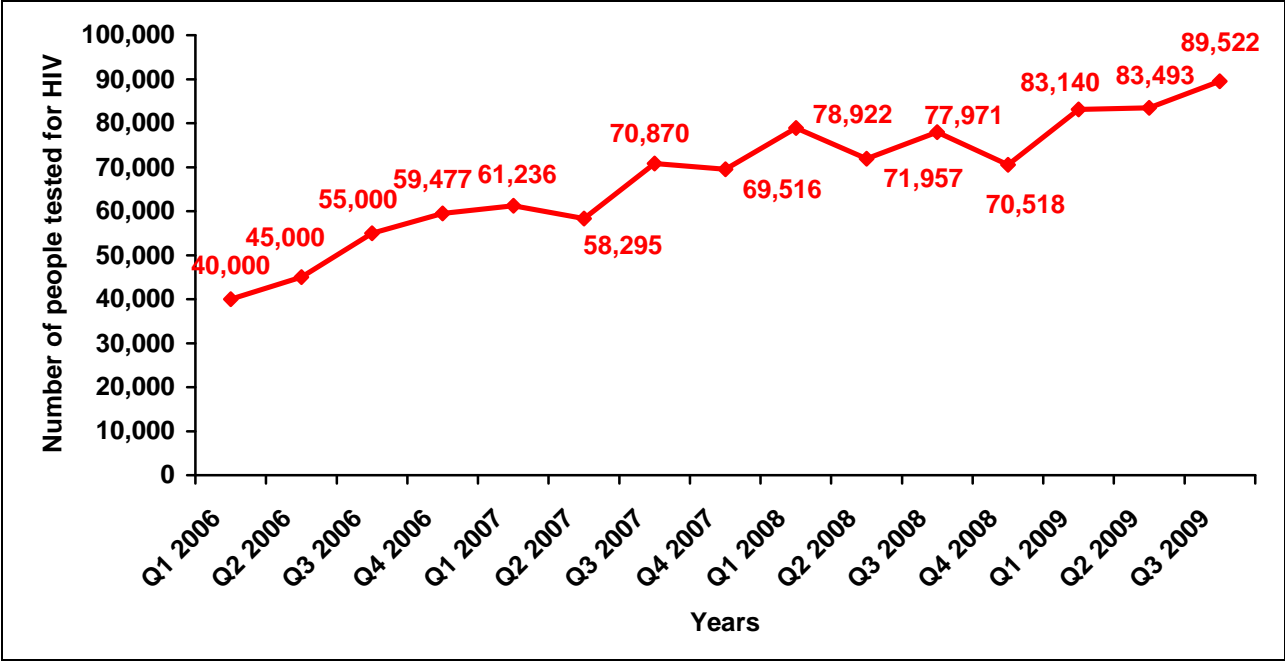


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q3- 2009

Of the total number of VCCT clients and TB patients tested in Q3-2009, 52,136 (58.2%) were female and 81,271 (90.8%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 89,522 No. (%)	People tested HIV positive N=2701 No. (%)
Age		
≤14 years	3,221 (3.6%)	230 (8.5%)
15-49 years	81,271 (90.8%)	2,300 (85.2%)
> 49 years	5,030 (5.6%)	171 (6.3%)
Sex		
Male	37,386 (41.8%)	1,304 (48.3%)
Female	52,136 (58.2%)	1,397(51.7%)

Table 1: Characteristics of clients tested at VCCT sites, In Q3-2009

In Q3-2009, 99.1% (range: 77,8% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q3-2009, of 120,724 VCCT clients, 5,957 (4.9%) were referred from the TB program (Figure 5). The number of patients referred by the TB program for HIV testing has increased steadily over time since 2006.

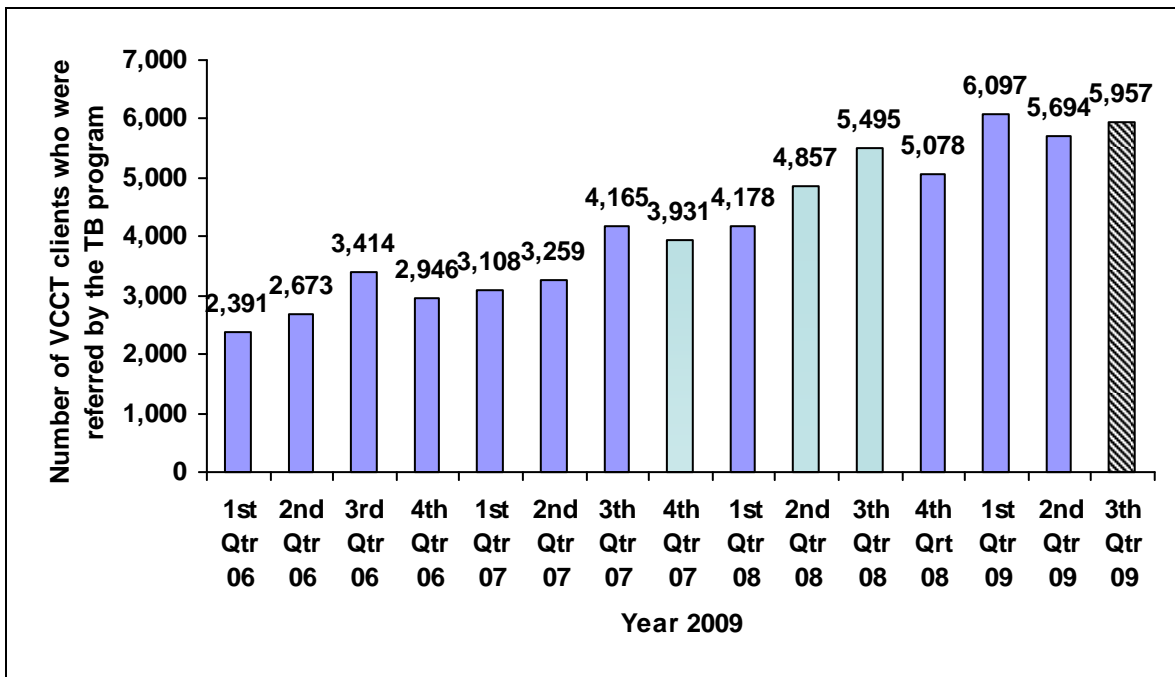


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2006 to Q3-2009

In Q3-2009, of the 89,522 VCCT clients and TB patients tested at VCCT sites nationwide, 2,701 (3.0%) were detected HIV positive at VCCT sites (Figure 6).

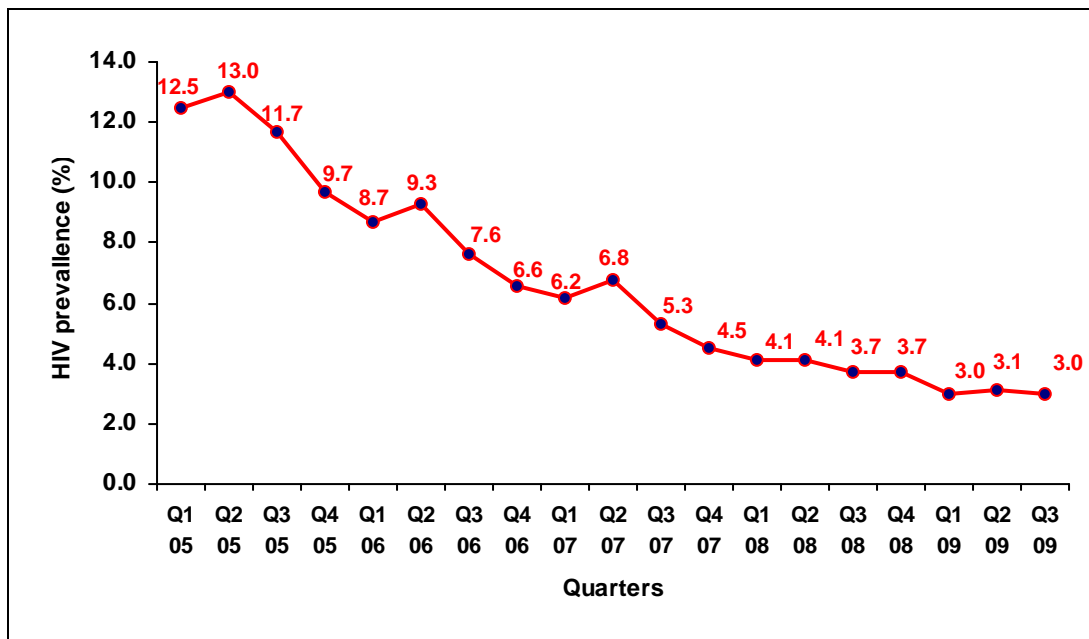


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q3-2009

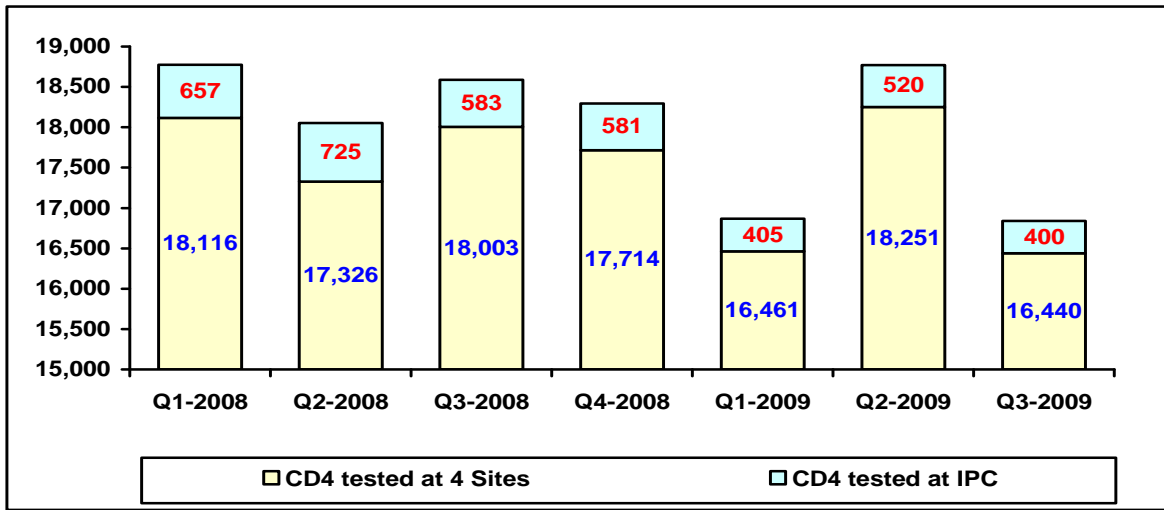


Figure 8: Trend in the total number of CD4 tests conducted in Cambodia at 4 government sites and IPC from Q1-2008 to Q3-2009

In Q3-2009, there are no HIV RNA viral load tests for patients in Social Health Clinic at NIPH because the supply of reagents were not on time. However, there are 1,484 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

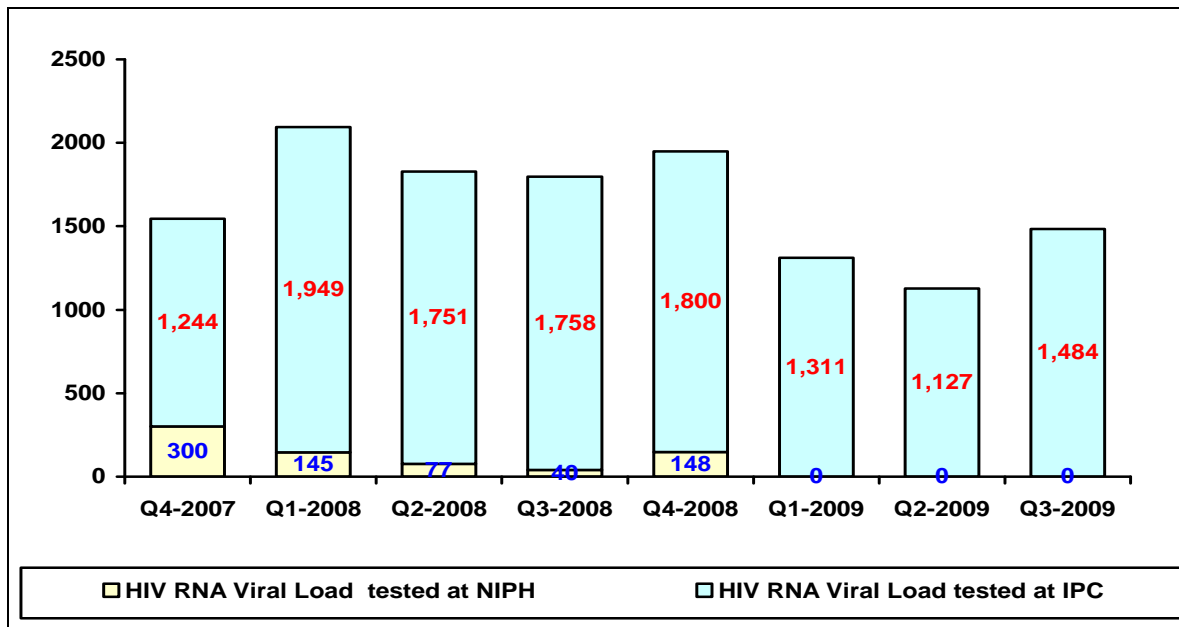


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2007 to Q3-2009

In Q3-2009, 191 DNA PCR tests conducted at NIPH which found 23 of those were positives, and there are 179 DNA PRC tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 10).

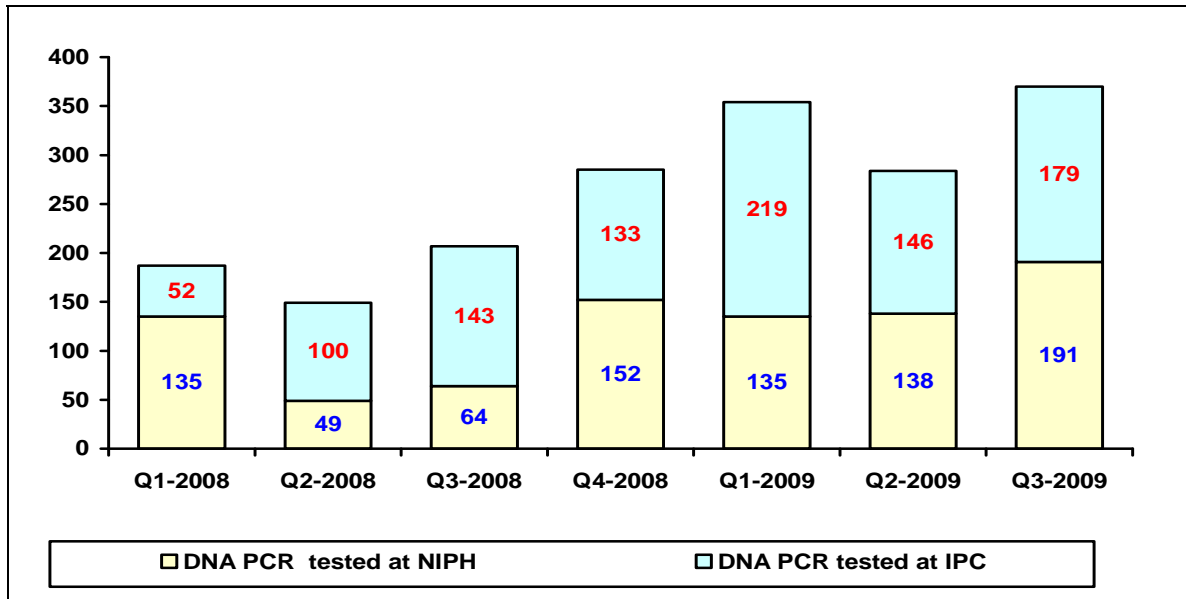


Figure 10: Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q3-2009

This Q3-2009, a total of 36,077 active patients including 32,578 adults and 3,499 children are receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3). According to Asian Epi-Modal 2006-2012, the estimated need of HIV/AIDS patients on ART are projected about 35,644 patients in 2009. This could be overestimated if compared with the actual number of AIDS patients on ART as reported in September 2009. (32,578 (90.1%) for adults and 3,449 (9.7%) for children).

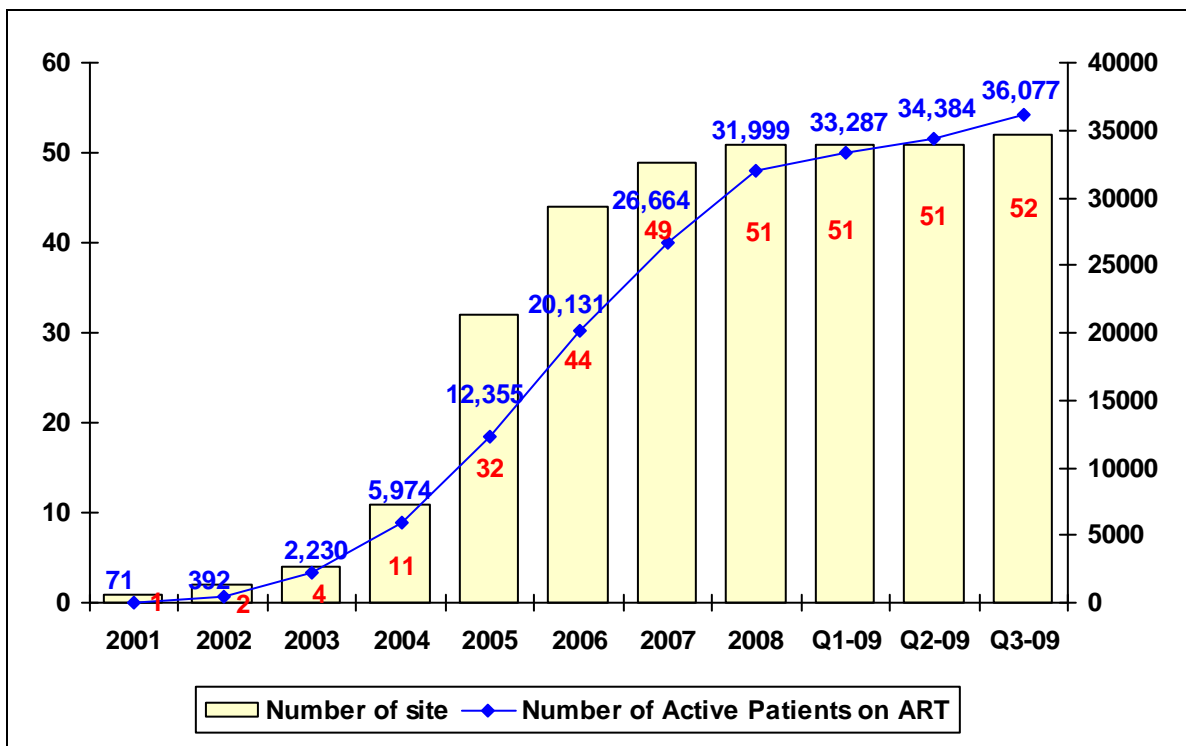


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q3-2009

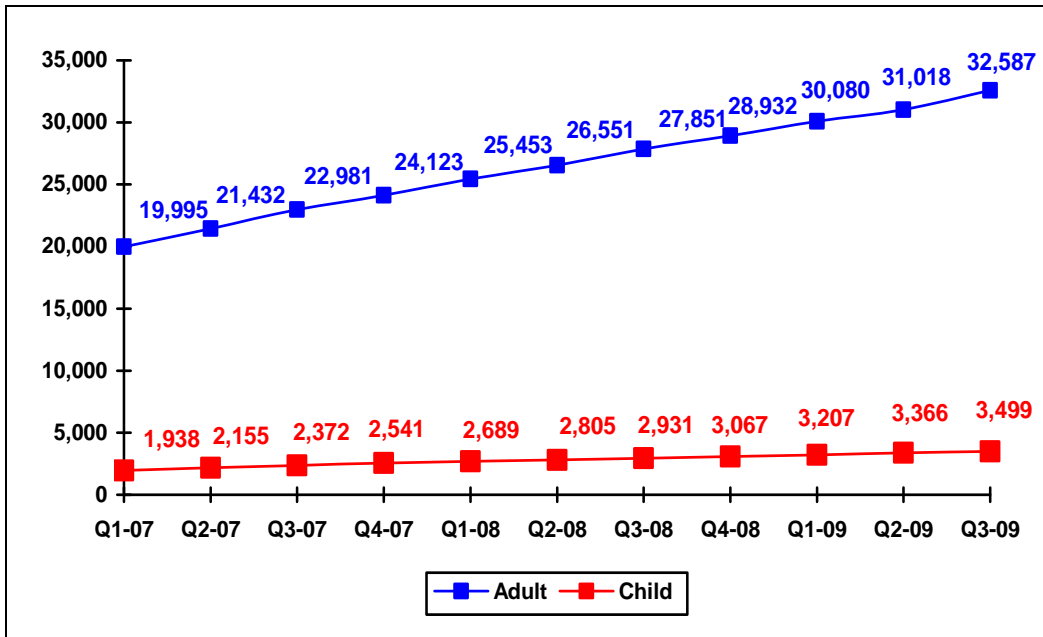


Figure 12: Trend in number of active adult and child patients from Q1 2007 to Q3-2009

In Q3-2009, female adult patients accounted for 52.4% (17,080) of all active patients on ART. At OI/ART sites, a total of 2,388 new patients (including 253 children) started OI prophylaxis and management and 1,861 new patients (including 166 children) started on ART in Q3-2009 (Figure 13). The number of new patients on OI care has been slight increased than Q2 2009. On the other hand, the numbers of new patients on ART were significantly decreased as from Q3 2008, and it is a slight increased in Q3 2009 if compared to the number reported in Q2 2009.

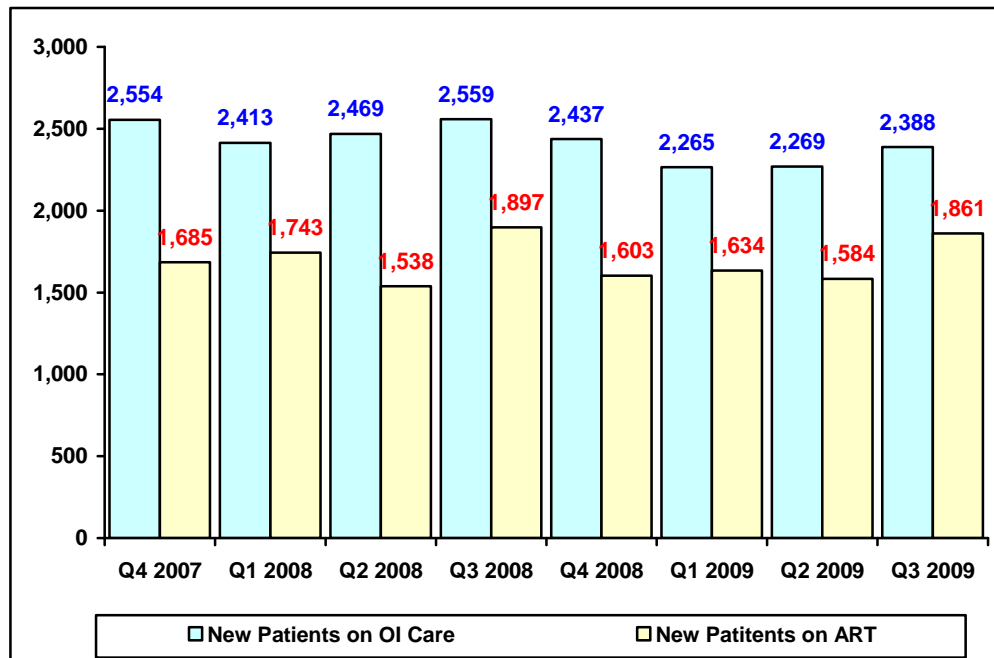


Figure 13: Trend in numbers of new patients on OI and ART from Q2-2007 to Q3-2009

A total of 8,841 active adult patients and 1,577 child patients with opportunistic infections who are not eligible for ART yet at the end of Q3-2009. Of those, 5,405 (61.1%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,365 adult patients and 299 child patients on OI care were eligible to prepare on ART at the end of June 2009.

Patient mobility across services

In Q3-2009, a total of 306 ART patients were transferred out to new ART sites located closer to their home residence. At the end of Q3-2009, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,583 active patients on ART.

TB Screening for new OI Patients

In Q3-2009, there're 2,388 new OI patients has been registered at OI-ART Sites. Among new OI Patients there're 1,485 screened for TB "Smear/ chest x Ray") during the quarter. Of those 1,485 patients screen for TB, there're 280 was screened for TB with TB Pulmonary detected and 83 was screened for TB with Extra-pulmonary TB detected. In all patients screened for TB with result negative are 1,061 patients.

Drug and logistic support

In Q3-2009, the number of patients on different ART regimens has been reported from all ART sites. Most AIDS patients were prescribed for 1st line of regimen, including d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP; whereas 2.9 % of adults and 4.8 % of children were on PI-based regimens (Table 8).

ARV drug regimen Q3 - 2009	Adults N= 31,863* No. (%)		Children N= 3,629* No. (%)	
d4t+3TC+NVP	14,384	45.1	2,791	76.9
d4t+3TC+EFV	4,104	12.9	455	12.5
AZT+3TC+NVP	7,887	24.8	170	4.7
AZT+3TC+EFV	2,468	7.7	30	0.8
PI-based regimens	920	2.9	176	4.8
Other regimens	2,100	6.6	7	0.2

* Regimen data do not match exactly the actual the number of people on ART.

Table 8: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q3-2009

2.1.3. Community-based services

Home-based care (HBC)

As reported in 3rd quarter 2009, there are 323 HBC teams covered over 689 Health Centrs in 68 operational districts (OD) in 18 provinces. In this quarter Koh Kong and Preah Vihear provinces have no report, because NGO that operated CoC finished their project in coverage and supporting PLHAs (Annex: HBC indicator 1) (Figure 13) within the CoC established in place (Annex: HBC indicator 4).

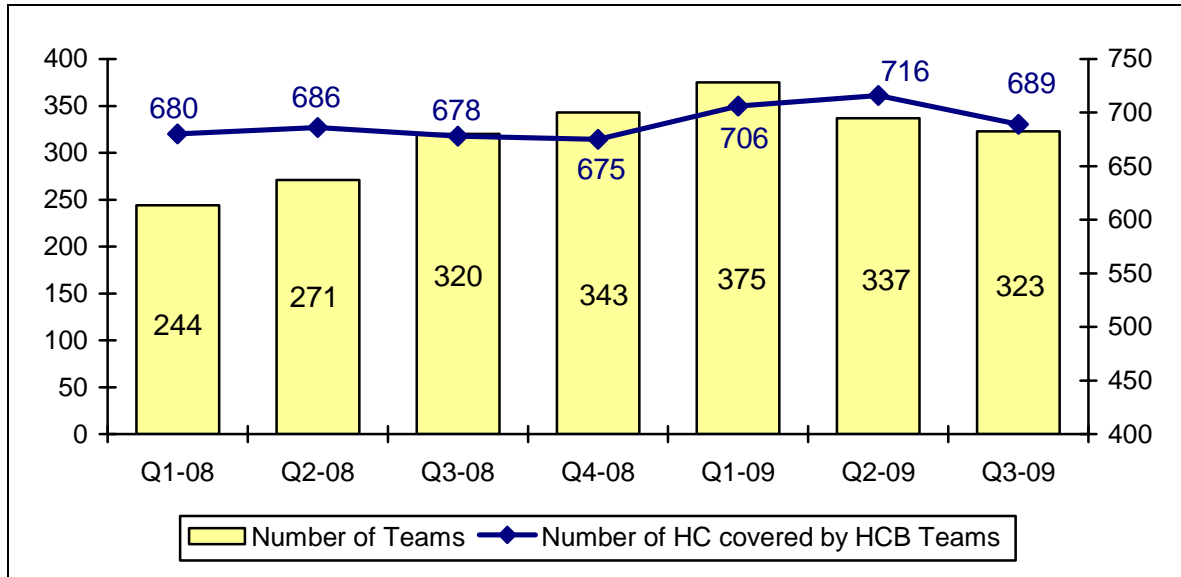


Figure 13: Trend in number of HBC teams form Q1-2008 to Q3-2009

These HBC teams are currently supporting for a total of 27,431 PLHA (Annex: HBC indicator 2), which 9,440 were registered in Pre-ART (OI) and other 17,991 were registered in ART.

PLHA support groups (SG)

In 3rd quarter 2009, there are 919 PLHA support groups (PLHA SGs) are active in Cambodia. These PLHA SGs are currently established in 15 provinces and in Phnom Penh (source: CPN+ report). The number of active PLHA supported by these support was 36,893 in Q3-2009.

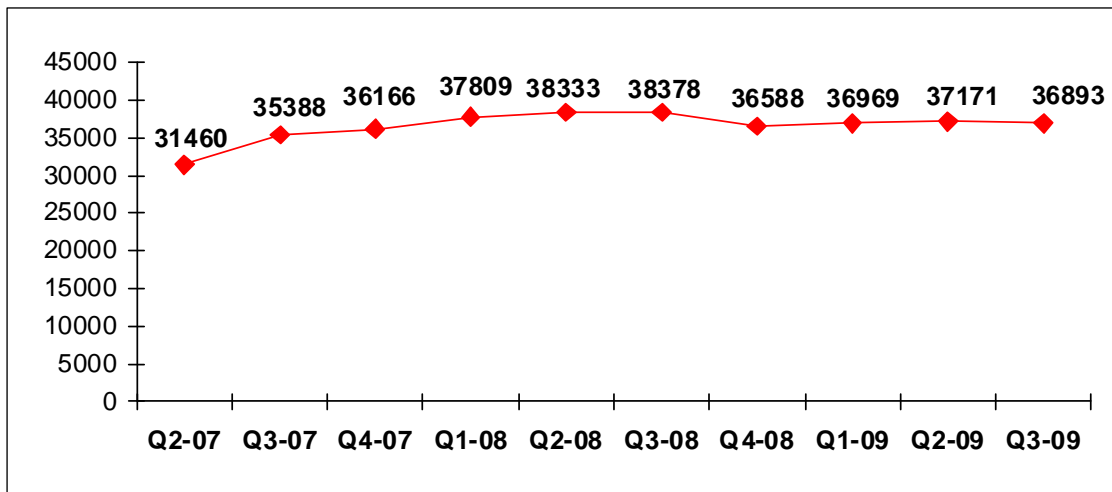


Figure 14: Trend in number of people supported by PLHA support groups from Q2 2007 to Q3 2009

III. FINANCIAL REPORT:

A. Summary Expenditures of all funding sources managed by NCHADS:

During this period, more than 48% of total budget in 3rd quarterly activity plan of 2009 were spent on key activities of prevention, care, support and treatment programme for HIV/AIDS patients. The expenditure was low due to the majority of the budget plan allocated for logistic management to procure for health products and medical equipments (OI/ARV drugs, reagents and consumables) were pending by the GFATM. If excluded budget for health products and medical equipments, the percentage of expenditure was around 70% (see table 11).

In addition, there are only 6 provinces including Kampong Cham, Phnom Penh, Pailin, Pursat, Sihanouk Ville and Takeo that are granted by GFATM-R4, have done with the routine activities of STI activities, CoC etc. Also, the part of continuum of care and support activities for HIV/AIDS patients funded by AHF which have been implemented at 10 ODs in 9 provinces (Kampong Thom, Kampot, Kandal, Prey Veng, Svay Rieng, Pursat, Oddor Meanchey, Stung Treng and Takeo). Any activity plans of the rest of provinces funded by GFATM-R7.

This Report presented quarter expenditures in description of both the proportion of planned budget disbursed and achievement of activities as planned. The figure in expenditure columns below is shown only expenditures recorded from the NCHADS accounting system as allowable reconciled expenditure against advances. It includes the ten main funding sources of NCHADS programme: GFATM (R4, R5 and R7), CDC, CHAI, UNSW/CTAP, CIPRA, WB, ITM, WHO, AHF. The figure of the FHI's funding source represents the only expenditures at national level and not included the expenditure of activity plans from provincial level.

Table 11: Summary of expenditures by sources managed by NCHADS:

Sources	Annual Plan	Q3 Plan	Q3 Act	Q3 %	A %
GFATM-R7	\$ 5,636,198	\$ 2,813,789	\$ 558,992	20%	19%
GFATM-R4	\$ 5,477,331	\$ 157,089	\$ 466,120	297%	16%
GFATM-R5	\$ 190,039	\$ 49,346	\$ 139,671	283%	202%
US-CDC	\$ 849,724	\$ 128,381	\$ 202,452	158%	58%
UNSW/CTAP	\$ 260,000	\$ 49,750	\$ 49,850	100%	57%
WHO	\$ 113,465	\$ 17,371	\$ 15,241	88%	96%
FHI	\$ 22,300	\$ -	-	#DIV/0!	94%
CHAI	\$ 495,059	\$ 113,412	\$ 40,095	35%	27%
AHF	\$ 198,161	\$ 61,328	\$ 29,807	49%	45%
CIPRA	\$ 55,000	\$ 13,750	\$ 13,680	99%	113%
WB	\$ 50,000	\$ 50,000	\$ 113,086	226%	341%
ITM DGDC	\$ 70,820	\$ 24,510	\$ 29,344	120%	89%
Grand Total	\$ 13,482,391	\$ 3,478,726	\$ 1,658,338	48%	27%

B. Summary Expenditures of the GFATM Round 7 Grant Funds managed by PR/NCHADS

During this reporting period, PR/NCHADS received the second installment of the Grant Funds from GFATM to NCHADS accounts with the total amount of USD 5,310,723.67 for the programme implementation for 6 months and 3 months buffer. Subsequently, PR/NCHADS was disbursed to all SRs. The detail amount of Grant Disbursed to each SR and its Expenditure figure can be seen in the table 12 below.

Table 12: Summary of SRs and PR disbursements and Expenditures in Q3, 2009

No.	Sub Recipients and Principle Recipient	Opening balance of period covered by Progress Update	Cash Disbursed by PR for reporting period	Cash Disbursed directly on behalf of SR to supplies for reporting period	Other incomes received for reporting period	Total Cash available for spending	Expenditure for reporting period				Total Cash remaining at SRs
							Direct payment by PR	OI & ARV	Excluded OI & ARV	Total	
1	CPN+	8,783.72	\$ 65,551.39	31,540.00	\$ 0.05	\$ 105,875.16	31,540.00		68,095.14	\$ 99,635.14	\$ 6,240.02
2	CRS	82,460.38	\$ 6,561.00		\$ 53.37	\$ 89,074.75			73,867.82	\$ 73,867.82	\$ 15,206.93
3	CWPD	1,594.54	\$ 36,895.97	7,160.00		\$ 45,650.51	7,160.00		37,967.96	\$ 45,127.96	\$ 522.55
4	FHI	386,362.54	\$ 19,425.00		\$ 947.06	\$ 406,734.60			66,586.83	\$ 66,586.83	\$ 340,147.77
5	FI	136,214.92	\$ 5,680.00		\$ 225.81	\$ 142,120.73			59,535.63	\$ 59,535.63	\$ 82,585.10
6	KHANA	471,133.52	\$ 21,600.00		\$ 591.64	\$ 493,325.16			229,022.55	\$ 229,022.55	\$ 264,302.61
7	MEDICAM	115,644.87				\$ 115,644.87			24,075.20	\$ 24,075.20	\$ 91,569.67
8	MoSVY	3,733.67	\$ 35,322.58	3,656.00		\$ 42,712.25	3,656.00		37,833.49	\$ 41,489.49	\$ 1,222.76
9	MSC	125,683.71				\$ 125,683.71			47,713.34	\$ 47,713.34	\$ 77,970.37
10	NAA	16,971.10	\$ 36,853.17	4,590.00		\$ 58,414.27	4,590.00		46,369.67	\$ 50,959.67	\$ 7,454.60
11	NPH	6,049.02	\$ 27,055.19	12,182.00		\$ 45,286.21	12,182.00		22,107.10	\$ 34,289.10	\$ 10,997.11
12	PSI	237,671.07	\$ 44,800.00			\$ 282,471.07			70,335.34	\$ 70,335.34	\$ 212,135.73
13	RHAC	48,442.10	\$ 5,790.00			\$ 54,232.10		\$ 363.77	56,123.80	\$ 56,487.57	\$ (2,255.47)
14	SCA	190,707.78				\$ 190,707.78			63,451.02	\$ 63,451.02	\$ 127,256.76
15	SCA-MoSVY	157,930.52				\$ 157,930.52			30,273.63	\$ 30,273.63	\$ 127,656.89
16	SEAD	27,983.83	\$ 3,600.00			\$ 31,583.83			26,153.44	\$ 26,153.44	\$ 5,430.39
17	WOMEN	63,627.42				\$ 63,627.42			52,086.53	\$ 52,086.53	\$ 11,540.89
18	WVC	104,273.48				\$ 104,273.48			80,450.60	\$ 80,450.60	\$ 23,822.88
Sub total		2,185,268.19	\$ 309,134.30	\$ 59,128.00	\$ 1,817.93	\$ 2,555,348.42	\$ 59,128.00	\$ 363.77	\$1,092,049.09	\$ 1,151,540.86	\$ 1,403,807.56

IV. CHALLENGES AND CONSTRAINTS:

- Due to the implication of Anti-Human Trafficking Law in Cambodia, there is a direct impact on the intervention of 100% CUP, some brothels were closed, this in turn, cause the reduction in numbers of Sex Workers working in the brothel based, and are shifted from brothel-based to engage in others entertainment services, including karaoke, massage parlors, beer gardens etc. Therefore, it is difficult to identify and conduct the outreach visits to Brothel based Sex Workers (BSWs), the current intervention is focus on EWs.
- On the other hand, all the brothel based sex workers have to access to STI clinic for regular check up (very month) although they have had STI symptoms or asymptomatic as to comply with the 100% CUP. But due to changing of sex situation, brothel sex workers were not check up STI regularly, therefore the STI cases among brothel based sex worker and non brothel based sex workers were increased.

V. CONCLUSION AND RECOMMENDATION:

In overall, most of targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for Care and Treatment Component, set forth in the second quarter in 2009 were achieved as planned. At the same time, NCHADS with the supports from partners conducted the Continuum of Quality Improvement and Early Warning Indicators in order to improve the quality of Care and Treatment Services at OI/ART sites level.

However, the Prevention component was faced some issues due to the movement of the brothel based sex workers to the other entertainment workers. This requires NCHADS to work collaboratively with all concerned partners to develop new Standard Operating Procedures of a Continuum of Prevention to Care and Treatment Approach for Female Entertainment Workers and possibly for other Most-at-Risk Population (MSM, DUs and IDUs) as well.

ANNEX 1: Monitoring and Evaluation indicators

	STI Indicators	Type	2009 target No. (%)	Q3. 2009 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	13.5%
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	28	32
3	Percentage of entertainment services workers who use STI services monthly	Output	DSW: 95% IDSW: 50%	DSW: 26.8% IDSW: 77.4%

	CoC Indicators	Type	2009 target No. (%)	Q3. 2009 score No. (%)
1	Total number of Operational Districts with a full Continuum of Care	Output	43	39
2	Number of CoC sites with ARV services	Output	53	52

	VCCT Indicators	Type	2009 target No. (%)	Q3. 2009 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	235	229
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing (UA 3, 4, 5, 9).	Outcome	380,000 (5.0%)	256,155 from Jan to Sept 2009
3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.1%

4	Number and percentage of HIV (+) Clients who were referred to OI/ ART sites	Output	80%	77.3%
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	HFBC Indicators	Type	2009 target No. (%)	Q3. 2009 score No. (%)
1	Percentage of people on ART alive 12 months after initiation	Impact	>85%	
2	Number of targeted OD with at least one centre that provides public ART services (UA 23).	Output	39 A: 39 C:29	39 A: 39 C:29
3	Percentage of health facilities that use virological testing services (eg PCR) for infant diagnosis (UA 2).	Output	100%	
4	Percentage of health facilities with PEP services available (UA 17)	Output	100%	
5	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	31,344 adults 4,300 children <hr/> 35,644 total	32,578 adults 3,499 children <hr/> 36,077 total
6	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	68 (90%)	
7	Number and percentage of pregnant women who were tested for HIV and received their test result		50%	
8	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		40%	

9	Percentage of patients on ART no lost to follow-up at 12 months after initiation	Outcome	>80%	>80%
10	Percentage of patients still on first line regimen 12 months after initiation	Outcome	>80%	>80%
11	Number and percentage of individuals newly enrolled in HIV care who were screened* for TB at the first visit	Output	90%	80%
12	Percentage of individuals enrolled in HIV care who were screened for TB at last visit (WHO UA indicator)	Output	90%	
13	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV (WHO UA indicator)	Output	80%	

Note: * For indicators number 6, 7 and 8 of HFBC component, the values from NMCHC and did not available for this reporting period.

For indicator number 9 and 10, the results were from Monitoring of Early Warning Indicators

	HBC Indicators	Type	2009 target No. (%)	Q3. 2009 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	324
2	Number of PLHA supported by HBC teams	Output	28,000	27,431
3	Number and percentage of health centers with HBC team support	Output	750 (80%) of 942 HC	689

	Surveillance Indicators	Type	2009 target No. (%)	Q3. 2009 score No. (%)
1	Number of HSS conducted	Output	Round 10	Ongoing process of HSS Round 10

	Research Indicators	Type	2009 target No. (%)	Q3. 2009 score No. (%)
1	Number of Research conducted	Output	2	4

1. Predict study
2. IRD Study
3. Adherence study
4. Depression study

	PMR and DMU Indicators	Type	2009 target No. (%)	Q3. 2009 score No. (%)
1	Percentage of major funding sources included in the Annual Comprehensive Work Plan	Output	90%	90%
2	No. of NGOs and partners with signed Letters of Agreement for annual work plans on HIV/AIDS & STI programme	Output	45	41
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	3
4	Number of provinces with data management units	Output	20	19