

Kingdom of Cambodia

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Ministry of Health

Annual Report 2013



National Center for HIV/AIDS, Dermatology and STD

March 2014

Acknowledgement

It gives us a great opportunity to review the last year achievements of NCHADS' program. The achievements are the outputs of our teams of dedicated staff working in partnership with all partners and donors in the communities at provincial and national levels to implement and improve the quality of HIV/AIDS & STI Prevention and Care activities for the benefits of people of the Kingdom of Cambodia. Therefore, I would like to thank all partners, donors and policy makers who have been dedicated their commitment towards the success of HIV/AIDS and STI Prevention, Care and Treatment Programme in the country.

When we reviewed what has been achieved, we are motivated to continue striving, to set the overall goal, objectives, and targets for the next coming year to meet with the various changing needs of people and to deal effectively with changing of the HIV epidemic pattern of different target groups based on the latest research findings in their communities.

We hope that you will understand our last year achievements deeper as you read further of this report.

Date: ...March...28..., 2014



Dr. Ly Penhsun

Deputy Director of NCHADS

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NCHADS Annual Report for 2013

A. GENERAL REPORT:

1. BACKGROUND:

1.1 Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the year 2013. 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 programs areas implemented in this year that are including: A) General report related to programme management and implementation; B) Results from health service deliveries; C) Challenges and constraint; D). Lesson Learned; E). Conclusion and recommendation .etc.

1.2 HIV/AIDS Epidemic:

Cambodia appears to have shown what is emerging as a classic Asian pattern for HIV. After HIV was first found in the country in 1991, there was a sharp rise in infection rates, fuelled largely by a booming sex industry, between 1995 and 1998, when prevalence nearly doubled from 1.2% to 2% in 2008. Then the prevalence was further decreased from 0.9% in 2006 to 0.7% in 2012 (HIV projection). Along with the decline in HIV prevalence among the general population, it is noted that most-at-risk populations (MARPS) such as entertainment workers, drug users and men who have sex with men (MSM) are remain the target group that required special attention in the provision of prevention, care and treatment services. According to the results of NCHADS-BSS in 2013, the trend of consistent condom use last sex with clients reported by entertainment workers are remained high at 89.2% in 2003 to 94.3% in 2013; however, the consistent condom use last sex with sweethearts remained low at 52.1% in 2013.

2 NCHADS MANAGEMENT SYSTEM

2.1 Planning and Monitoring Cycle in NCHADS:

The Annual Operational Comprehensive Plan (AOCP) for 2013: The Planning Workshop for NCHADS and 24 provinces was conducted as the part of the Annual Coordination Workshop held in November 04 – 08, 2013 in order to review progress made during the first 3 quarters, to provide the updates of technical concepts and strategies or Guidelines in implementation of HIV/AIDS prevention, care and treatment programs in health sector for 2013. During the workshop, the national and provincial targets for HIV/AIDS and STI programs for 2013 were set. The result was the final draft of Annual Operational Comprehensive Plan for NCHADS Programme in 2013, which incorporated with many of the inputs and expected outputs of partners working in coordination with provincial (PASP) and national levels. This 2013 AOCP was also firmly grounded on the Ministry of Health Annual Operational Plan for 2013. Finally, the NCHADS annual comprehensive activity and budget plans including incentives for staff for 2013 has been approved. It has the total budget of more than \$25 million that is consisting of 5 different funding sources managed by NCHADS (\$20,805,543.45 and other funding sources from other NGOs to implement HIV/AIDS and STI programs at national and provincial levels.

2.2 Signing of LoAs:

During the year 2013, NCHADS signed the Letter of Agreement with the HIV/AIDS implementing partner and 24 provincial health departments for implementation of HIV/AIDS prevention, care and treatment programs at provincial level.

2.3 Guidelines, Curriculum and Standard Operating Procedures (SOP):

During this year, NCHADS developed and revised several important Guidelines and Standard Operational Procedure, and other documents such as:

1. Developed and copied AOCP for 2013, quarterly reports and workplans in 2013.
2. Continued developing the Standard Operating Procedure for Implementation of the Boosted Linked Response between HIV, SRH and TB Services for Elimination of New Pediatric HIV Infections and Congenital Syphilis in Cambodia.
3. Revised National Guidelines on Opportunistic Infections for Adult and children in Cambodia.

4. Revised National Guidelines on Antiretroviral therapy for Adult and children in Cambodia
5. Revised Training Curriculum on OI/ART for adult clinician and counsellors.
6. Revised Training Curriculum on OI/ART for paediatrician.
7. Revised Training Curriculum on counselling of OI/ART for paediatric counsellors.

2.4 Training/Workshop:

To improve the capacity building and strengthen coordination at the provincial and district levels, initial and refresher trainings, and coordination meetings were conducted to health staff based on the areas of strategic plan components such as:

- One 5-day training course on Build Capacity of management & leadership for PASP and NCHADS staff, which was held from 23 – 27 July in Kampot province;
- One session of refresher HIV/AIDS Counselling training for VCCT
- One session of refresher serology laboratory training.
- One session of refresher training for P-CoPCT-ST on OPE at provincial
- One workshop on leadership and Strategic innovation thinking for OD and provincial staff.
- One session of OI/ARV quantification training for pharmacist who responsible for managing drug at ART sites.
- One session of refresher Training on OI/ARV logistic management organized at NCHADS.

2.5 Management of GFATM-HIV-SSF grant:

NCHADS was continued to be one of the Principal Recipient (PR) to manage HIV/AIDS Component under the Global Fund SSF Grant which combine of 2 rounds; Round 7 phase 2 and R9 phase 1. The program title is “**Continued achievement of Universal Access of HIV/STI Prevention, Treatment and Care services in Cambodia**”. There were 7 goals and 20 Objectives, which implemented by 22 Sub-recipients under this HIV SSF Grant that are including: AHF, CHEC, CPN+, CRS, CWPD, FHI, FI, HACC, KHANA, MEDiCAM, MoSVY, MSIC, NAA, NCHADS, NMCHC, NPH, PSI, RHAC, SCA, SHCH, WOMEN, and WVC.

The CAM-H-NCHADS grant was official signed on 25th March 2011. The final Budget for 1st commitment period January 2011 to 31st December 2013 is USD 85,288,879 and the official signed is USD 81,466,687 which included the budget commitment from R7 phase 1, and then PR-NCHADS prepared to sign MoA with SRs in April and May 2011.

During three year of this Grant implementation, the programme has shown significant achievements over the last period report from July-December 2013.

By consolidating the reports submitted by all SRs, there are 8 impact and outcome indicators and 19 consolidated programmatic indicators are shown as following:

- a. Among the 8 impact and outcome indicators, there are two impact indicators and two outcome indicators that need to be report in this year:
 - Number and percentage of infants born to HIV infected mothers who are infected which achieved 2.51% against target 5%.
 - Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy which achieved 84.5% against target 88% (adult). The result of children is not available due to no database functioning at all pediatric ART sites (only 16 out of 35 pediatric OI/ART site are having database.)
 - Percentage of MSM reporting the use of condom the last time they had anal sex with a male (non paid and non paying) in the past one month which achieved 94.8% against its target 95%
 - Percentage of Entertainment workers reporting consistent condom use with every client/ sweetheart in past 3 months. The target achieved 80.6% against 95% for clients and 36.1% against 85% for sweethearts.
- b. With regards to programmatic performance, out of the 19 program indicators: 3 over-achieved (more than 100%), 6 almost achieved (90-100%), 8 slightly underachieved (70% to 89%), and 2 indicators significantly under-achieved (0% - 69%)

2.6 Surveillance:

i Monitoring of HIV Drug Resistance Early Warning Indicators :

To monitor and prevent the occurrence of HIV Drug Resistance, NCHADS has implemented program such as surveillance of primary HIV drug resistance transmission through threshold survey of recently HIV infected people, monitoring of secondary HIV DR occurring among patients on ART sentinel sites and the collection of Early Warning

Indicators from ART sites. The Monitor of Early Warning Indicators has been started since 2008. 5th rounds of EWI were conducted which collected data from OI/ART sites, and since then the data have been collected annually. EWI data at ART sites are collected including ARV patient registered book, ARV patient records, computer database (if available), ARV drug records, inspection of the ARV drug storage condition in the pharmacy, Interview with clinicians and Interview with patients who are on ARV etc.

7 Early Warning Indicators for HIV Drug Resistance defined to collect from all OI/ART sites are:

1. Percentage of months in which there were no ARV drug stock outages
2. Percentage of months no expired ARV drug was found at ART site
3. Storage conditions of ARV drugs
4. Percentage of patients started on a standard recommended first line ART regimen
5. Percentage of patients who are not lost to follow up at 12 months after ART initiation
6. Percentage of patients who are still on first line ART regimen 12 months after ART initiation
7. Proportion of patients who kept all appointments

The Key finding results of each round of EWI were disseminated and feed back to all OI/ART Team, PAOs, PHD and partners for their future action and planning to improve the quality services, and survival of PLHIV. The slide presentations (both in Khmer and in English) were posted in NCHADS website.

- 1st round in 2008: the data from 16 OI/ART sites for Adults and 10 Paediatric sites were collected.
- 2nd round in 2009: 42 OI/ART sites for Adults and 25 Paediatric sites were collected.
- 3rd round in 2010: 35 OI/ART sites for Adults and 24 Paediatric sites were collected.
- 4th round in 2011: 31 OI/ART sites for Adults and 20 Paediatric sites were collected.

- 5th round in 2012: 47 OI/ART sites for Adults and 34 Paediatric sites were collected.
- 6th round in 2013: 51 OI/ART sites for Adults and 32 Paediatric sites were collected. The result of EWI in 2013 is available and posted in NCHADS website

B. RESULTS FROM SEVICES DELIVERIES:

1. STI prevention activities

In 2013, there were a total of 61 Family Health Clinics (35 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri, and Kep province); and 26 NGO STI clinics (including RHAC: 15 clinics, Marie Stopes: 8 clinics, MEC: 1 clinic, Chhouk Sar: 2 clinics).

Of the 35 family health clinics, 33 (94.3%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 33 labs are functioning. This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations. In addition to 35 family health clinics (FHC) in 35 ODs across 21 provinces provide STI services using the syndromic and lab for MARPs.

In addition, 234 health centers (HCs) in 77 OD across 24 provinces are providing STI services with using the STI syndromic approach. At these HCs, in 2013, 4,411 consultations for male patients and 33,135 for female patients were reported to the data management unit of NCHADS. Of 3,839 male patients who having STI/RTI syndromes reported. 3,345 (87%) of those were suffered from urethral discharges; 379 (10%) from Genital ulcers and 115 (3%) from Genital warts respectively. Of 32,081 female patients who having STI/RTI Syndromes reported. 30,757 (96%) of those were suffered from vaginitis, 14,097 (44%) from cervicitis and vaginitis; 1,149 (4%) from PID, 164 (1%) from genital ulcers and 11 (0.03%) from genital warts, respectively. A total of 2,731 male partners and 5,618 female partners of STI patients were notified and treated for STIs.

236,681 consultations were provided at a total of 61 specialized STI clinics (35 government and 26 NGO STI clinics), Among those consultations, 16,797 consultations were provided to male clients, 12,227 to MSM, 167,866 to low-risk women, and 39,791 to brothel

entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (1,030 for BEW; 38,761 for NBEW) of which 17,554 were monthly follow-up visits.

The RHAC clinics attracted mostly low risk women whereas the 34 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.

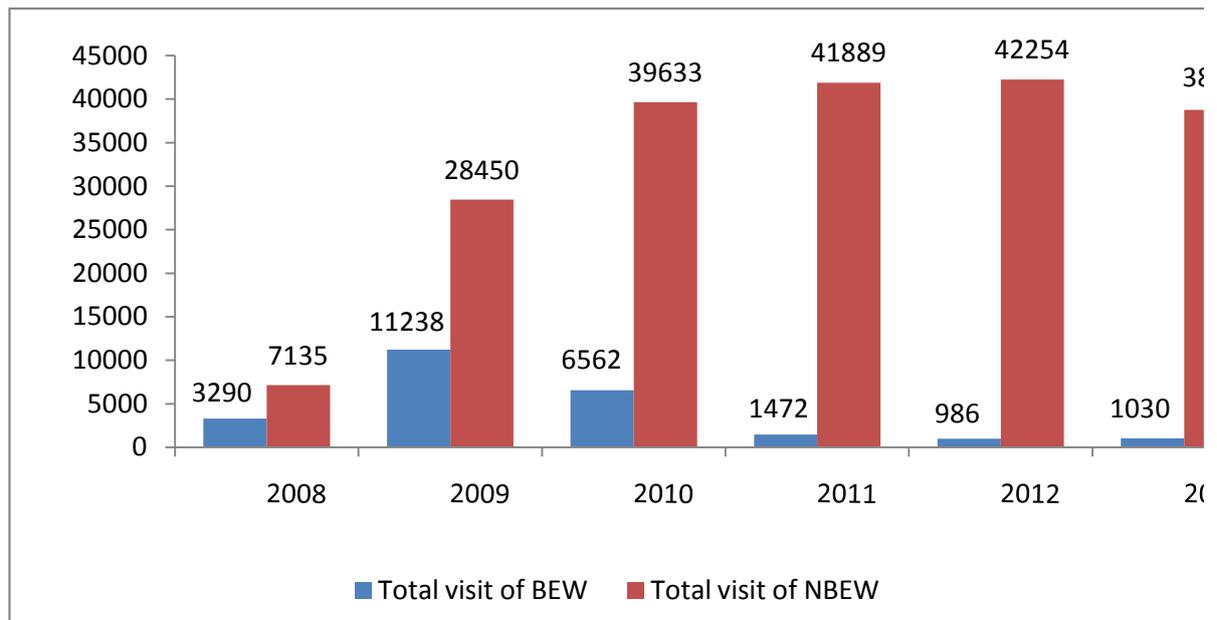


Figure 1: BEW and NBEW attendance to Family Health Clinics, from 2008 to 2013

At the 61 specialized STI clinics, among the 7,088 male patients who having STI syndromes reported in this year, 6,217 (87.7%) got urethral discharges, 43 (0.6%) got anal discharges, 463 (6.5%) got ano-genital ulcers, 279 (3.9%) got ano-genital warts, 40 (0.6%) got scrotum swelling, and 46 (0.6%) were inguinal bubo. Among the 2,495 MSM patients having STI syndromes, 1,723 (69.1%) suffered from urethral discharges, 126 (5.1%) from anal discharges, and 397 (15.9%) from ano-genital ulcers respectively, 209 (8.4%) from ano-genital warts, 28 (1.1%) from scrotum swelling, 12 (0.5%) from inguinal bubo (LGV).

At the 61 specialized STI clinics, among the 185,186 low-risk women having STI syndromes reported that 158,424 (85.5%) were treated for vaginitis, 23,824 (12.9%) were treated for cervicitis and vaginitis, 821 (0.4%) were PID, 1,344 (0.7%) were ano-genital ulcers and 773 (0.4%) were ano-genital warts.

During the year of 2013, of the 580 BEWs who attended specialized clinics for their first visit, 147 (25.3%) were diagnosed with a STI, including 48 (32.6%) with cervicitis. Among the 450 BEW who attended specialized clinics for monthly follow-up visits, 90 (20%) of those were diagnosed with a STI, including 49 (54.4%) with cervicitis. In 2013, of the 21,657 NBEW who attended specialized clinics for their first visit, 16,016 (74%) were diagnosed with a STI, including 7,001 (43.7%) with cervicitis. Of the 17,104 NBEW who attended specialized clinics for monthly follow-up visits, 7,126 (41.6%) were diagnosed with a STI, including 2,709 (38%) with cervicitis.

Of a total of 3,468 RPR tests were conducted in 2013 at the 32 government specialized STI clinics, and PSF and MEC clinics, 258 (7.4%) were positive.

During this year, specialized STI clinics have referred 6,339 patients to VCCT, 50 of HIV/AIDS patients (PLHAs) to OI/ART services, 104 pregnant women to ANC, and 296 women to family planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 2,361 patients from VCCT, 662 of patients from OI/ART services, 192 pregnant women from ANC and 185 women from Family Planning services.

2. Comprehensive Care for people living with HIV/ AIDS (PLHA)

2.1. VCCT

The number of VCCT services has increased drastically over the last 12 years, from 12 sites in 2000 to 253 sites by the end of 2013 (Figure 2).

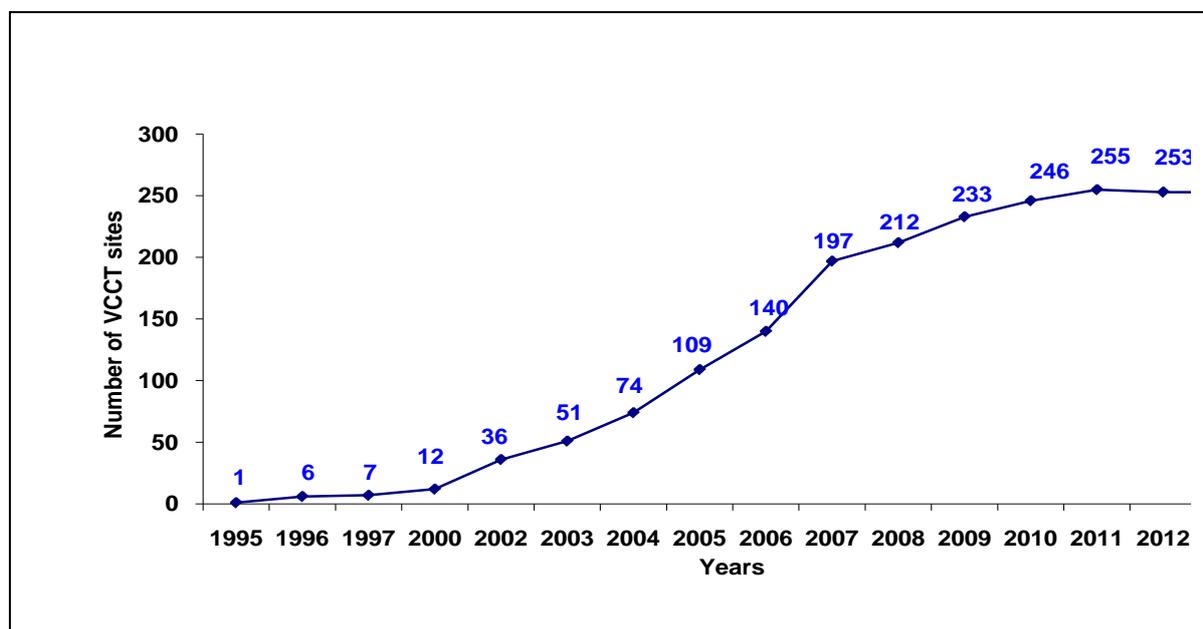


Figure 2: Trend in number of VCCT sites from 1995 to 2013

Of the current 253 VCCT sites, 229 are supported directly by the Government and 24 by NGOs (RHAC:16, Marie Stopes:3, MEC:1, Center of Hope:1, Institute Pasteur Cambodia:1 and Chhouk Sar Clinic: 2).

In 2013, of 585,694 VCCT clients, 176,494 (30%) of them were self-referred, 324,870 (55.4%) of them were referred by ANC services, 8,741 (1.5%) of them were referred by STD clinics, 15,776 (2.7%) of them were referred by TB program, 27,328 (4.6%) of them were referred by HBC/NGO, 17,408 (2.9%) of them were referred by general medicine, 988 (0.1%) of them were referred by pediatric care, 3,436 (0.6%) of them were referred by maternity services, 1,659 (0.2%) of them were referred by BS/FP services, 5,933 (1%) of them were referred by Health centers and 3,061 (0.5%) of them were referred by others services (Table 1).

Self-Referred	STD Clinic	TB Services	HBC/ NGO	General Medicine	Paediatric Care Service	Maternity Service	BS/FP	ANC	*Others Services	HCs
30%	1.5%	2.7%	4.6%	2.9%	0.1%	0.6%	0.2%	55.4%	0.5%	1%

* Others: Skin care Service, Surgical Service, Oral/Dental Service and Infection Disease.

Table 1: Percentage of VCCT clients referred from other services in 2013

A total of 582,145 clients have been tested for HIV in 2013 that were 267,008 for VCCT clients (including 15,098 for TB patients), 257,896 pregnant women and 57,241 male partners of pregnant women.

The figure 4 and Table 2 below shown 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 267,008 VCCT clients and TB patients have been tested for HIV at VCCT sites in 2013 (Figure 4).

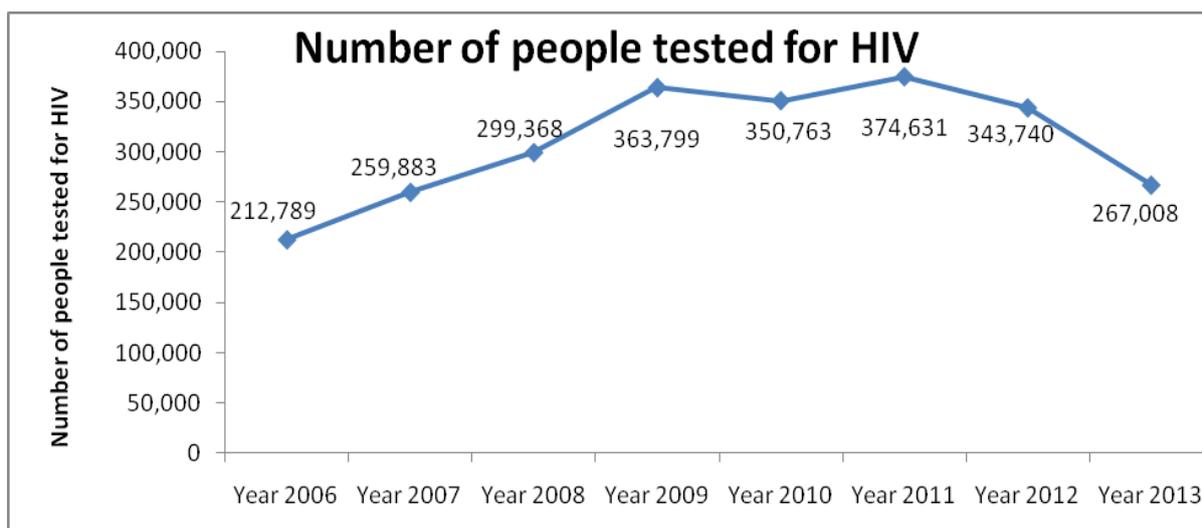


Figure 3: Trend in numbers of people tested for HIV at VCCT services from 2006 to 2013

Of the total number of VCCT clients and TB patients tested in 2013, 148,253 (55.5%) were female and 243,527 (91.2%) were aged 15-49 years (Table 2).

	People tested for HIV N= 267,008 No. (%)	People tested HIV positive N=5,033 No. (%)
Age		
≤14 years	7,194 (2.7%)	325 (6.5%)
15-49 years	243,527 (91.2%)	4,284 (85.1%)
> 49 years	16,287 (6%)	424 (8.4%)
Sex		
Male	118,755(44.5%)	2,439 (48.5%)
Female	148,253(55.5%)	2,594 (51.5%)

Table 2: Characteristics of clients tested at VCCT sites, in 2013

In 2013, 99.3% (range: 84.4% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counselling.

In 2013, of the 268,972 VCCT clients, 15,776 (2.7%) were referred from the TB program (Figure 4).

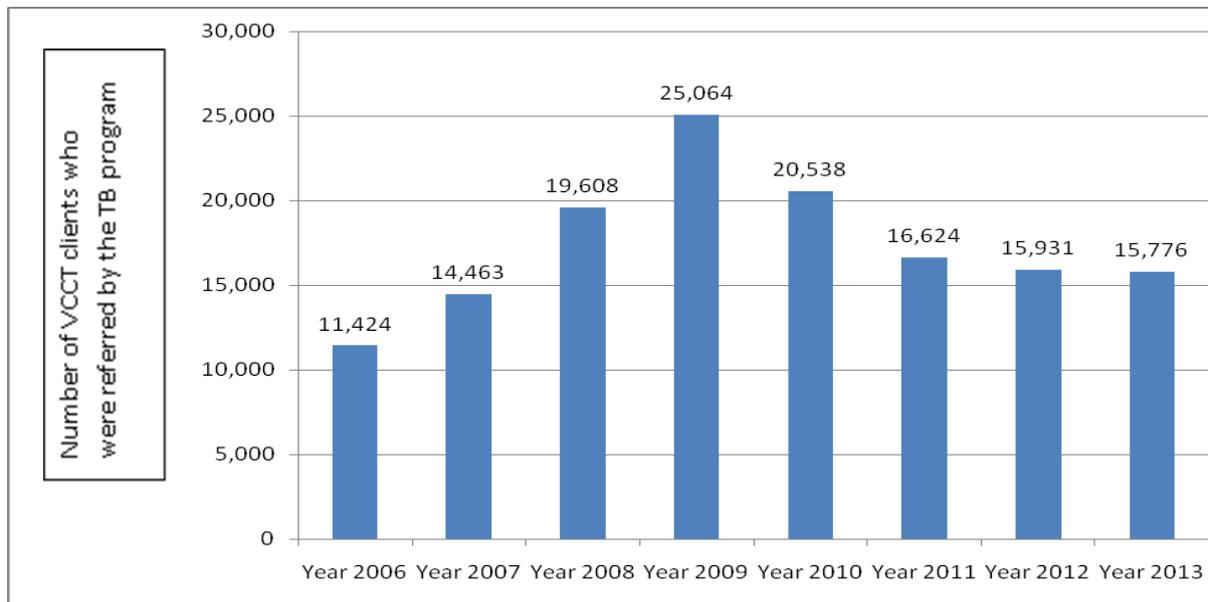


Figure 4: Trend in number of VCCT clients referred from TB program from 2006 to 2013

In 2013, of the 267,008 VCCT clients and TB patients tested at VCCT sites nationwide, 5,033 (1.8%) were detected HIV positive at VCCT sites (Figure 6).

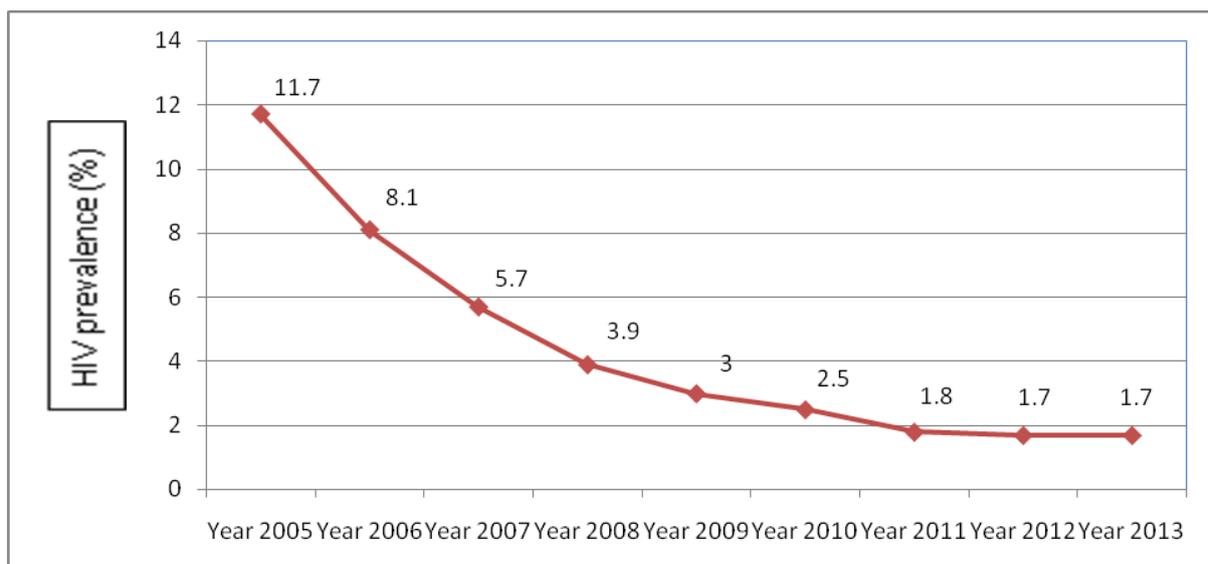


Figure 5: Trend in HIV-infection rate among VCCT clients from 2005 to 2013

2.2. OI and ART services

End of December 2013, there are 61 health facilities offer OI and ART services in 50 Operational Districts in 21 provinces and cities. These 61 OI and ART services are supported by the government 57 sites and 4 sites by NGOs and partner. Of the total 61 OI/ART sites, there are 35 sites provide paediatric care in 34 Operational Districts.

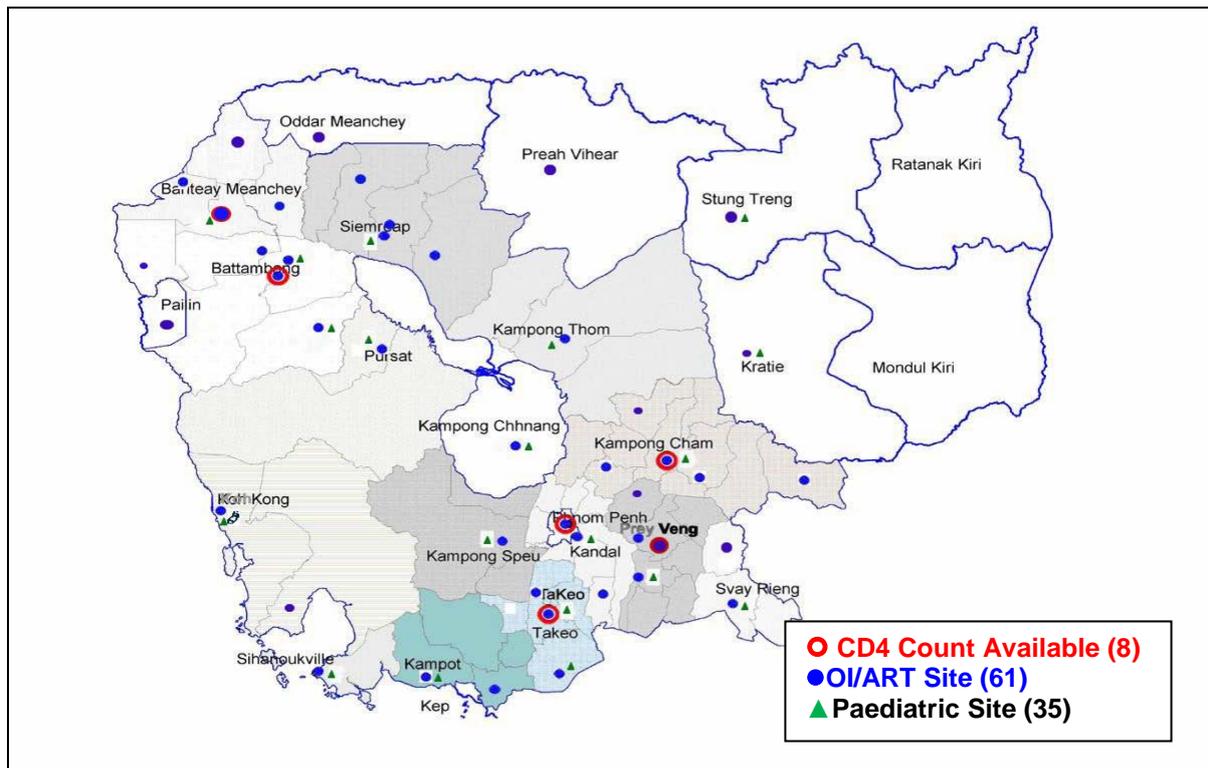


Figure 6: Location of facility-based OI/ART sites as of 31st December 2013

By the end of year 2013, a total of 50,659 active patients including 46,607 adults and 4,052 children are receiving ART (Figures 11 and 12).

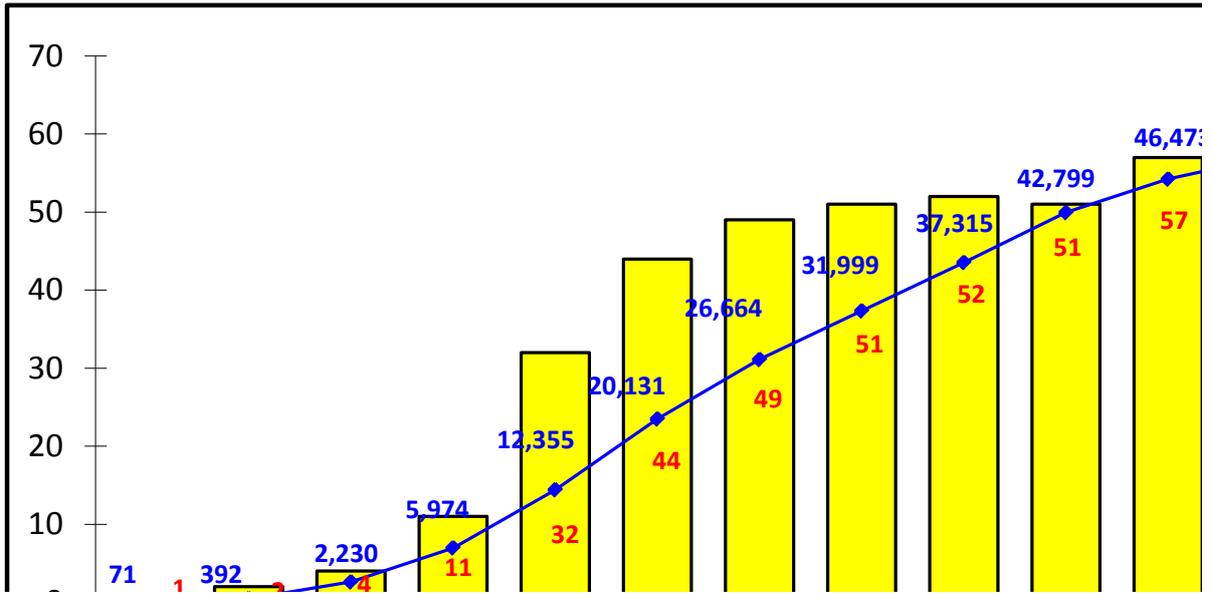


Figure 7: Trend in number of OI/ART sites and active patients on ART from 2001 to Q4-2013

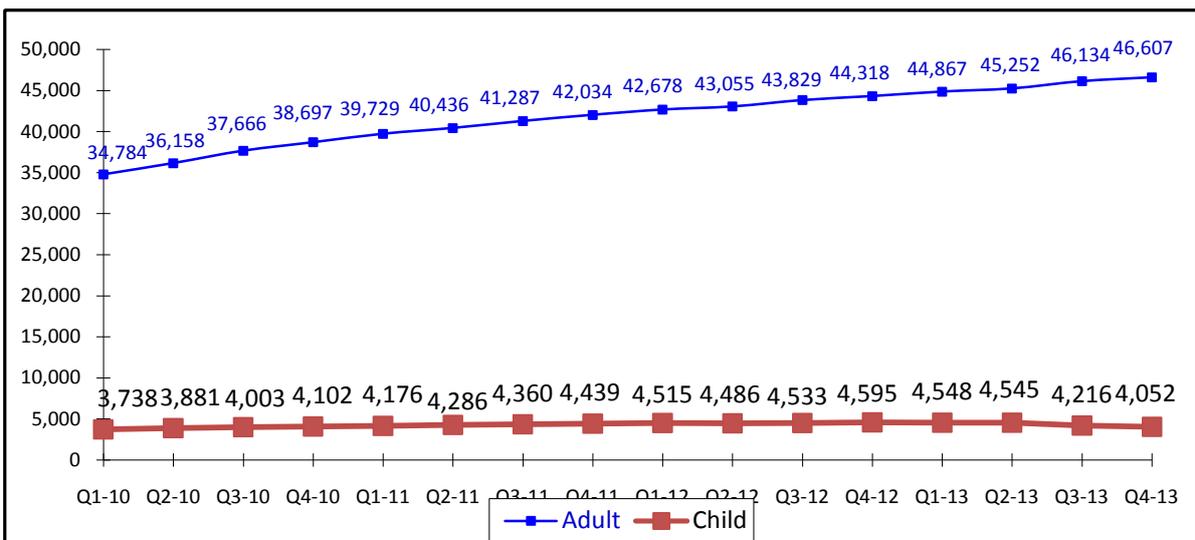


Figure 8: Trend in number of active adult and child patients from Q1 2010 to end 2013

The end of 2013, female adult patients accounted for 49.6% (25,151) of all active patients on ART. At OI/ART sites, a total of 4,741 new patients (including 319 children) started OI prophylaxis and management and 4,187 new patients (including 323 children) started on ART in whole year 2013 (Figure 13). The number of new patients on pre-ART care has been decreased than 2011. On the other hand, the numbers of new patients on ART were significantly decreased than 2011 too. In this year 2013 there are 1,117 patients lost and 163 patients died in pre-ART care.

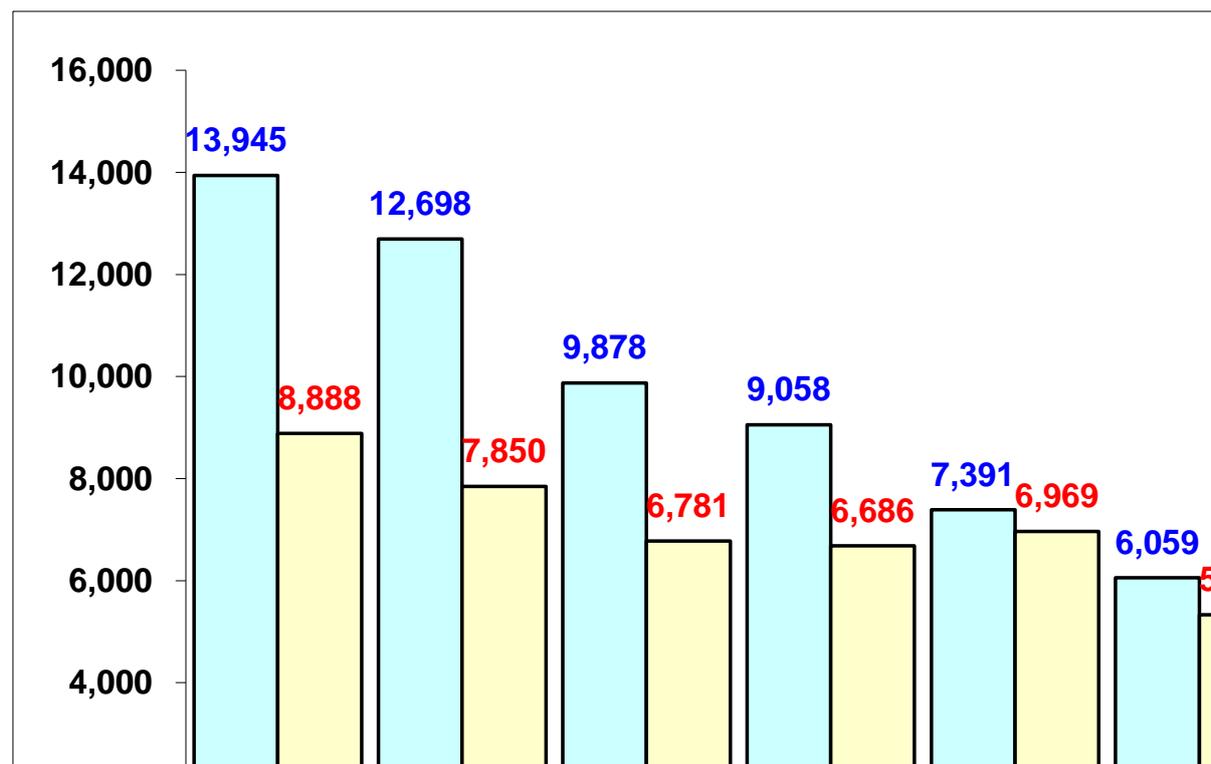


Figure 9: Trend in numbers of new patients on OI and ART from 2006 to 2013

There were a total of 3,267 active adult patients and 689 child patients with opportunistic infections who are not eligible for ART yet at the end of Q4-2013. Of those, 2,052 (62.8%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 698 adult patients and 155 child patients on OI care were eligible to prepare on ART at the end of December 2013.

2.2.2 Patient mobility across services, lost and died

In 2013, a total of 1,274 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 1,563 ART patients lost treatment and 597 patients died during this year.

2.2.3 Drug and logistic support

By the end of Q4 2013, 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 4.91 % of adults and 11.11 % of children were on PI-based regimens (Table 3).

ARV drug regimen Q4 – 2013	Adults N= 45,305*		Children N= 4,137*	
	No.	(%)	No.	(%)
D4T+3TC+NVP	13,496	28.33 %	2,435	50.49 %
D4T+3TC+EFV	3,557	7.47 %	326	6.76 %
AZT+3TC+NVP	14,400	30.22 %	1,031	21.38 %
AZT+3TC+EFV	6,928	14.54 %	285	5.91 %
PI-based regimens	2,341	4.91 %	536	11.11 %

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

Table 3: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q4-2013

2.2.4 TB Screening of new OI Patients

In 2013, there were 4,741 new Pre-ART patients registered at OI-ART Sites (Adult and Children). Of these 4,422 new adult patients on pre-ART, 3,459 (78.2%) were screened for TB symptom during the quarter. Of the 1,269 patients suspect TB infected was screened for TB, 432 were detected as TB pulmonary and TB Extra-pulmonary, among 432 TB Diagnosed detected 348 were TB treatment.

2.2.5 Implementation of Three "I" Strategy

- Isoniazid Prevention Therapy (IPT)

During the year 2013, there are remaining three sites implemented TST are at Battambang RH, SereiSophorn RH and MongkulBorei RH, by the way the other three sites dropped TST and implemented non-TST normally are Kampong Cham PH, ThbongKhmom RH and SmapovMeas RH. A total of 4,082 new pre-ART patients registered at 53 sites implementing the Three "I" Strategy (3 TST sites=407 new patients and 50 Non-TST sites =

3,675 new patients). Of these new pre-ART patients, 3,299 patients were screened for TB symptom and 2,071 not found any TB symptom, so there are 919 patients started IPT (3 TST sites=32 patients and 50 non-TST=876 patients), and 904 active patients on pre-ART started IPT (TST sites =28 patients, and non-TST sites=876) among all active patients adult on pre-ART = 3,965.

- Pre-ART (OI)

There're 4,495 of new adult Pre-ART patients registered at OI/ART sites. Of these 915 received TB symptom screening that identified that 3,459 patients had at least one of three TB symptoms in the last 4 weeks (fever, cough and drenching night sweats for two weeks or more). Among the 1,269 patients with screened positive for TB symptoms, 432 were diagnosed to have TB (BK+/-, EP), 89 started TB treatments, and 264 started IPT as they did not present TB symptom and put on IPT. There were 281 active patients on Pre-ART diagnosed with TB (BK+/-, EP), of which 230 patients started TB treatment, 227 TB-HIV patients started cotrimoxazole prophylaxis and 904 patients started on IPT during this quarter.

- ART

This quarter 3,864 new adult ART patients registered at Pre-ART/ART sites. Of these, 378 were diagnosed with TB (BK+/- EP), 266 patients started TB treatment.

Of the 1,023 of active patients on ART who were diagnosed as having TB (BK+/-, EP), 331 started TB treatment, and 396 of TB-HIV patients started cotrimoxazole prophylaxis during this year.

2.2.6 Pregnancy and abortion

This year, there were 2,475 new pre-ART female patients registered at OI/ART sites, among these new female patients, 143 became pregnant. Of all 2,971 active female patients on pre-ART until this last quarter, 139 got pregnant and 67 of them started ARV prophylaxis. There are 4 women reported to have spontaneous abortion, and other 1 woman were reported to have induced abortion during this year.

There're 2,233 new ART female patients registered at OI/ART sites, among these new female, 123 became pregnant. Of all 27,047 active female patients on ART by the end of this year, 597 of them got pregnant. 10 women were reported to have spontaneous abortion, and other 8 women were reported to have induced abortion during this year.

2.3 Linked Response

80 Reporting LR ODs in 2013

In 2013, of the 80 ODs implementing the Linked Response Approach, 80 ODs had reported data. In 2013, of a total of 330,343 first ANC attendees at Linked Response sites and outreach services, 241,604 (73.1%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 56,059 (17%) husbands/partners accepted testing. Among the 219,936 pregnant women who received an HIV test, 244 (0.1%) was HIV positive.

A total of 554 HIV-infected pregnant women delivered their babies at PMTCT maternity sites in 2013. Of this year, 433 (78%) accessed ARV drugs: 408 (94.2%) received ART and 25 (5.8%) received ARV prophylaxis. Of 558 infants born to HIV-infected mothers at PMTCT maternity sites, 307 (55%) received NVP, 459 (82.2%) received Cotrimoxazole and 434 Exposed infants received DNA-PCR1 tests before 2 months and 124 after 2 months of age, 19 was DNA-PCR1 positive and 7 exposed infant were died.

2.4 Community-based services

As reported in 2013, there are 283 HBC teams covered over 784 Health Centers in 64 operational districts (OD) in 20 provinces. Preah Vihear provinces still have no report, because NGO that operated CoC finished their project in coverage and supporting PLHAs and still waiting for new NGOs within the CoC established in.

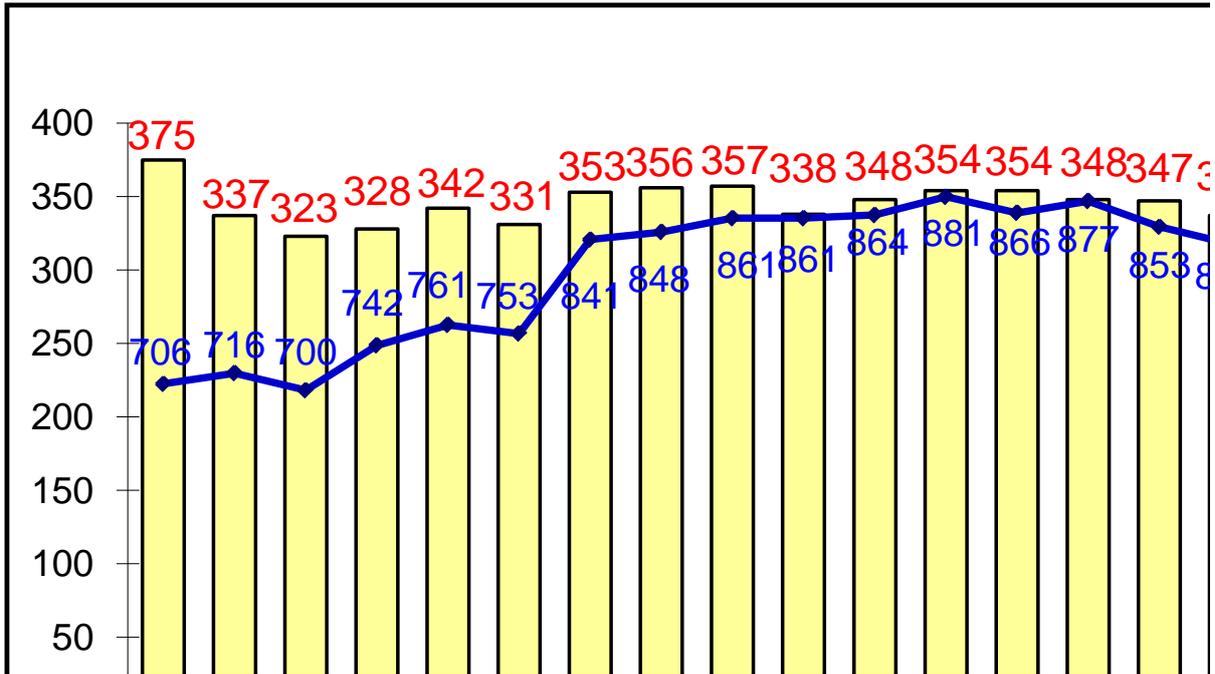


Figure 10: Trend in number of HBC teams form Q1-2009 to Q4-2013

These HBC teams are currently supporting for a total of 20,661 PLHA, which 2,441 were registered in Pre-ART (OI) and other 18,220 were registered in ART.

C. CHALLENGES AND CONSTRAINTS

- Delay in disbursement, and approved for reprogramming led to delay in implementing some necessary activities and need to reschedule and also some budget were considered as save budget.
- Basic needs for living of the beneficiaries in the community could not be fulfilled because of the limited budgets and high demands.
- Initial budgeting in proposal was found not to be adequate to reach intended targets, not taking into account inflation, etc.
- Low incentives adversely affected community outreach worker's performance

D. LESSON LEARNED

- Good coordination and collaboration with all partners, local authorities, health staff at provinces, operational districts, health facilities and Communities; are the key success of the program.

- Partnership with the involved national program such as between NCHADS, NMCHC, CENAT, and development partners, are particularly important in the fight against HIV/AIDS and joint collaborative activities have to be strengthened at OD level to reach the ambitious targets set for MDG 2015.
- Education and awareness rising of the community and the target group allows them to undertake the health education, information and health services and reduce stigma and discrimination towards MARP.
- Improved utilization of HIV/AIDS and STI services by MARPs is necessary to ensure universal access for this population group.

E. CONCLUSION AND RECOMMENDATION

Overall, NCHADS and its partners were made great achievements against the target sets in 2013, we can therefore, conclude that working in partnership, the HIV/AIDS prevention, care and treatment programs in Cambodia is moved towards. However, we should ensure long-term funding and political commitments to run the HIV/AIDS programs. If development partners withdraw assistance for HIV/AIDS programs too quickly, Cambodia could face significant difficulty in sustaining HIV/AIDS efforts.