

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**FIRST QUARTERLY COMPREHENSIVE REPORT, 2011
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**



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

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National Center for HIV/AIDS Dermatology and STDs
NCHADS' Quarterly Comprehensive Report
January to March 2011



Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 1st quarter of year 2011. 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 from health service deliveries; and III) Financial Report for describe the financial disbursements against the first quarterly budget plan.

I. PROGRAMME MANAGEMENT AND IMPLEMENTATION:

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) is the 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 2011-2015, which aligns with the Ministry of Health's overall Health Strategy Plan for Health Care in Cambodia 2008-2015.

A. GFATM SSF HIV Grant Management:

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. Under this Grant, there are 22 Sub-Recipients (SRs): 3 of them are new SRs and 19 others are existing SRs under the previous GFATM rounds. The 22 SRs are including: AHF, CHEC, CPN+, CRS, CWPD, FHI, FI, HACC, KHANA, MEDiCAM, MoSVY, MSC, NAA, NCHADS, NMCHC, NPH, PSI, RHAC, SCA, SHCH, WOMEN, and WVC.

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 will implement by 22 Sub-recipients.

The SSF CAM-H-NCHADS grant was official signed on 25th March 2011. The final Budget for 1st commitment period Jan 2011 to 31st Dec 2013, is USD 85,288,879 and the official signed is USD 81,466,687 which included the budget commitment from R7 phase1, and then PR-NCHADS prepared to sign MoA with SRs in April and May 2011.

B. NCHADS Program Implementation:

Under the Ministry of Health, NCHADS also plays a role as implementing agency to provide technical support on HIV/AIDS and STI prevention, care, support and treatment program to all partners involved including provincial AIDS offices and NGOs. Within NCHADS Strategic Plan 2011-2015, there are main activities set in HIV/AIDS and STI components of the strategic plan that are implemented by NCHADS, provinces, and NGOs.

Planning and Monitoring Cycle in NCHADS:

In November 2010, a Workshop was organized by Planning, Monitoring and Reporting (PMR) Unit of NCHADS to review the achievements of program implementation in 2010 and to develop the Annual Comprehensive Work Plan in 2011 that was aligned to the Strategic Plan for implementation of HIV/AIDS Prevention and Care in Health Sector 2011 to 2015. There were about 100 participants from 24 provinces and NGOs partners participated in the workshop. The result of the workshop obtained the final draft of Annual Operational Comprehensive Plan (AOCP) for NCHADS Programme in 2011, which incorporated with many of the inputs and expected outputs from partners working in coordination with PHD/PASP at provincial and national levels. Finally, the NCHADS Annual Comprehensive Work Plan and budget plan including incentives for staff for 2011 has been approved. It has the total budget of \$19,957,083 that is consisting of 10 different funding sources to implement HIV/AIDS and STI program at national and provincial levels. Based on this work-plan, the quarterly activity work-plans and budget plan are developed respectively.

Signing of Letter of Agreement (LoA) with all Provincial Health Department:

The provincial Annual Comprehensive work plan 2011 with micro-budgets were submitted by Provincial AIDS Office (PAO) managers of 24 provinces-cities to Planning, Monitoring and Reporting Unit and Finance Unit of NCHADS for reviewing, before submitted to NCHADS Director for approval. To ensure the management of funds allocated in NCHADS comprehensive work plan and the completion of activities approved in the provincial work plan in 2011, the LoA for HIV/AIDS Programme Management between the HIV/AIDS Management Team of 24 provinces-cities and NCHADS were signed. In addition, NGOs among those who are involved in members of technical working group on HIV/AIDS and STI prevention, care, support and treatment were signed LoA with NCHADS or provincial health departments in order to collaborate and coordinate the implementation of HIV/AIDS prevention and care program from period of 2011.

Due to late in program signing between PR-NCHADS and the GFATM until the end of March 2011, and delay in approve of training plan for year 2011, most of activities were postponed, only the routine activities including services deliveries, such as treatment and care to PLHAs, HIV testing, STI treatment etc... that can implement as usual. The following descriptions are the detailed of activities in each component that have been done during this quarter at national and provincial level.

Component 1: Continuum of Prevention to Care and Treatment (CoPCT) for Most at Risk and General Populations:

1. *Developed a Concept note on Increasing the Access to HIV Testing and Counseling through Community/Peer Initiated Testing and Counseling (C/PITC) among most at risk population*

In 2009, the standard operating procedures (SOP) for Continuum of Prevention to Care and Treatment (COPCT) for Female Entertainment Workers in Cambodia was approved by the MOH, and sought to ensure consistent preventive measures (condom use, HIV and STI testing, birth spacing) and strengthen the monitoring, coordination and collaboration between network support groups and health services for EWs. This SOP was scaled nationwide, however, there has not yet been a dramatic improvement in HIV testing and counseling among EWs and MSM groups. Therefore, NCHADS and its partners has prepared a concept note on increasing the access to HIV testing and Counseling for these groups (EWs and MSM) through community/Peer Initiated Testing and Counseling (C/PITC) by using the peer network such as EWs and MSM networks which have been established by NGOs including KHANA, RHAC, FHI etc... The peers educate and mobilize their members to improve the demand for HIV testing and counseling and to attend meeting at the Drop in Centers. Drop in center will be uses as a MARPS-friendly venue for outreach VCCT provision by health center staff. In addition, clients served through this C/PITC will be recognized as an EW or MSM.

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

- STI/RTI Unit of NCHADS conducted a monthly TWG meeting to develop the check list for assessing the quality of STI clinics and reviewed the result from last years.
- Coordinate with Surveillance unit for review the protocol for SSS 2011.
- Coordinate with FHI for prepared the LoA between NCHADS and FHI and PHD for the support of STI/RTI Prevention and care in Battambang OD, Pailin, Siem Reap, BanteayMeanchey and in Phnom Penh. FHI will provide technical inputs and support to the STI/RTI case management services for EW and MSM.

2. Component 2: Facility Based Health Service Delivery (FBHSD)

SOP or Guidelines developed:

Cambodia is one among the successful countries in the Western Pacific Region in the response to the HIV epidemic by reducing the HIV prevalence among people aged 15-49 from 2% in 1998 to 0.7 % in 2010. It is estimated that there are 56,200 people who are living with HIV, of whom 46,200 people are in need for antiretroviral therapy,

Since its launching in 2003, the Comprehensive Continuum of Care (CoC) Framework for PLHIV, Cambodia has achieved the universal access target for HIV treatment, with over 90 percent of adults and children in need receiving antiretroviral therapy (ART), with 52 Adult OI/ART sites delivering HIV care and ART to 41,669 patients on ART at the end of the third quarter 2010.

In July 2010, WHO issued new revised global guidelines on antiretroviral treatment for adults and adolescents to improve the quality of ART based on new medical evidence. The WHO recommendations focus on early diagnosis, early initiation of antiretroviral therapy, selection of less toxic antiretroviral regimens, and strategic laboratory monitoring in individuals living with HIV.

In 2011, the guidelines were revised not only stem from recent WHO recommendations but also build on the vast experience acquired over the course of the

past ten years by NCHADS and all its partners, including government, NGOs and donors.

Through a series of AIDS care subcommittee meetings, staff from the NCHADS, the National Hospital as well as representatives from government departments, medical doctors, and other NGO partners to revise and develop these guidelines and documents as following:

1. National Guidelines for the use of Pediatric Antiretroviral Therapy in Cambodia.
2. National Guidelines for the Prevention and Treatment of Opportunistic Infections among HIV-exposed and HIV infected Children in Cambodia.
3. National Guidelines for the Prevention and Treatment of Opportunistic Infections among HIV-exposed and HIV infected Adults and Adolescents.
4. National Guidelines for the use of Antiretroviral Therapy in Adults and Adolescents in Cambodia
5. Training Curriculum on Antiretroviral therapy and Treatment of Opportunistic Infection for Children and Adult.

a. VCCT:

- Coordinate with NCHADS's relevant units and NGOs to develop a concept note on increasing the access to HIV testing and Counseling for these groups (EWs and MSM) through community/Peer Initiated Testing and Counseling (C/PIITC).

3. Surveillance & Research package:

a. Surveillance:

i HSS Round 10:

- Data entry, cleaning and analyzing.
- Consensus with International technical expert on result of HSS 2010 and prepared for disseminate the result in next quarter.

ii SSS 2011:

- The protocol, Specimen collection form and field Guideline for SSS 2011 were developed and reviewed through technical working group.
- Developed checklist for listing the target group for SSS 2011

b. Research:

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

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 the province. The meetings also aimed to review the work plan, challenges or issues faced during CQI implemented, and find appropriate solution.

- ii. Other Research/study Program were continuing activities from last year.

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

Coordinated to develop an annual and 1st quarterly comprehensive work-plan 2011 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:

- A series of coordination meeting with all Units of NCHADS to finalize the NCHADS Strategic Plan 2011-2015, for submit to MoH for get approval.
- Coordination meeting with Logistic Management Unit, Procurement and relevants 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 2011, 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.

iii Monitoring Activities:

Developed the NCHADS Annual Comprehensive Report 2010, which is available at NCHADS' website at www.nchads.org. The report was also distributed to MoH, NAA, donors and other partners. The report was summary the key achievements in 2008, feedback, and lessons learn to provide the strategically thinking and decision making of NCHADS and Provincial Health Department management leaders, health care professional, and stakeholders to develop strategies, SOPs, and set new targets for 2011.

PROVINCIAL LEVEL:

- Provincial AIDS Office of 24 provinces-cities developed the Annual and 1st Quarterly Operational Comprehensive Plan for year 2011 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.

b. Data Management:

- Backlog data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for year 2010.

c. Logistic Management:

- Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.
- Monitor and follow up the distributed drugs, reagents and consumables.
- Worked closely with procurement unit for forecast OI/ARV drug, reagent and consumable.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities

In quarter 1 -2011, there were a total of 60 Family Health Clinics (33 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 28 NGO STI clinics; RHAC: 18 clinics, Marie Stopes: 7 clinics, MEC: 1 clinic and PSF: 1 clinic, ChhoukSar: 1 clinic).

Of the 33 family health clinics, 33 (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, 210 health centers in 71 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in quarter 1 2011, 1,477 consultations for male patients and 11,092 for female patients were reported to the data management unit of NCHADS. Of 1,111 male patients who having STI/RTI syndromes reported, 1,039 of those (93.5%) suffered from urethral discharges; 70 (6.3%) from Genital ulcers and 2 (0.2%) from Genital warts respectively. Of 10,317 female patients who having STI/RTI Syndromes reported, 5,474 of those (53.1%) suffered from vaginitis, 4,178 (40.5%) from cervicitis and vaginitis; 646 (6.3%) from PID, 18 (0.2%) from Genital ulcers and from genital warts 1 (0.01%) respectively. A total of 920 male partners and 2,062 female partners of STI patients were notified and treated for STI.

54,352 consultations were provided at a total of 60 specialized STI clinics (33 government and 27 *NGO STI clinics, Among those consultations, 4,476 consultations were provided to male patients, 2,105 to MSM, 39,050 to low-risk women, and 10,647 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (613 for BEW; 10,034 for NBEW) of which 5,003 were monthly follow-up visits] (Figure 1).

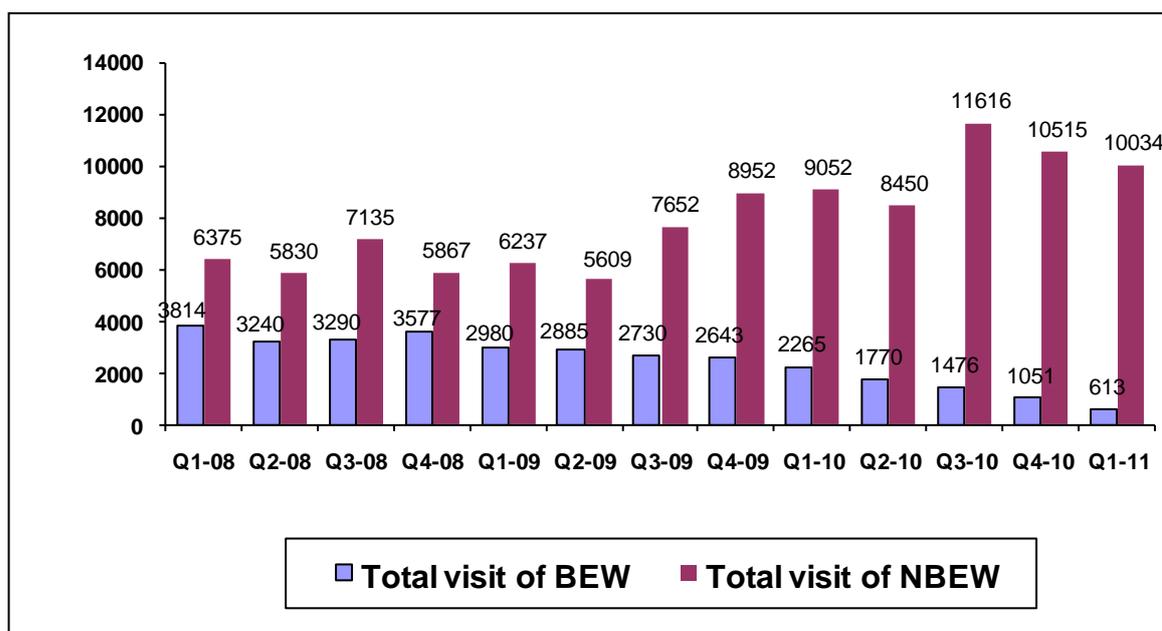


Figure 1: DSW and EW attendance to Family Health Clinics, from Q1 2008 to Q1- 2011

The RHAC clinics attract mostly low risk women whereas the 33 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 53 specialized STI clinics, among the 3,317 male patients who having STI syndromes reported in this quarter, 2,990 (90.1%) got urethral discharges, 7 (0.2%) got anal discharges, 208(6.3%) got Ano-genital ulcers, 93 (2.8%) got Ano-genital warts, and 10 (0.3%) were inguinal bubo. Among the 382 MSM people having STI syndromes, 260 (68.1%) suffered from urethral discharges, 11 (2.9%) from anal discharges, and 52 (13.6%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 40,460 low-risk women having STI syndromes reported that 32,539 (80.4%) were treated for vaginitis, 5,561 (13.7%) were treated for cervicitis and vaginitis, 125 (0.3%) were PID, 318 (0.8%) were ano-genital ulcers and 119 (0.3%) were ano-genital warts.

During the one quarter of 2010, of the 171 BEW who attended specialized clinics for their first visit, 211 (123.4%) were diagnosed with a STI, including 78 (45.6%)with cervicitis. Among the 442BEW who attended specialized clinics for monthly follow-up visits, 197 (44.6%) of those were diagnosed with a STI, including 106 (23.9%) with cervicitis (Annex: STI indicator 1). In quarter 1 -2011, of the 5,473NBEW who attended specialized clinics for their first visit, 3,534 (64.6%) were diagnosed with a STI, including 1,545 (28.2%) with cervicitis. Of the 4,561NBEW who attended specialized clinics for monthly follow-up visits, 1,879 (41.2%) were diagnosed with a STI, including 755 (16.6%) with cervicitis.

Of a total of 1,231 RPR tests were conducted in 1st quarter 2011 at the 33 government specialized STI clinics, and PSF and MEC clinics, 6 (0.49%) were positive.

During this quarter, specialized STI clinics have referred 2,219 patients to VCCT, 29 of HIV/AIDS patients (PLHA) to OI/ART services, 58 pregnant women to ANC, and 154 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 698 patients from VCCT, 145 of patients from OI/ART services, 84 pregnant women from ANC and 40 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 11 years, from 12 sites in 2000 to 249 sites by the end of Q1 2011 (Annex: VCCT indicator 1) (Figure 2).

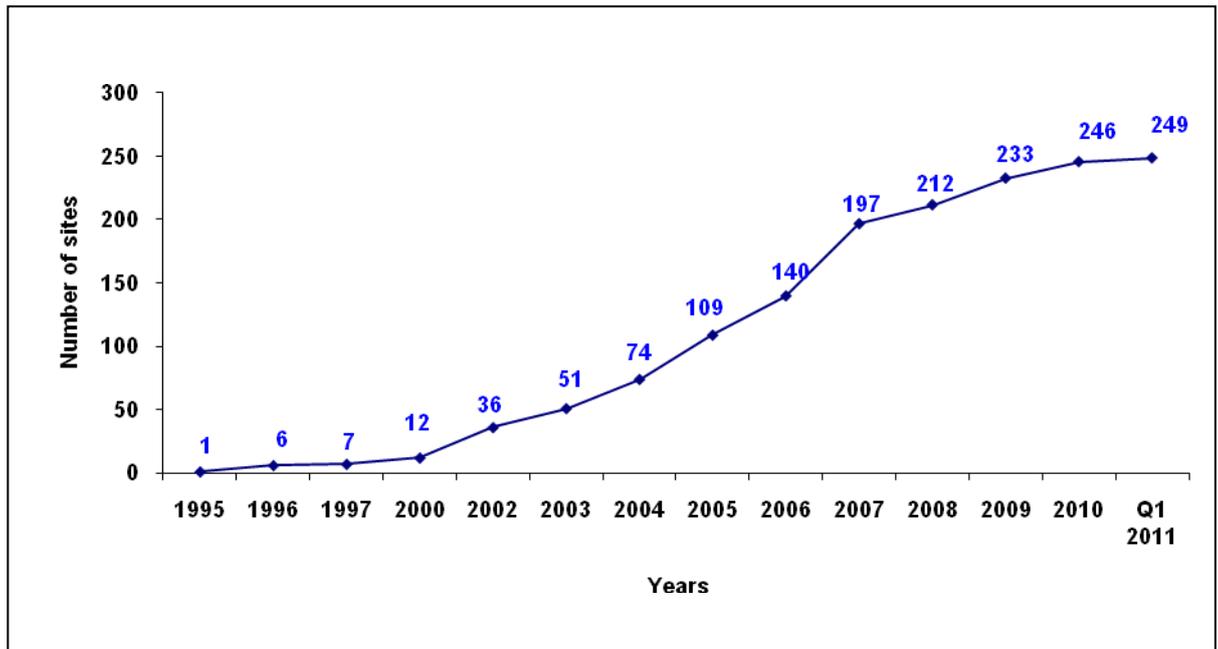


Figure 2: Trend in number of VCCT sites from 1995 to Q1-2011

A total of 3 new VCCT sites have been opened in Q1-2011 (Chak HC in SvayRieng Province, Samroung HC and PreahTheat HC in Kampong Cham Province). Of the current 249 VCCT sites, 223 are supported directly by the Government and 26 by NGOs (RHAC:18, Marie Stopes:3, MEC:1, Center of Hope:1, Institute Pasteur Cambodia:1 and ChhoukSar Clinic:1).

In Q1-2010, of 92,886 (N/A data ANC attendees from NMCH) VCCT clients, 63,817 (68.7%) were self referred, 3,102 (3.3%) were referred by ANC services, 2,511 (2.7%) were referred by STD clinics, 4,267 (4.6%) were referred by TB program, 6,929 (7.5%) were referred by HBC/NGO, 6,068 (6.5%) were referred by general medicine, 487 (0.5%) were referred by Pediatric care, 1,015 (1.1%) were referred by Maternity services, 444 (0.5%) were referred by BS/FP services and 4,246 (4.6%) were referred by other services (Figure 3).

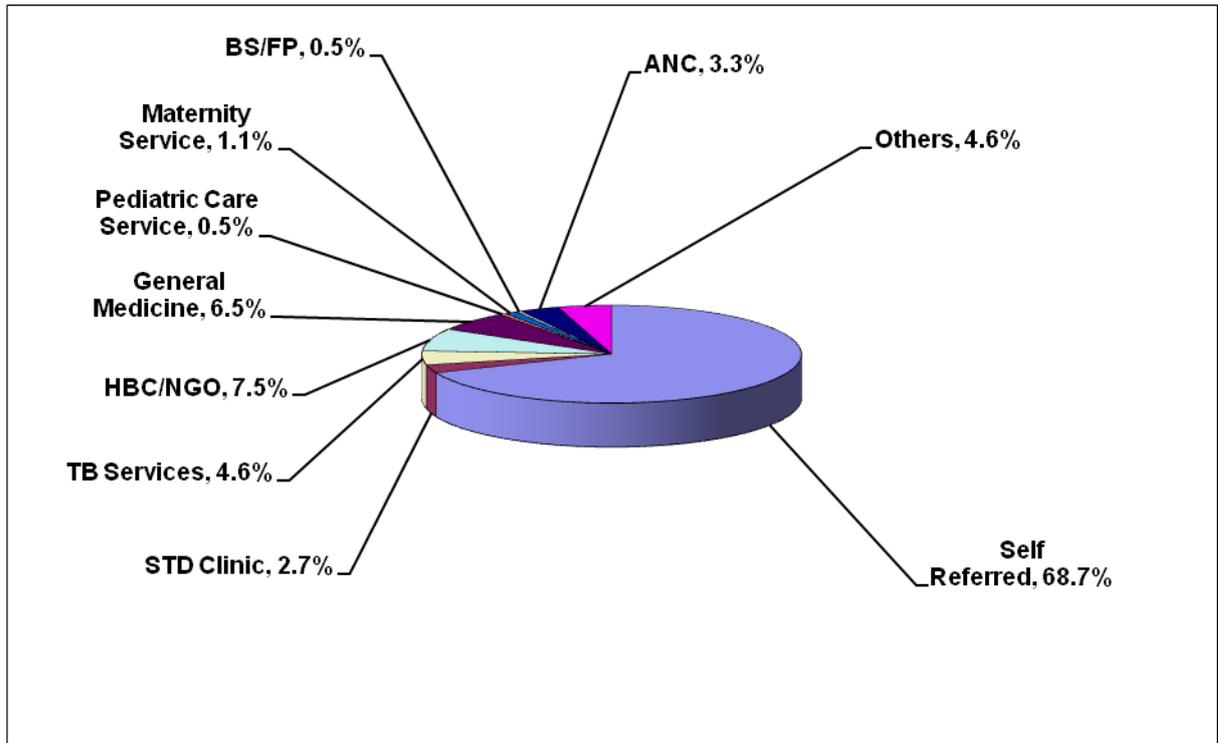


Figure 3: Trend in number of VCCT clients referred from other services in Q1-2011

A total of 92,556 clients have been tested for HIV in quarter 1-2011, 4,090 TB patients.

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 92,556 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q1-2011 (Figure 4).

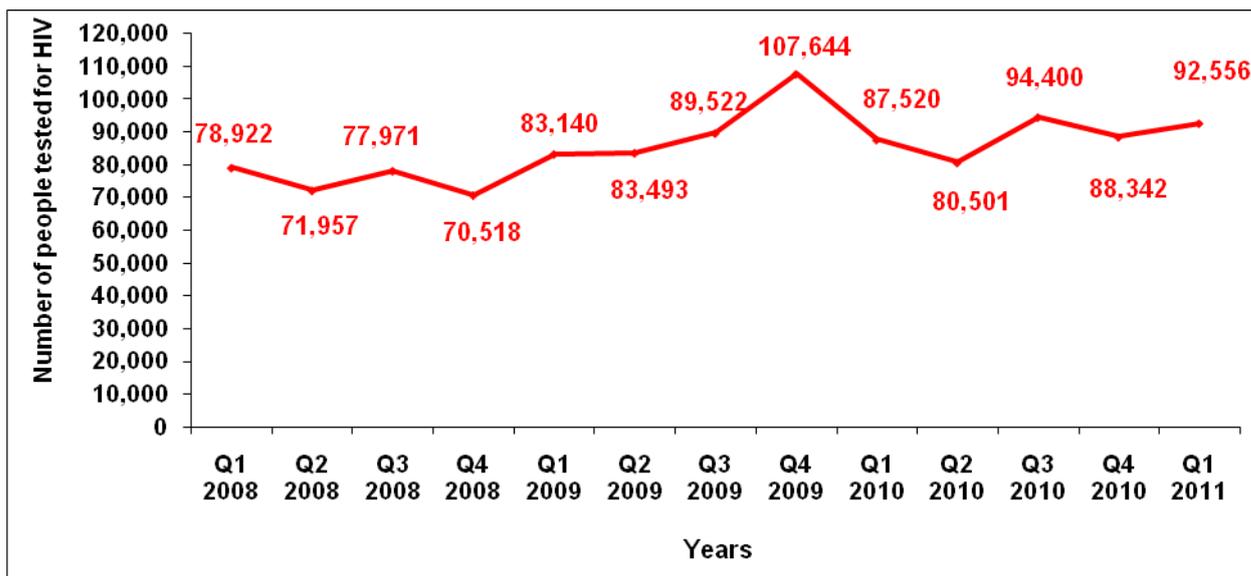


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2008 to Q1-2011

Of the total number of VCCT clients and TB patients tested in Q1-2011, 52,313 (56.5%) were female and 85,803 (92.7%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 92,556 No. (%)	People tested HIV positive N=1,830 No. (%)
Age		
≤14 years	2,196 (2.4%)	139 (7.6%)
15-49 years	85,803 (92.7%)	1,571(85.8%)
> 49 years	4,557(4.9%)	120 (6.6%)
Sex		
Male	40,243(43.5%)	878(48.0%)
Female	52,313 (56.5%)	952 (52.0%)

Table 1: Characteristics of clients tested at VCCT sites, In Q1-2011

In Q1-2011, 99.4% (range: 84.7% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling (Annex: VCCT indicator 3).

In Q1-2011, of 92,886 VCCT clients, 4,267 (4.6%) were referred from the TB program. (Figure 5).

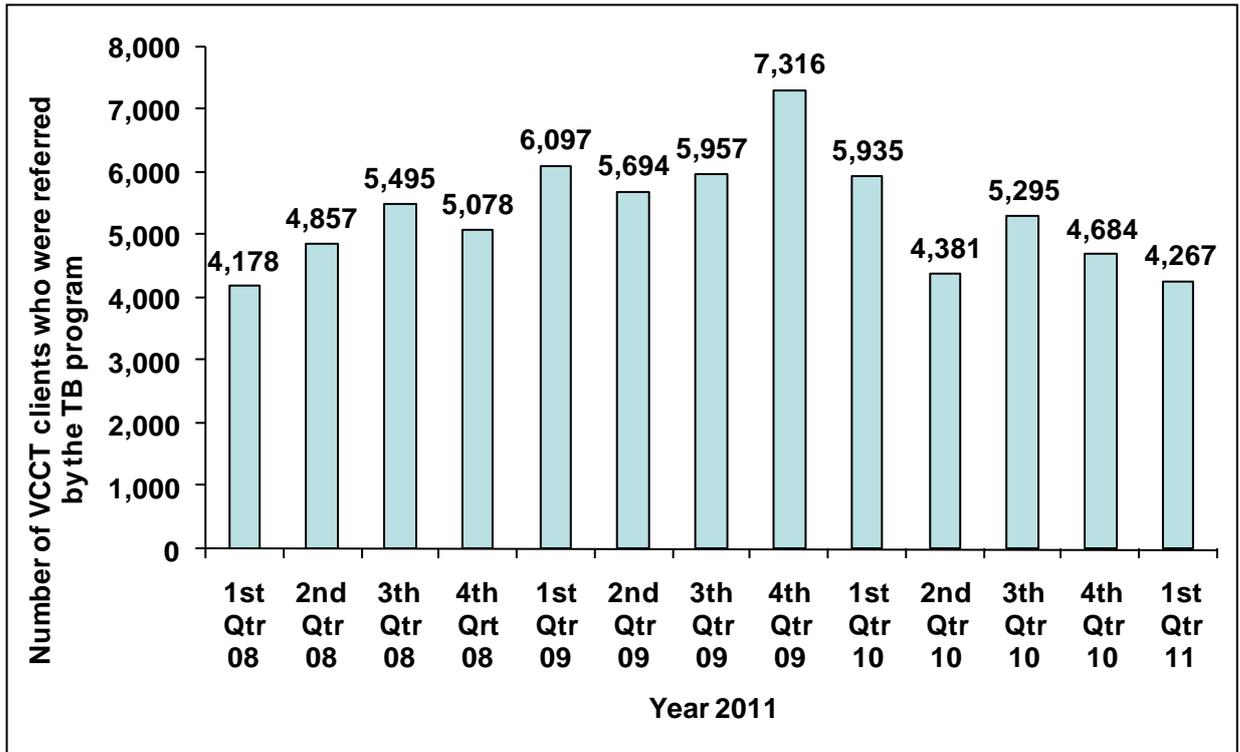


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2008 to Q1-2011

In Q1-2011, of the 92,556 VCCT clients and TB patients tested at VCCT sites nationwide, 1,830 (1.9%) were detected HIV positive at VCCT sites (Figure 6).

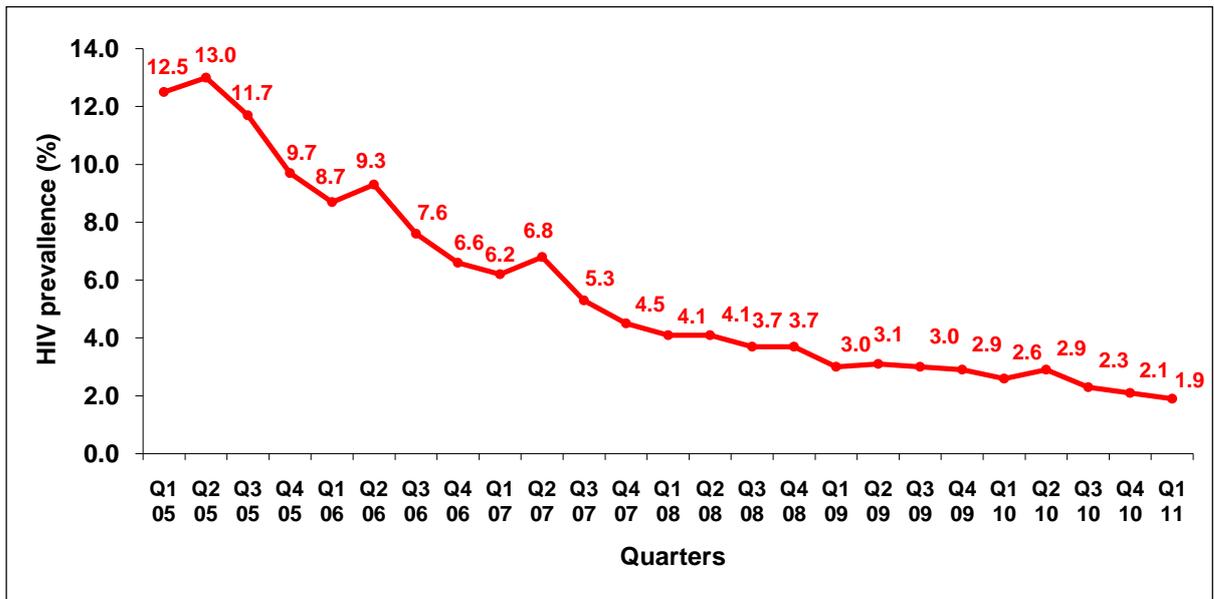


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q1-2011

2.2. OI and ART services

Today, 54 health facilities offer OI and ART services in 45 Operational Districts in 21 provinces and cities (Annex: CoC indicator 1). In this quarter there're new three OI/ART sites established, SereySanthor RH, ChamkarLoue RH at Kampong Cham province and Clinic ChhoukSar II at Phnom Penh, More over there is one more OI/ART sites provide pediatric AIDS care at Kampong Trach RH Kampot province. These 54 OI and ART services are supported by the government 51 sites and 3 sites by NGOs and partner (Annex: CoC indicator 2). Of the total 54 OI/ART sites, there are 33 sites provide pediatric care in 31 Operational Districts.

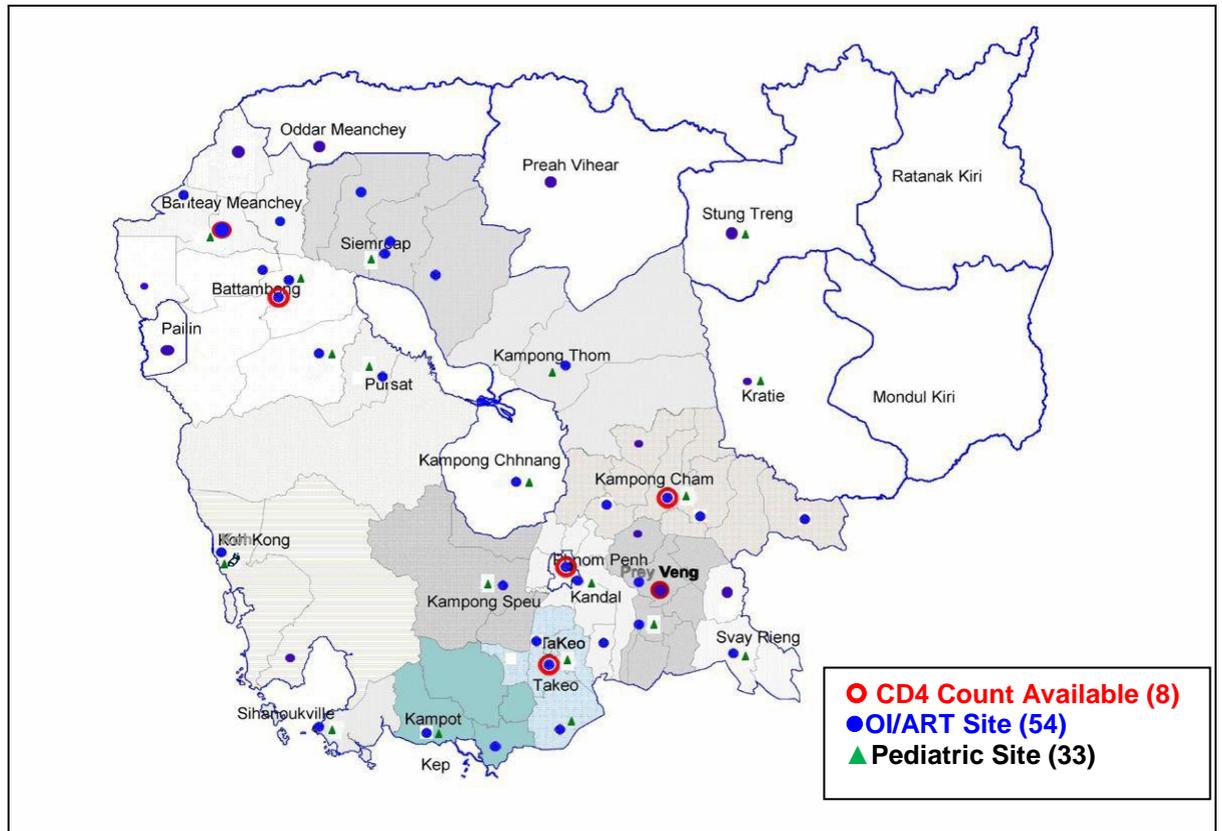


Figure 7: Location of facility-based OI/ART sites as of 31 March 2011

a. Laboratory Support:

In Q1-2011, 16,498 CD4 tests have been conducted in the 7 regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Preyveng, NCHADS, NIPH, NCHASDS in Phnom Penh and MongkulBorei in BanteayMeanchey province (Figure 8). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 425 tests examined in this quarter. CD4 % tests in percentage for children are performed at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH.

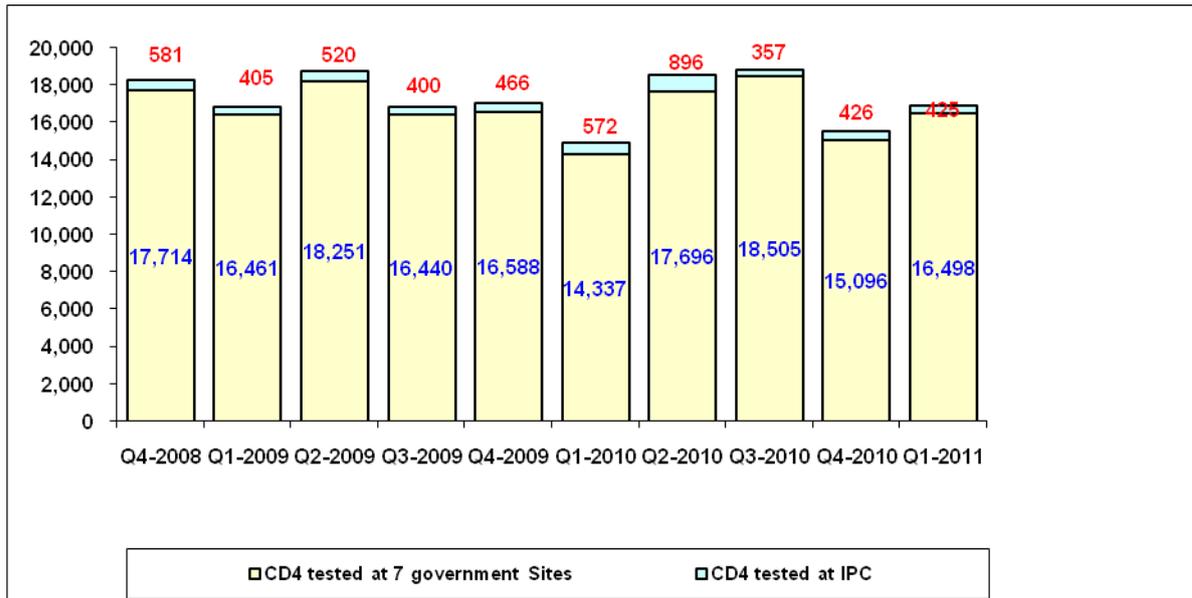


Figure 8: Trend in the total number of CD4 tests conducted in Cambodia at 7 government sites and IPC from Q4-2008 to Q1-2011

In Q1-2011, there are 1,139 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

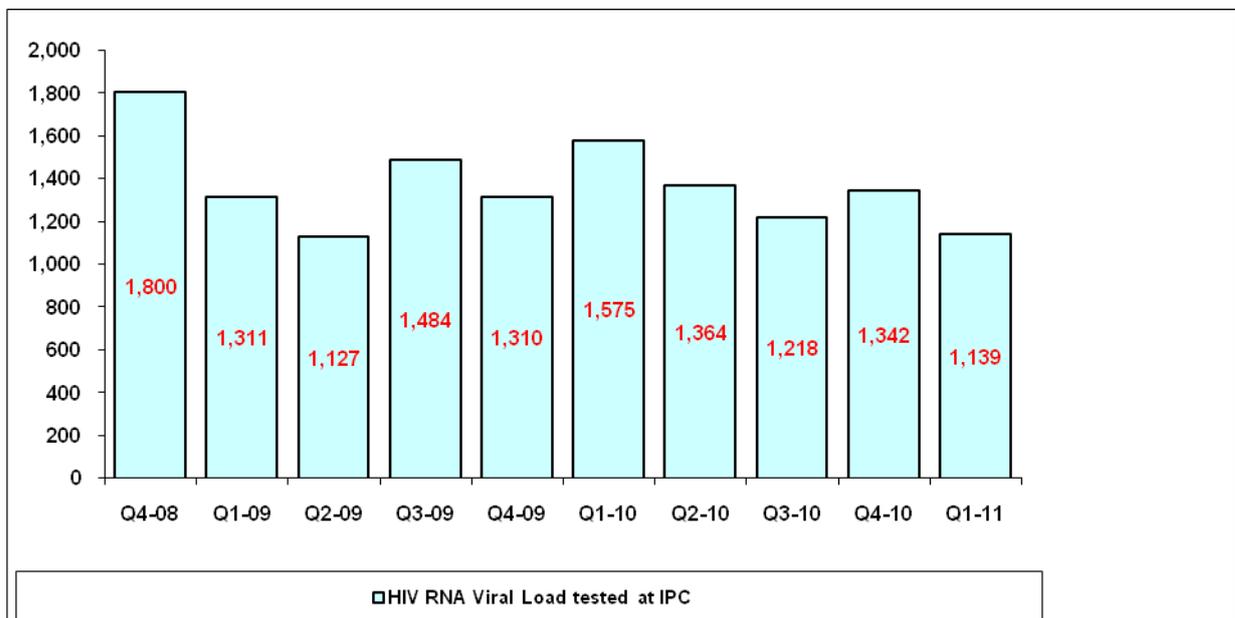


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2008 to Q1-2011

In Q1-2011, 303 DNA PCR tests for early infant diagnostic (EID) found 22 positive were conducted at NIPH. Another place at Institute Pasteur of Cambodia (IPC) in Q1-2011 the total number of DBS screened are 317 found 15 positive and Number of infant screened for the 1st time (excluding DBS for confirmation) are 214 which founded infant diagnosed positive at time of 1st screening are 15 and the total number of HIV DR tested are 100.

(Sources: report from NIPH and IPC)

This Q1-2011, a total of 43,905 active patients including 39,729 adults and 4,176 children are receiving ART (Figures 10 and 11) (Annex: HFBC indicator 3).

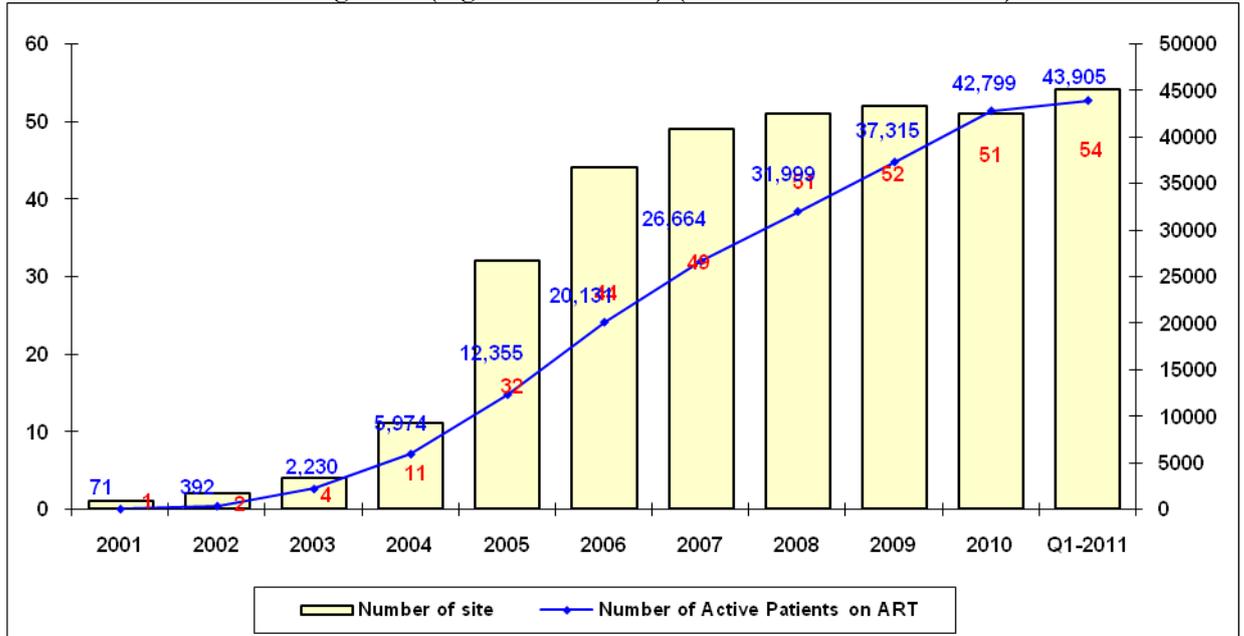


Figure 10: Trend in number of OI/ART sites and active patients on ART from 2001 to Q1-2011

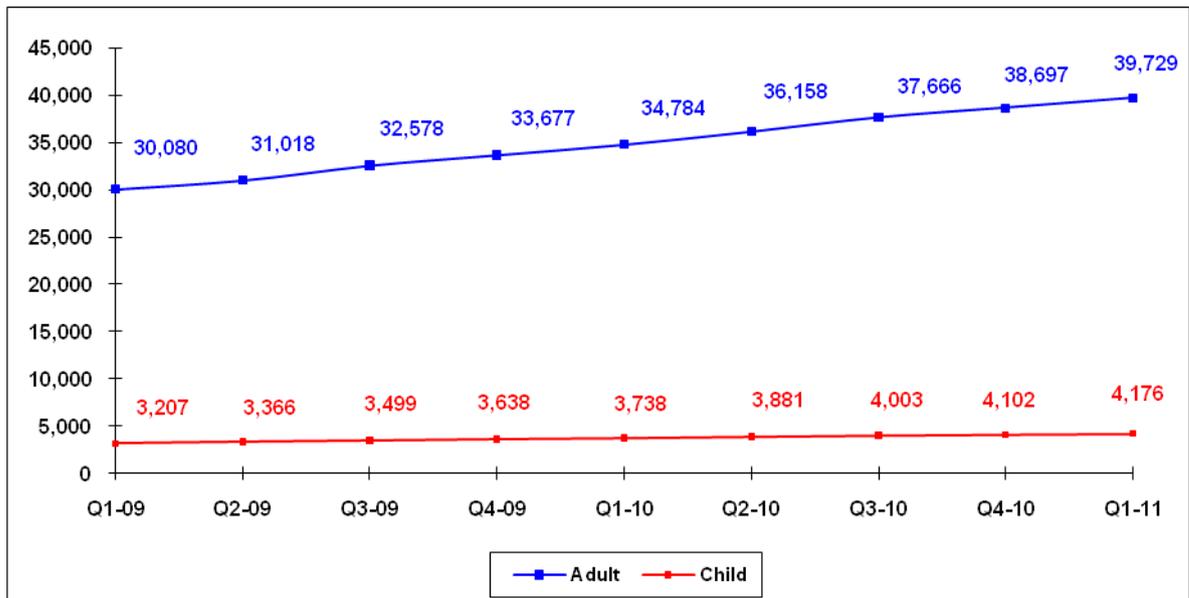


Figure 11: Trend in number of active adult and child patients from Q1 2008 to Q1-2011

In Q1-2011, female adult patients accounted for 53.4% (21,210) of all active patients on ART. At OI/ART sites, a total of 1,456 new patients (including 119 children) started OI prophylaxis and management and 1,380 new patients (including 148 children) started on ART in Q1-2011 (Figure 12). The number of

new patients on OI care has been decreased since Q4 2010. On the other hand, the numbers of new patients on ART were significantly decreased as from Q4 2010. In this quarter there are 360 patients lost and 65 died in OI care.

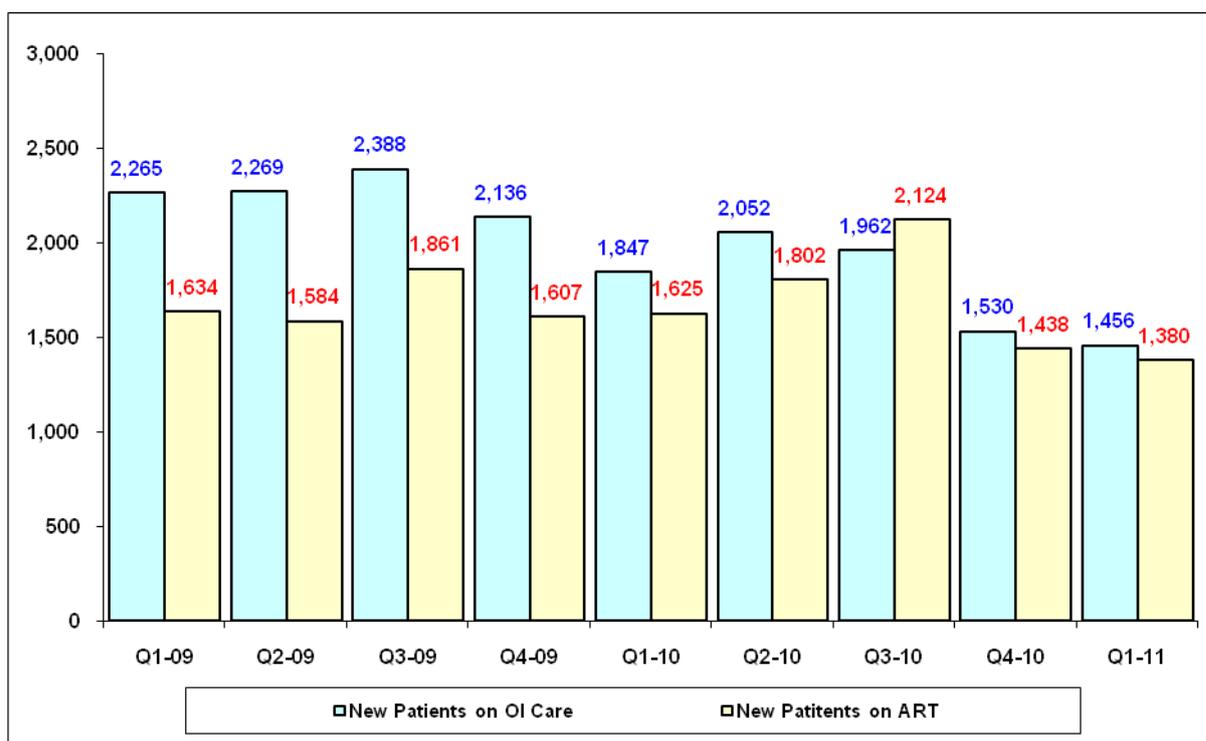


Figure 12: Trend in numbers of new patients on OI and ART from Q1-2009 to Q1-2011

There were a total of 5,927 active adult patients and 1,463 child patients with opportunistic infections who are not eligible for ART yet at the end of Q1-2011. Of those, 4,656 (64.1%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,067 adult patients and 194 child patients on OI care were eligible to prepare on ART at the end of April 2011.

b. Patient mobility across services, lost and died

In Q1-2011, a total of 255 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 231 ART patients lost treatment and 139 patients died during this quarter. At the end of Q1-2011, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,645 active patients on ART.

c. Drug and logistic support

In Q4-2010, 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 3.8 % of adults and 7.2 % of children were on PI-based regimens (Table 2).

ARV drug regimen Q4 - 2010	Adults N= 40,011*		Children N= 4,134*	
	No.	(%)	No.	(%)
d4t+3TC+NVP	16,700	41.7 %	3,065	75.4 %
d4t+3TC+EFV	5,262	13.2 %	423	10.2 %
AZT+3TC+NVP	10,353	25.9 %	222	5.4 %
AZT+3TC+EFV	3,759	9.4 %	65	1.6 %
PI-based regimens	1,512	3.8 %	299	7.2 %
Other regimens	2,425	6.1 %	60	1.5 %

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

Table 2: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q4-2010

d. TB Screening of new OI Patients

In Q1 2011, there were 1,456 new OI patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,337 new adult patients on OI, 1,266 (94.7%) were screened for TB Symptom during the quarter. Of the 1,266 patients screened for TB, 218 were detected as TB Pulmonary and TB Extra-pulmonary, among 218 TB Diagnosed detected 182 were TB treatment. The number of TB screened among new OI patients were increase than Q4 2010 (94.7%) due to all OI-ART sites committee to do TB symptom screening to all new patients on OI.

e. Implementation of Three "I" Strategy

- Isoniazid Prevention Therapy (IPT)

During the first quarter of 2011, there were a total of 972 new OI patients registered at 28 sites implementing the Three "I" Strategy (6 TST sites=256 new patients and 22 Non-TST sites = 716 new patients). Of these, new OI patients, 197 started IPT (TST sites=15 patients and non-TST=182 patients), and 377 active patients on OI started IPT (TST sites =17 patients, and non-TST sites=360) among all active patients adult on OI = 7,264.

- Pre-ART (OI)

During the first quarter of 2011, 1,337 of new adult OI patients registered at OI/ART sites. Of these 1,266 received TB symptom screening that identified that 587 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 587 patients with screened positive for TB symptoms, 218 were diagnosed to have TB (BK+/-, EP), 182 started TB treatment, and 197 started IPT as they did not present TB symptom and put on IPT. There were 247 active patients on OI diagnosed with TB (BK+/EP), of which 212 patients started TB treatment, 203

TB-HIV patients started cotrimoxazole prophylaxis and 377 patients started on IPT during this quarter.

- ***ART***

During the first quarter of 2011, 1,232 new ART patients registered at OI-ART sites. Of these, 115 were diagnosed with TB (BK+/- EP), 80 patients started TB treatment. Of the 165 of active patients on ART who were diagnosed as having TB (BK+/-, EP), 128 started TB treatment and 177 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- ***Pregnancy and abortion***

During the quarter 1 2011, there're 705 new OI female patients registered at OI/ART sites, among these new female 57 became pregnant. Of all 4,656 active female patients on OI until this last quarter, 74 got pregnant and 55 of them started ARV prophylaxis. 7 women were reported to have spontaneous abortion, and 1 woman was reported to have induced abortion during this quarter.

In this quarter, there're 689 new ART female patients registered at OI/ART sites, among these new female 30 became pregnant. Of all 21,210 active female patients on ART in this quarter 123 of them got pregnant. Three women were reported to have spontaneous abortion, and two women were reported to have induced abortion during this quarter.

2.3. Linked Response

55 Reporting LR ODs, January to March 2011

In January 2011, of the 62 ODs implementing the Linked Response Approach, 55 ODs had reported data. From January to March 2011, of a total of 59,539 first ANC attendees at Linked Response sites and outreach services, 45,990 (77.24%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 9,848 husbands/partners accepted testing (21.41% of pregnant women was tested with their husbands/partners). Among the 59,539 ANC attendees at Linked Response sites and outreach services who received an HIV test, 82 (0.17 %) were HIV positive.

A total of 72 HIV-infected pregnant women delivered their babies 65 delivered at Referral Hospital and 7 Health Center between January and March 2011. Among 72 HIV-infected pregnant women delivered: 46 (63.88%) received ART and 22 (30.55%) received ARV prophylaxis in labor alone. Of 72 infants born to HIV-infected mothers from January to March 2011, 62 (97%) received NVP. From January to March 2011, of a total of 170 received HIV Tested, 110 received DNA-PCR-1, 6 (6.6%) were HIV positive.

2.4. Community-based services

As reported in 1st quarter 2011, there are 357 HBC teams covered over 861 Health Centers in 71 operational districts (OD) in 19 provinces. In this quarter PreahVihear provinces still have no report, because NGO that operated CoC

finished their project in coverage and supporting PLHAs and still waiting for new NGOs (Annex: HBC indicator 1) (Figure 13) within the CoC established in place (Annex: HBC indicator 4).

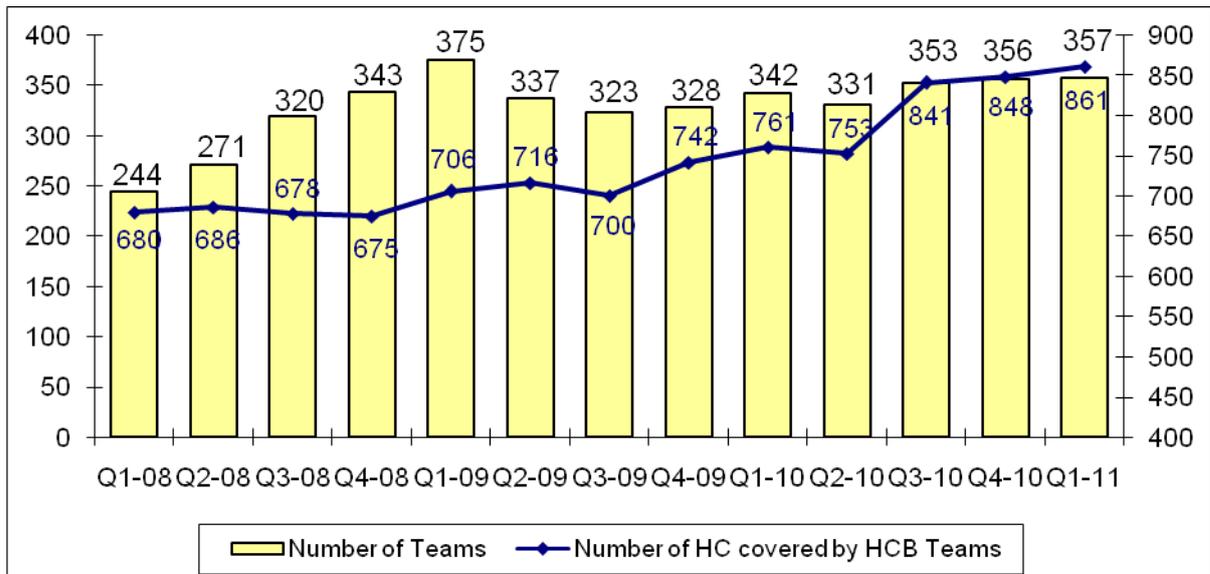


Figure 13: Trend in number of HBC teams form Q1-2008 to Q1-2011

These HBC teams are currently supporting for a total of 31,315 PLHA (Annex: HBC indicator 2), which 8,147 were registered in Pre-ART (OI) and other 23,168 were registered in ART.

III. FINANCIAL REPORT: n/a for this quarter

IV. CHALLENGES AND CONSTRAINTS:

- Critical activities and services such as treatment and testing to PLHIV and those at risk continued by the national program, despite the lack of funding.
- Delay in approval of POC scheme from July 2010 until now, this affected the staff performance at service delivery.

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 for the first quarter in 2011 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.