

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**SECOND QUARTERLY COMPREHENSIVE REPORT, 2010
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.

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Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 2nd quarter of year 2010. 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 second 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 2008-2015, as well as to move towards to the universal access by 2010.

A. GFATM Round 7 Grant Management:

In order to capture the program implementation, the 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 second 6 month period of program implementation (January to June 2010), 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 5th quarterly 2010 in the Quarterly Meeting which was held at NCHADS's meeting room, from 22th -23th April 2010. *(Please see the report in Annex 3).*

As part of the Program Grant Agreement under HIV GFATM-R7, the field visits were conducted by PR/NCHADS Team (M&E and Finance) to some selected SRs/SSRs with the following objectives:

- To monitor the activities plans implementation of SRs and SSRs at the field,
- To identify and solve the problems and challenges during the program implementation;
- To review on the data management including data collection and reports keeping;
- To monitor the financial management systems and funding flow between SR and SSRs.

The field visits was undertaken during the 2nd Quarter 2010 to some SRs including CPN+, CRS, CWPD, FI, KHANA, MSIC, PSI, RHAC, SCA, WVC, and WOMEN which are currently

implemented the program activities in 6 provinces: Siem Reap, Banteay Meanchey, Kampong Cham, Preah Sihanouk, Kampot, and Prey Veng. The visits were also to review to grant management, M&E, reporting systems and financial management system of Grant Fund for selected SRs/SSRs from the program starting dates since 1st January 2009. The key issues and recommendation from the field visits were feed back to sites and SRs for action and follow up, and expected to see progress in the following supervision visit.

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, supported and treatment program to all partners involved 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 have 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 were held every month 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.

ii. Trainings and Workshops:

Two 3-day Regional network meeting on Continuum of Prevention to Care and Treatment for Women Entertainment especially focus on condom use for prevent HIV/STI transmission among high risk group population which were held in Kampong Speu and Takeo province. 65 participants were invited to attend in this meeting including PAO Manger, BCC officer, STI officer and STI clinic manger from 16 provinces and representative of CWPD, RHAC, PSF, KHANA, MSIC and relevant units of NCHADS. The objective of this meeting is to monitor and follow up the implementation of new SOP for Continuum of Prevention to Care and Treatment for Women Entertainment and also provided opportunity for each province to review their achievements, share experiences, discuss challenges during the implementation and find out the appropriate solution for the future.

Two 3-day Refresher Training for Provincial Continuum of Prevention to Care and Treatment Support team for MARPs groups especially Women Entertainment workers and MSMs which were held in Preah Sihanouk and Kratie province. 68 participants were invited to attend in this meeting including PAO Manger, BCC officer, STI officer and STI clinic manger from 24 provinces.

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 Oddor Meanchey, Kampong Speu, Preah Sihanouk, Battambang, Pailin, Siem Reap, Koh Kong, Kampong Cham, Kratie, Prey Veng, Svay Rieng and Kampong Chhnaing province. *(Report in file)*

Provincial Level:

Routine activities were done during this period including developed the annual mapping of Entertainment Establishment, organized the meetings such as P-CoPCT-CC, P-CoPCT-ST, D-CoPCT-

CC, Owner meeting, and monitor to DPCT on outreach activities and referral of EWs to STI clinic and health services.

Table 1: Summary of P-CoPCT-CC, P-CoPCT-ST, D-CoPCT-CC and Owner meeting by each province

Provinces	P-CoPCT-CC meetings		P-CoPCT-ST meetings		D-CoPCT-CC meetings		Owner meetings	
	# of meeting	# of participants	# of meeting	# of participants	# of meeting	# of participants	# of meeting	# of participants
1 KRT	1	15p	3	9p	3	15p	1	41p
2 KPT	1	16p	2	12p			1	32p
3 KTM	1	16p			1	15p	1	72p
4 SVR	1	22p	2	13p	2	12p	1	49p
5 PNP	1	28p			1	18	2	104p
6 KSP	1	15p					2	57p

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 to review as following:

- The Standard Quality of Family Health Clinic on STI/RTI treatment and care, based on the SOP and Experience in public and NGOs services,
- Strengthening the implementation of Linked Response approach on STI/RTI prevention and care, VCCT, reproductive health and family planning for EWs in Cambodia.

ii. Trainings and Workshops:

Trainings and workshops were organized during this period including:

- One 2-days Workshop on Launched the National Guideline on STI/RTI case management and Instruction Manual for Training on STI/RTI case management to Family Health Clinic with and other health services in public and NGOs partners, which was held in Kampong Cham province. Around 77 participants from PAO officer who responsible for STI/RTI, STI Clinic Managers, OD officers who responsible for Logistic Management from 22 provinces-cities (except MDK and Kep), and representative from NGOs partners who are responsible for Prevention, Care and Treatment of STI and Outreach and Peer Education Program including MEC, FHI, RHAC, PSF and RACHA and from relevant Units of NCHADS. The meeting aims to:
 - Launch the National Guideline on STI/RTI case management and Instruction Manual for Training on STI/RTI case management,
 - Discuss and explain on the new important points which included in these Guideline and Instruction Manual.
 - Present the result of STI treatment and care in the 1st quarter 2010 and challenges to improve the quality of STI clinic.
- Three 3-days Refresher training on STI/RTI case management for MARPs groups to 101 participants from 32 Family Health Clinics in 21 provinces (except Kandal, MDK and Kep) and partners including Chhouk Sar clinic, MEC clinic and Health Department of Ministry of Defence.

- In collaboration with PHD/PAO, SIT/RTI Unit of NCHADS organized the 5 sessions of 3days Regional Network meeting for Health Care providers and Lab technician in 5 different places: Kampot, Kampong Chnaing, Banteay Meanchey, Svay Rieng, and Rattanakiri province, with participated from STI Officer, 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.
- One 10-days Basic Training on STI/RTI case management with laboratory support for 12 new staff from Banteay Meanchey, Preah Sihanouk, Koh Kong, Stung Treng, Svay Rieng, Kampong Speu, Kampong Thom, NMCHC, and National STD clinic, which was organized at NCHADS meeting room.
- Facilitate in the Refresher training on STI/RTI case management for EWs in Kampong Chhnaing, Kampong Cham, Kampong Speu and Pailin.
- Data of Dermatology and STI cases from National STI Clinic are summarized in Table 2.

Table 2: Consultation and treatment

Disease	Dermatology		STD		Surgery	
	Male	Female	Male	Female	Male	Female
Month						
April	0	0	0	0	0	0
May	50	99	2	0	0	0
June	115	112	1	2	0	0

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 Takeo, Phnom Penh (Samdech Ov, Tuol Svay Prey, Don Penh HC), Oddor Meanchey, Preah Sihanouk, Battambang and Prey Veng to monitor and provide technical support to STI clinic staff and assess on the laboratory for this service, with sold some problems and provide some recommendation to improve the STI clinic (Reports in file).

PROVINCIAL LEVEL:

- Mobile STI clinic was conducted every month for Entertainment workers at districts in Baray Santok/Kampong Thom, Mebon and Svay Antor/Prey Veng, Chhouk/Kampot Phnom Sruoch and Korng Pisey/ Kampong Speu, and Bavet/Svay Rieng. The following tables (3 and 4) are summarizing activities that have done at provincial and district levels.

Table 3: STI/RTI Refresher Training and STI/RTI Coordination meeting

	Refresher Training	Coordination meeting
1	Kampong Thom	18p
2	Kratie	16p
3	Svay Rieng	14p

4	Kampot	41p	11p
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Table 4: Summary of Supervision on STI/RTI conducted by provinces during Q2.2010

Provinces	Supervision from PAO to ODs and STD clinics		Supervision from ODs to HCs	
	# of trips	# of sites	# of trips	# of sites
1 Kratie	2	2	6	6
2 Kampong Thom	3	3	3	9
3 Kampot	4	4	12	12
4 Phnom Penh	5	5		
5 Kampong Speu	2	2		
6 Svay Rieng	2	2	9	9

2. Care Package:

a. Health Facility and Home Based Care:

NATIONAL LEVEL:

i. SOP or Guidelines developed:

Guide for Implementation of Positive Prevention among People Living with HIV in Cambodia:

Based on the importance and necessity of guide for implementation of Positive Prevention among People Living with HIV in Cambodia, AIDS Care Unit of NCHADS collaborate with TWG developed the Guide for Implementation of Positive Prevention among People Living with HIV because the Positive Prevention helps PLHIV better understand issues affecting their health status. Failure to change their unsafe sexual behaviors can lead to the acquisition and transmission of sexually transmitted infections (STI) and/ or hepatitis B and HIV super-infection leading to ARV resistance. This Guide was approved by MoH and will be launched soon.

ii. Training/ Workshop:

- In collaboration with PHD, PAO, OD and partners, NCHADS launched the CoC in OD Korng Pisey/ Kampong Speu.
- With coordination with CNAT, NCHADS organized the orientation trainings on the Implementation of Three I's Strategy in OD Tbong Khmum, Kampong Cham, Memut and Cheung Prey / Kampong Cham province, Mongkul Borey, Poi Pet/ Banteay Meanchey, Mong Ressey, Battambang, Thmarkol, Sampovloon/ Battambang province, Sampovmeas/ Pursat, Pailin, Neak Loeung, Kampong Leav/Preveng province, Kampong Speu and Svay Rieng provinces. The objectives of the training aim:
 - o To provide and explain the Three I's SoP for screening and diagnosis of TB in HIV infected patients, isoniazid preventive therapy (IPT) for PLHIV unlikely to have active TB, and to strengthen TB infection control (IC) measures at Continuum of Care (CoC) settings.
 - o To improve knowledge and skill related to Three I's Strategy to health care staff with focus on topic as following:

- i. Intensified TB case finding among PLHIV through verbal TB symptom screening for a combination of 3 symptoms,
 - ii. Use IPT Standard Operating Procedure Algorithm for PLHIV unlikely to have active TB,
 - iii. TB Diagnostic workup among PLHIV
 - iv. Tuberculin Skin Test (TST)
 - v. Support IPT Adherence
 - vi. TB Infection Control in CoC Settings
 - vii. Monitoring & Evaluation
 - o Planning for implementation of 3 Is strategies
- One day Coordination Meeting on Implementation of linked Response approach for HIV/AIDS and Reproductive Health with health care providers and NGOs were held in Preah Sihanouk and Kampong Speu province. The meetings aim to review on the HIV testing among pregnant women, TB patient and coordination mechanism between health center staff and community especially with Home based Care team members (Reports in file).

iii. Supervision :

- Joint supervision trips conducted to monitor on CoC, HBC and Linked Response activities in OD Sotnikum and Kralanh/ Siem Reap, Stung Treng, Kratie, Neak Loeng, Pearaing and Svay Antor/Prey Veng, Romeashek/ Svay Rieng, Koh Thom/Kandal, Kirivong/ Takeo, Kampong Trach/Kampot, Pailin, Mongkul Borey and Preahnetpreah/ Banteay Meanchey province. 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 and MMM activities were conducted and summarized in Table 5.
- Clinician meeting was conducted in Kampot with 28p.
- Counseling meeting was conducted in Kampong Thom with 48p,
- OI/ART refresher Training was conducted in Kampong Thom with 21p

Table 5: CoC CC meetings and MMM Activities

	# of MMM/mmm meeting	# of PLHA attended	# of CoC meeting	# of participants	# of OIs team meeting	# of participants
1 KRT	2	275p				
2 KTM	3	40p	3	94p	3	62p
3 KPT	3	202p	3	78p	3	65p

b. VCCT:

i. Workshop/Training:

- One 5-days of Initial training on HIV/AIDS Counseling for Counselors from VCCT and health care providers from the HCs that will be implementing the linked Response approach

- for HIV/AIDS and Reproductive Health. The participants were come from Kampong Cham, Kampong Thom, Takeo and Kampong Speu which funded by GFATM-R4.
- One 5-days initial training on Laboratory of HIV testing, with 25 participants from VCCT/HCs in Kampong Cham, Kampong Thom, Takeo and Kampong Speu and one refresher training on Laboratory of HIV testing, with 25 participants from VCCT/HCs in Phnom Penh, Kampot, Kampong Chnaing, and Siem Reap which funded by GFATM-R4.
 - One 10-days of Training courses on serology for HIV/STI testing including Syphilis screening, DNA, PCR for 15 Lab technicians from Referral Hospital of Kampong Speu, Kep, Prey Veng, Kampong Thom, Kampong Cham, Takeo, Svay Rieng, Kampot and Chamkarmorn RH/Phnom Penh which supported by GFATM-R7.
 - 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).
 - Three 3-days workshop on Regional Counseling Network meeting were held in Phnom Penh, with funded by GFATM-R4. These meetings provided opportunity for counselors from VCCT sites to share experiences and discuss challenges during the implementation.
 - One 3-days workshop on Regional Laboratory Network meeting was held in Phnom Penh, Kandal with 34p from public VCCT and NGOs partners including MSIC and MEC. These meetings provided opportunity for lab technician from VCCT sites to gain knowledge and share experiences for improve the quality of test and discuss challenges during the implementation.
 - One 2-days workshop on Quality Control on HIV testing with 220 participants from 217 VCCTs in the country.

ii. Monitoring and Supervision:

- Monitoring and supervision trips were conducted to monitor the activities at the VCCTs sites in Prey Veng, Battambang, Kratie, Kampong Cham, Oddor Meanchey, Takeo, Kampong Speu, Pailin, Siem Reap, Pursat and Koh Kong province, and also supervised to CD4 sites including in Takeo, Prey Veng, Kampong Cham, Battambang and Banteay Meanchey. The purpose of the supervision were to review the VCCT, CD4 activities such as: register book, appointment cards, referral cards, process of pre and post test counseling, lab activities (Rapid test), blood samples, used and stock of reagents and consumables.

3. Surveillance & Research package:

a. Surveillance:

i HSS Round 10:

- The protocol, Specimen collection form and field Guideline for HSS round 10 were developed, reviewed, and finalized.
- Listing and Mapping the target groups (Brothel and non brothel based sex workers, Police and Pregnant women at ANC clinics) for HSS Round 10 in Provinces (Preah vihear, Oddor Meanchey, Stung Treng, Rattanakiti, Banteay Meanchey, Battambang, Koh Kong, Pailin, Kampong Chnaing, Pursat, Kampot, Siem Reap, Kratie, and Prey Veng).

ii BSS Round 8:

- Develop and review the BSS questionnaire included EWs, OI/ARV patients and Motodup target groups.
- Pre-test of BSS questionnaire for EWs, OI/ARV patients and Motodup target groups in Preah Sihanouk.
- One 5-days Training on BSS data collection for 47 interviewers from 5 Provinces (Battambang, Siem Reap, Preah Sihanouk, Kampong Cham and Phnom Penh).
- Supervision on data collection for BSS round 8 in 5 Provinces (Battambang, Siem Reap, Preah Sihanouk, Kampong Cham and Phnom Penh).

iii **Monitoring of HIV Drug Resistance Early Warning Indicators :**

During this quarter, the second round of EWI was continued, by collected the data from OI/ART sites including Koh Thom RH, Mong Ressey RH, Sampovloon RH, Romeas Hek RH, Svay Rieng RH, Military No 5 RH in Battambang.

iv **Other activities:**

This Unit also organized the technical meeting with Surveillance TWG to review as following:

- To draft term of reference for TWG for surveillance and will be finalized next TGW meeting
- To update on BSS data collection: BSS findings are expected to come out by the end of 2010
- To update on HSS preparation: Surveillance unit is still waiting for survey materials, and expected to conduct the training on HSS data collection in the next quarter.
- To update on HIV DR Threshold survey: Another HIV DR TS will be proposed.
- To discuss on STI protocol.

Supervision trips on data collection for study on Gonococval Antimicrobial Susceptibility Monitoring in 6 clinics in Phnom Penh: HC Chamkarmon, Don Penh, Tuol Tumpoung, Phsadepot, Chack Anre Leu, and Tumnupthmey.

b. Research:

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

During this quarter, Research Unit conducted the need assessment and collected and analyzed the data related to 10 key indicators for starting to implement the CQI in Smach Meanchey RH, and Preah Sihanouk RH.

ii. Other Research:

- One 3-days Refresher training on Monitoring of HIV Drug Resistance Emergency during treatment and related programme factors at a sentinel ART sites at Chey Chum Neas RH and Social Health Clinic with funded by WHO.
- Jointed in process of develop protocol on Sexual health seeking behavior among MSMs survey and protocol on Family Planning among PLHAs in Cambodia.

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

- Coordinated to develop the 2nd Quarterly Comprehensive Work-plan 2010 for NCHADS and 24 provinces that were included the detail activity plans, expected outputs and allocated available funds from all funding sources.
- One 3-days workshop on Mid-year Review of Annual Operational Comprehensive Plan for HIV/AIDS and SRTI prevention and Care in health sector for 2010, with participated from 24 provinces and NGOs partners. This workshop was conducted as the part of the coordination meeting in order to review progress made during first semester 2010, to provide the updates of technical concepts and strategies or Guidelines in the programme implementation, and to review of the work plan for 3rd quarter and 4th quarter 2010, after reprogramming.

ii Coordination Meeting:

- Coordination meeting with Logistic Management Unit, Procurement and relevant's NCHADS Units were conducted. The main objectives of the meeting are to quantify of the forecasting need of OI/ARV drugs, reagents, consumables for VCCT's, 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.
- The Technical meetings were conducted every month with participated from chief or vice chief of all technical units of NCHADS and chaired by director or deputy director of NCHADS. The meetings were follow up the implementation of NCHADS program and raise

iii Monitoring Activities:

Developed the NCHADS 1st Quarterly 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.

PROVINCIAL LEVEL:

- Provincial AIDS Office of 24 provinces-cities developed the Annual and 2nd Quarterly Operational Comprehensive Plan for year 2010 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 1st quarter 2010.
- Conducted supervision to province on data management, checked and entering OI/ART data in Kampong Thom, Kampong Speu, Pursat and Banteay Meanchey.
- On-site training on Data Management system in Pailin, Takeo, Preah Vihear.
- Jointed as a facilitator in training on Linked Response Approach for Health Care providers on Data Management.
- 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:

- One 5-days Refresher Training on Management of OI/ARV drug for 40p from 15 provinces including KCM, KSP, KPT, BMC, SRP, PVG, SVR, KHK, PVH, BTB, PLN, KRT, SHV and TKV. The objectives of this workshop were:
 - o To explain on how to classify the OI/ARV Drug
 - o To quantify need for ARV drug for PMTCT, ARV drug for Pediatric and Adults,
 - o ARV Regimen
 - o Stock management
 - o How to develop the report format and request form,
 - o Submit the report regularly and on time, and
 - o Request the Drug, reagent and consumable based on the NCHADS schedule to avoid the stock out of reagents.
- Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.
- Jointed monitoring with Planning Monitoring and Finance Unit to Bantey Meanchey, Pailin, Stung Treng, Kampot, Koh Kong, Prevy Veng, Svay Rieng, Oddor Meanchey, Kandal, Kratie, Kampong Speu, Preah Sihanouk, and Siem Reap province.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities

In quarter 2 -2010, there were a total of 59 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mondulkiri province and Kep city and 27 NGO STI clinics; RHAC: 18 clinics, Marie Stopes: 6 clinics, MEC: 1 clinic and PSF: 1 clinic, Chhouk Sar: 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, 210 health centers in 71 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in quarter 2 2010, 1,312 consultations for male patients and 10,133 for female patients were reported to the data management unit of NCHADS. Of 1,155 male patients who having STI/RTI syndromes reported, 1,113 of those (96.4%) suffered from urethral discharges; 37 (3.2%) from Genital ulcers and 5 (0.4%) from Genital warts respectively. Of 8,858 female patients who having STI/RTI Syndromes reported, 4,806 of those (54.3 %) suffered from vaginitis, 3,641 (41.1%) from cervicitis and vaginitis; 373 (4.2%) from PID, 35 (0.4%) from Genital ulcers and from genital warts 3 (0.03%) respectively. A total of 1,103 male partners and 2,562 female partners of STI patients were notified and treated for STI.

A new STI side have been opened in quarter 2, 2010 (Chhouk Sar clinic in Phnom Penh). 52,073 consultations were provided at a total of 59 specialized STI clinics (32 government and 27 *NGO STI clinics, Among those consultations, 5,085 consultations were provided to male patients, 2,171 to MSM , 34,597 to low-risk women, and 10,220 to brothel entertainment

workers (DSWs) and non-brothel entertainment workers (EWs) (1,770 for DSWs; 8,450 for EWs) of which 5,222 were monthly follow-up visits] (Figure 1).

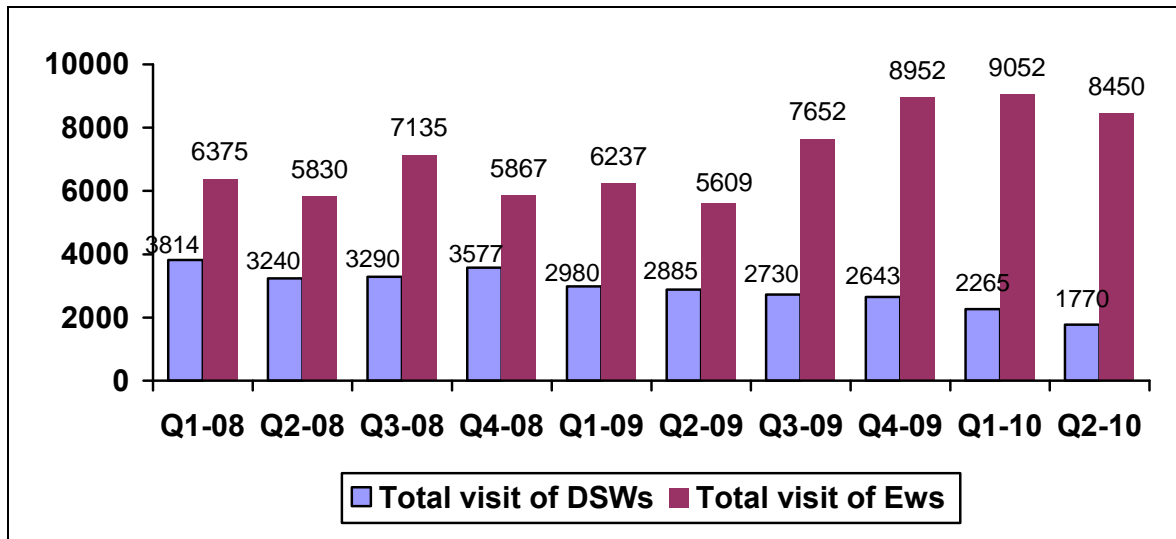


Figure 1: DSW and EW attendance to Family Health Clinics, from Q1 2008 to Q2- 2010

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 53 specialized STI clinics, among the 3,086 male patients who having STI syndromes reported in this quarter, 2,731 (88.5%) got urethral discharges, 16 (0.5%) got anal discharges, 201 (6.5%) got Ano-genital ulcers, 95 (3.1%) got Ano-genital warts, and 25 (0.6%) were inguinal bubo. Among the 381 MSM people having STI syndromes, 241 (63.3%) suffered from urethral discharges, 26 (6.8%) from anal discharges, and 58 (15.2%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 35,748 low-risk women having STI syndromes reported that 28,680 (80.2%) were treated for vaginitis, 6,759(16.2%) were treated for cervicitis and vaginitis, 145 (0.4%) were PID, 301 (0.8%) were ano-genital ulcers and 110 (0.3%) were ano-genital warts.

During the second quarter of 2010, of the 530 DSWs who attended specialized clinics for their first visit, 499 (94.2%) were diagnosed with a STI, including 207 (39.1%) with cervicitis. Among the 1,240 DSWs who attended specialized clinics for monthly follow-up visits, 363 (29.3%) of those were diagnosed with a STI, including 186 (15%) with cervicitis (Annex: STI indicator 1). In quarter 2 -2010, of the 4,468 EWs who attended specialized clinics for their first visit, 2,901 (64.9%) were diagnosed with a STI, including 1,353 (30.3%) with cervicitis. Of the 3,982 EWs who attended specialized clinics for monthly follow-up visits, 1,902 (47.8%) were diagnosed with a STI, including 933 (23.4%) with cervicitis.

Of a total of 1,882 RPR tests were conducted in 2nd quarter 2010 at the 32 government specialized STI clinics, and PSF and MEC clinics, 16 (0.9%) were positive.

During this quarter, specialized STI clinics have referred 2,726 patients to VCCT, 4 of HIV/AIDS patients (PLHA) to OI/ART services, 54 pregnant women to ANC, and 84 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 56 patients from VCCT, 67 of patients from OI/ART services, 40 pregnant women from ANC and 23 women from Family Planning services.

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

2.1. Availability of services

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 10 years, from 12 sites in 2000 to 237 sites by the end of Q2 2010 (Annex: VCCT indicator 1) (Figure 2).

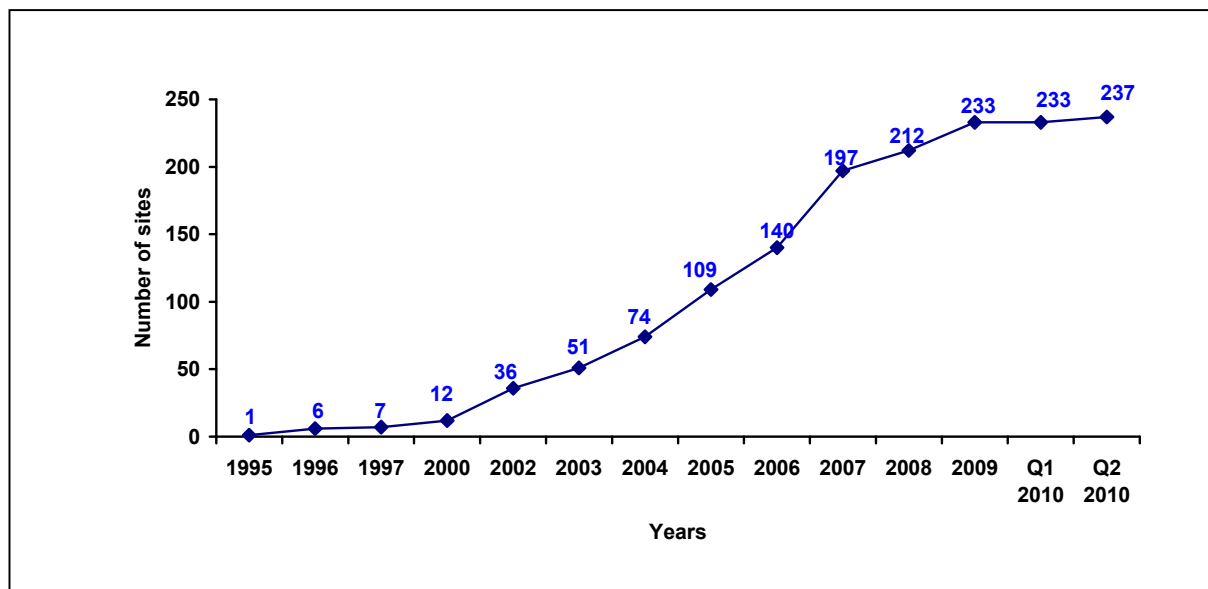


Figure 2: Trend in number of VCCT sites from 1995 to Q2-2010

A total of 4 new VCCT sites have been opened in Q2-2010 (Chhouk Sar Clinic in Phnom Penh, Pean Rong HC, Kampong Popil HC, Prey Dom Thnoeng in Prey Veng Province). Of the current 237 VCCT sites, 211 are supported directly by the Government and 26 by NGOs (RHAC, Marie Stopes, MEC, Center of Hope, Institut Pasteur Cambodia and Chhouk Sar Clinic).

In Q2-2010, of 119,009 (including 38,353 ANC attendees from NMCH) VCCT clients 54,472 (45.8%) were self referred, 41,561 (34.9%) were referred by ANC services, 1,882 (1.6%) were referred by STD clinics, 4,624 (3.9%) were referred by TB program, 5,621 (4.7%) were referred

by HBC/NGO, 5,149 (4.3%) were referred by general medicine, 343 (0.3%) were referred by Pediatric care, 1,345 (1.1%) were referred by Maternity services, 392 (0.3%) were referred by BS/FP services and 3,620 (3.0%) were referred by other services (Figure 3).

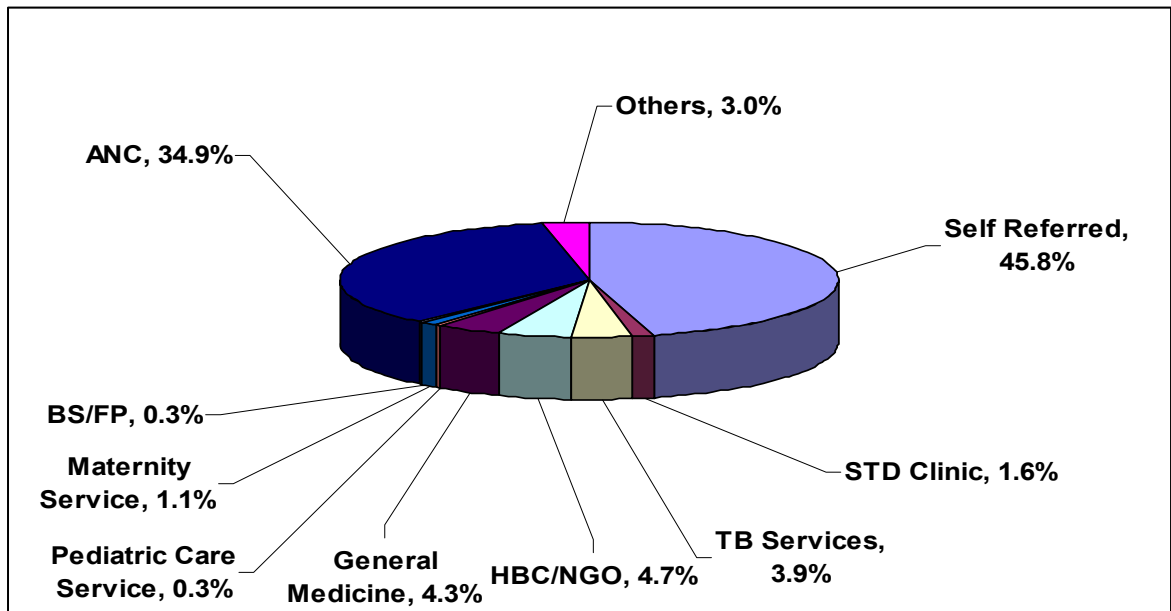


Figure 3: Trend in number of VCCT clients referred from other services in Q2-2010

A total of 117,620 clients have been tested for HIV in quarter 2-2010, including 80,501 VCCT clients, 4,381 TB patients, 32,880 pregnant women (29,860 at government facilities and 3,020 at RHAC clinics) and 7,467 male partners of pregnant women (7,259 at government facilities and 208 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 80,501 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q2-2010 (Figure 4).

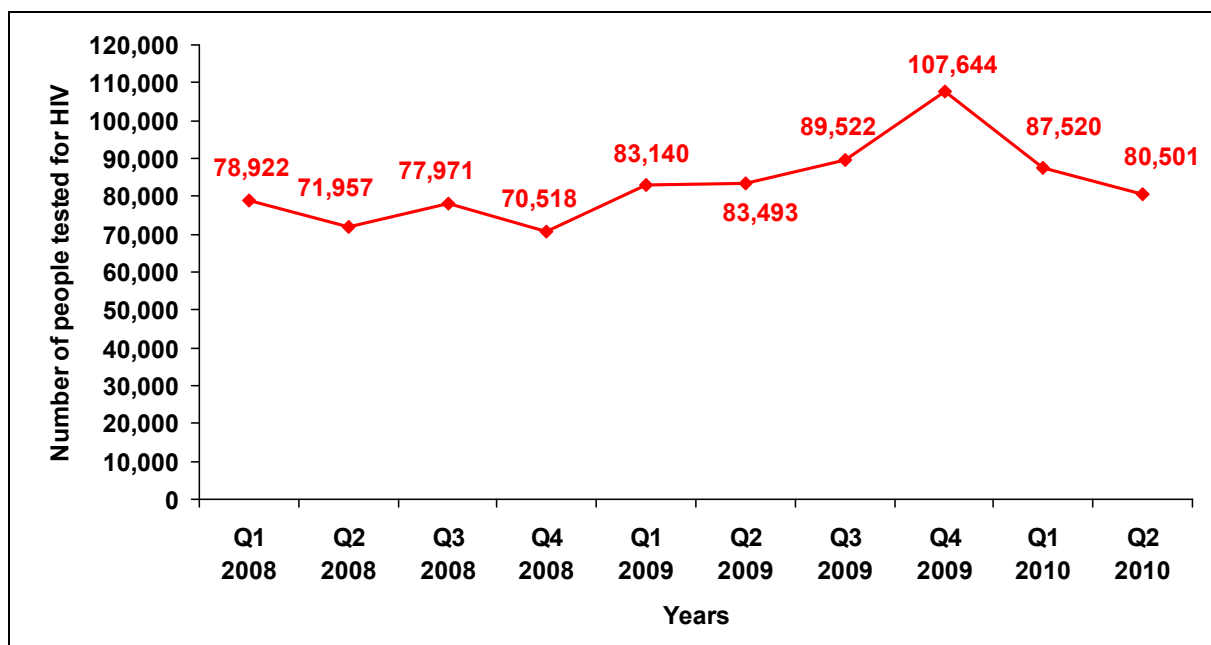


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2008 to Q2- 2010

Of the total number of VCCT clients and TB patients tested in Q2-2010, 45,333 (56.3%) were female and 73,029 (90.7%) were aged 15-49 years (VCCT indicator 2) (Table 6).

	People tested for HIV N= 80,501 No. (%)	People tested HIV positive N=2,367 No. (%)
Age		
≤14 years	2,682 (3.3%)	212 (8.9%)
15-49 years	73,029 (90.7%)	1,992 (84.2%)
> 49 years	4,790 (6.0%)	163 (6.9%)
Sex		
Male	35,168 (43.7%)	1,115 (47.1%)
Female	45,333 (56.3%)	1,252 (52.9%)

Table 6: Characteristics of clients tested at VCCT sites, In Q2-2010

In Q2-2010, 99.8% (range: 85.0% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q2-2010, of 80,501 VCCT clients, 4,313 (5.0%) were referred from the TB program. (Figure 5).

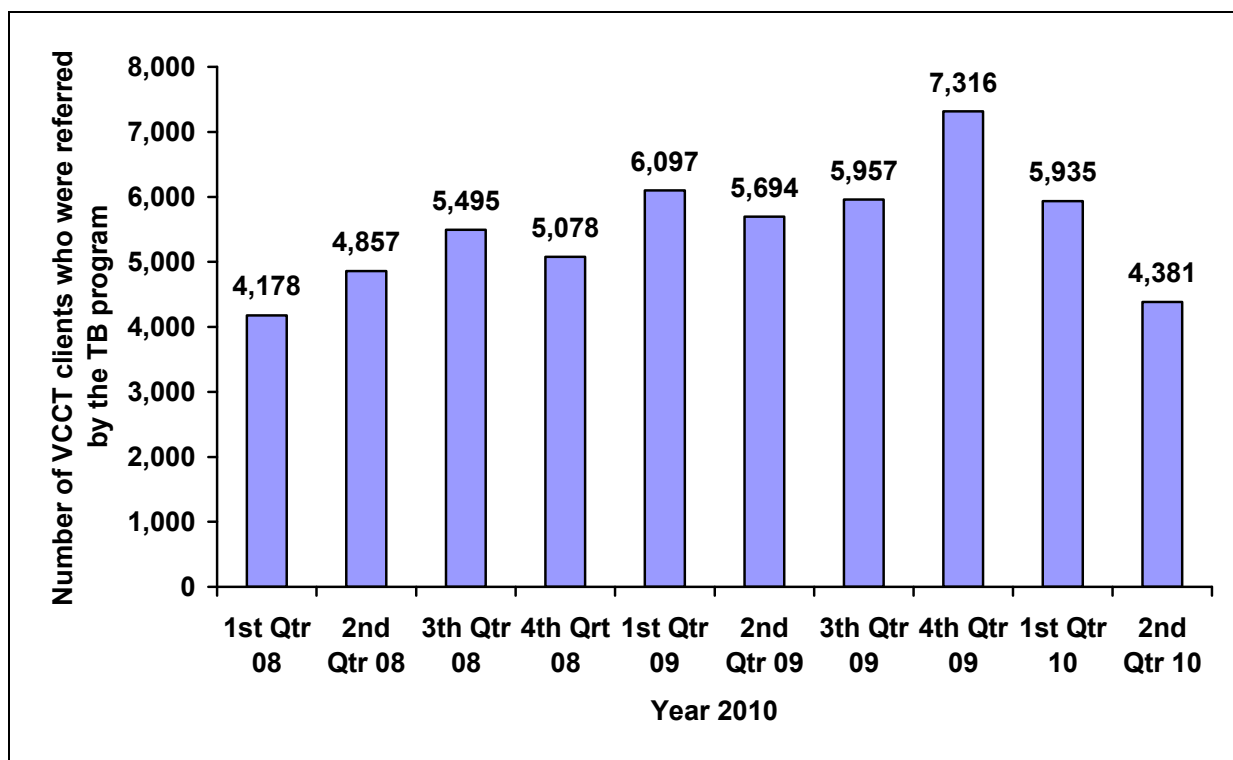


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2008 to Q2-2010

In Q2-2010, of the 80,501 VCCT clients and TB patients tested at VCCT sites nationwide, 2,367 (2.9%) were detected HIV positive at VCCT sites (Figure 6).

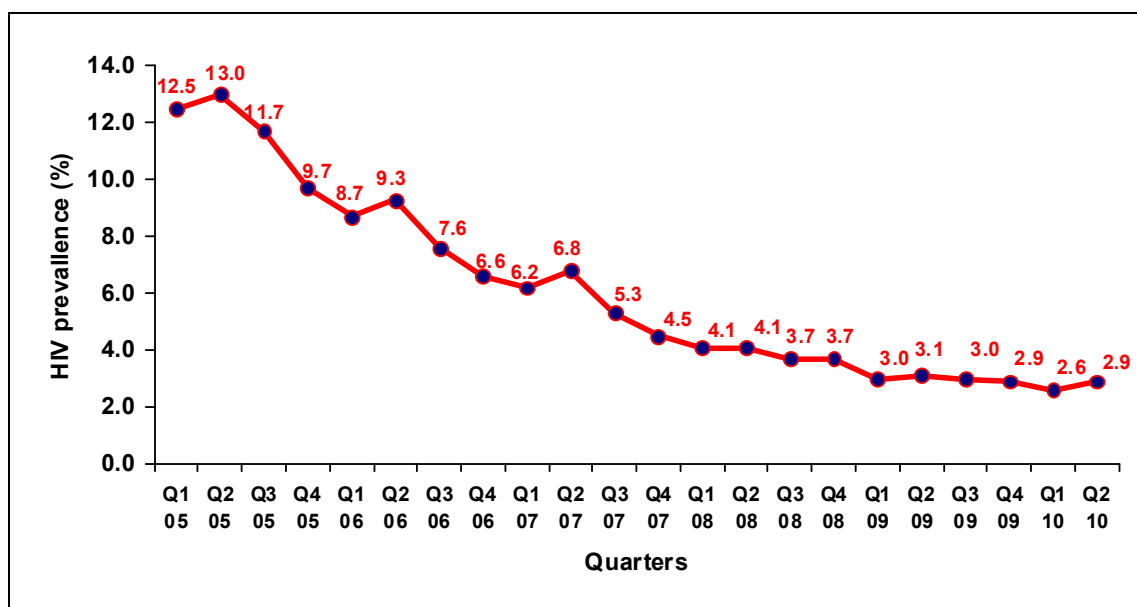


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q2-2010

2.1.2. OI and ART services

Today, 52 health facilities offer OI and ART services in 44 Operational Districts in 21 provinces and cities (Annex: CoC indicator 1). These 52 OI and ART services are supported by the government and some by NGOs and partner (Annex: CoC indicator 2). There is one OI-ART sites which will remove out from the report in Q3-2010 is Magna clinic due to this site supported by government at Chey Chum Neash Referral Hospital. Of the total 52 OI/ART sites, there are 32 sites provide pediatric care in 29 Operational Districts.

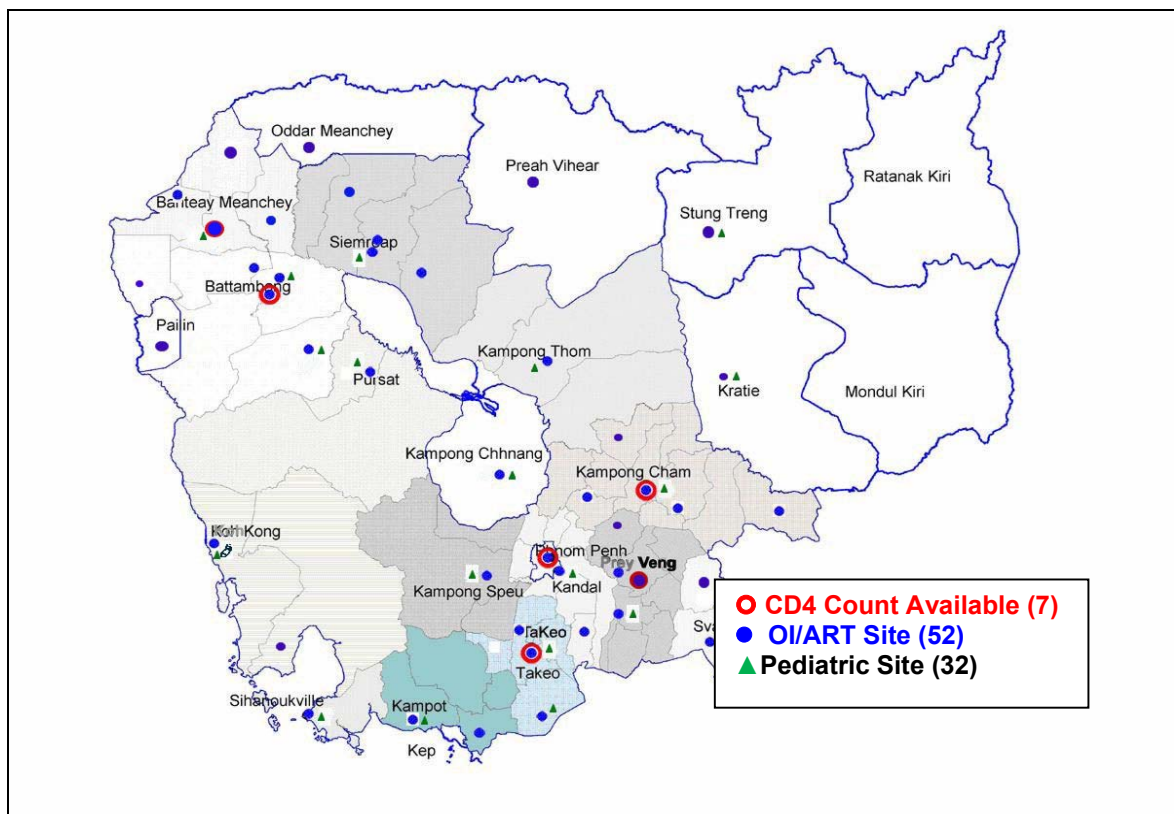


Figure 7: Location of facility-based OI/ART sites as of 30 June 2010

Laboratory Support

In Q2-2010, 17,696 CD4 tests have been conducted in the 7 regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Preyveng, NIPH in Phnom Penh and Mongkul Borei in Banteay Meanchey province (Figure 8) in this quarter there is 1 facility established at National Center for HIV/AIDS Dermatology and STD (NCHADS) there've 1,103 CD4 test conducted in June. CD4 test is also available at Pasteur Institute in Phnom Penh, which has 896 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. The figure below is shown the trend of CD4 tests increased compared to previous quarter from Q1-2010 due to establish new facility.

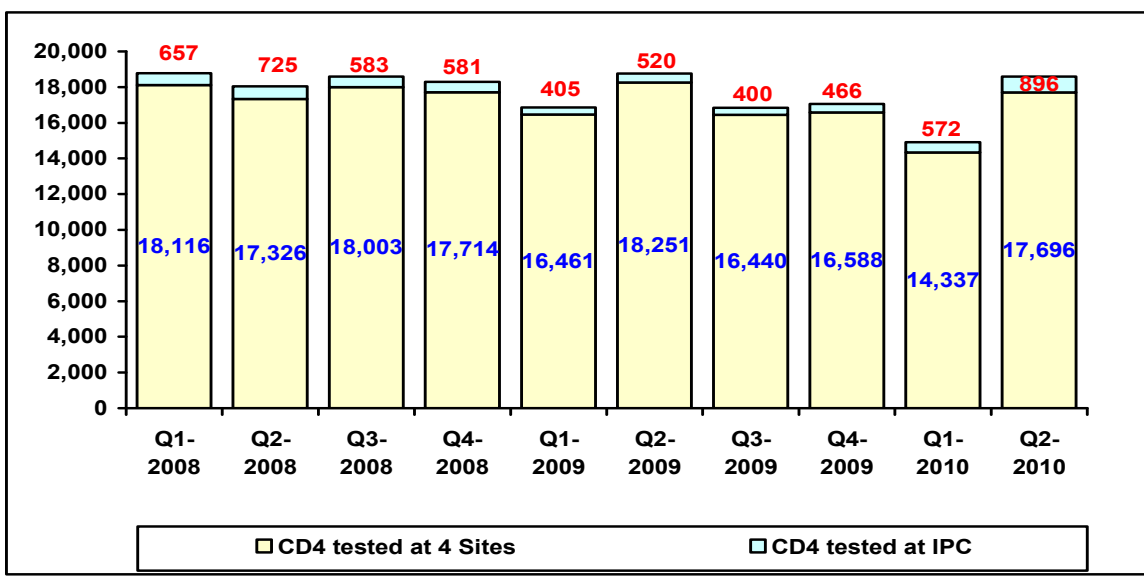


Figure 8: Trend in the total number of CD4 tests conducted in Cambodia at 7 government sites and IPC from Q1-2008 to Q2-2010

In Q2-2010, there are no HIV RNA viral load tests for patients at NIPH. However, there are 1,364 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

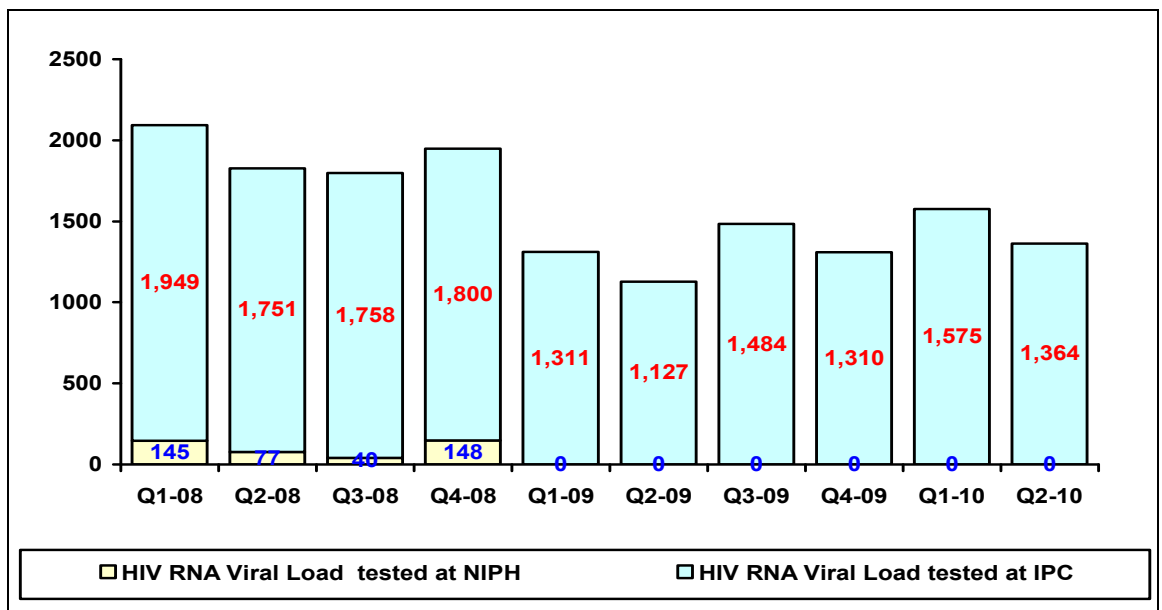


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q2-2010

In Q2-2010, 238 DNA PCR tests for early infant diagnostic (EID) found 26 positive were conducted at NIPH, and 204 tests conducted at Institute Pasteur of Cambodia (IPC) (Figure 10).

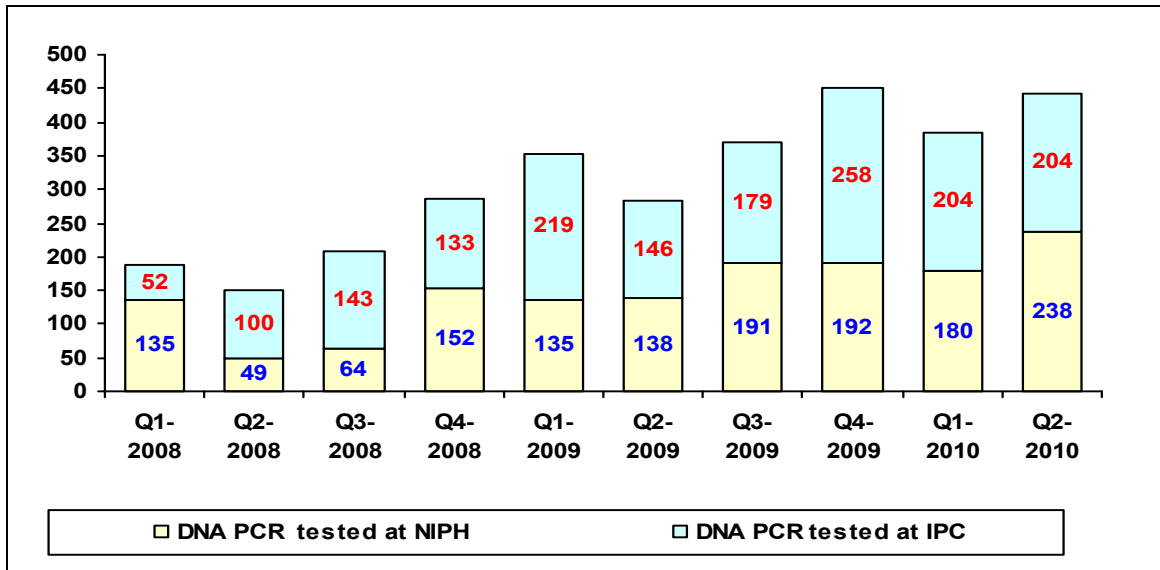


Figure 10: Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC, from Q1-2008 to Q2-2010

This Q2-2010, a total of 40,039 active patients including 36,158 adults and 3,881 children are receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3). According to the increasing of CD4 threshold 350/mm³ for starting of ART, the estimated need of HIV/AIDS patients (Adults and Children) on ART are projected about 44280 in 2010, it is 90% if compared with the actual number of AIDS patients (Adults and Children) on ART as reported in June 2010.

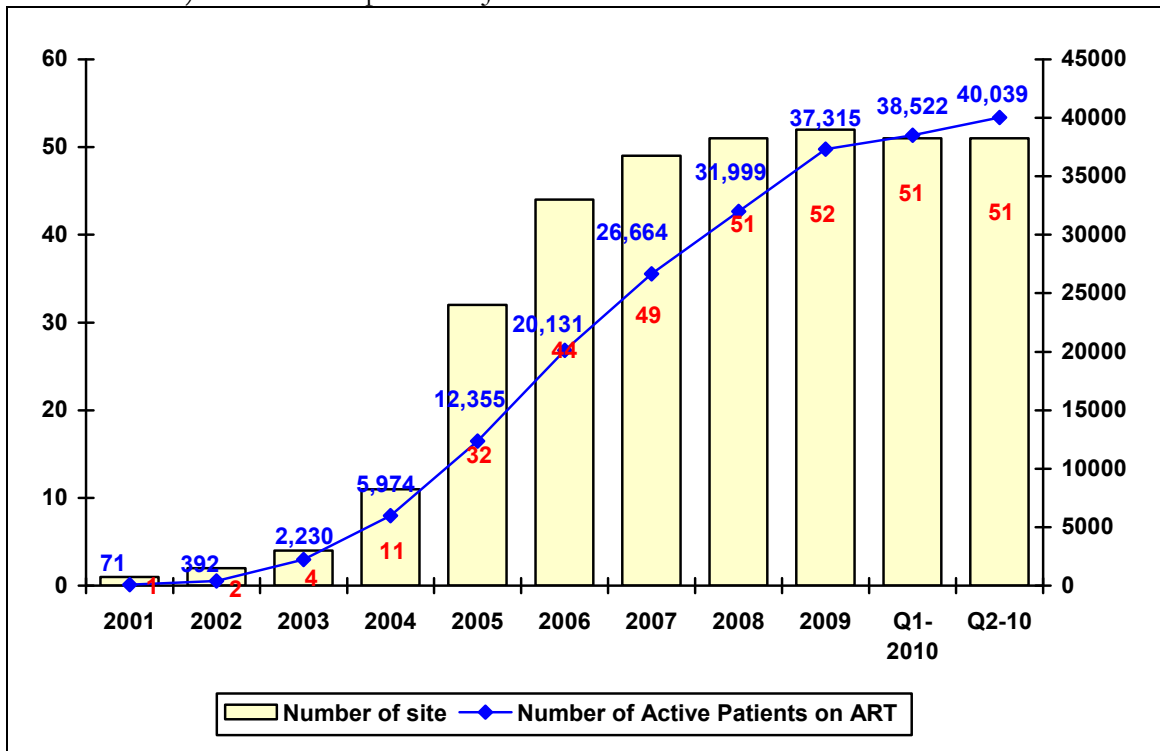


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q2-2010

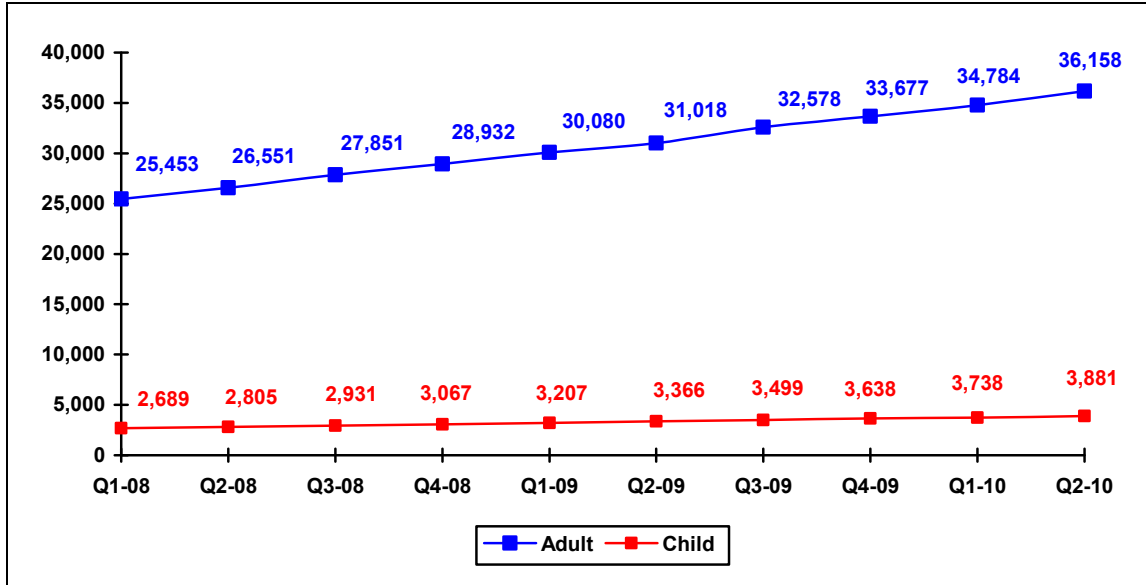


Figure 12: Trend in number of active adult and child patients from Q1 2008 to Q2-2010

In Q2-2010, female adult patients accounted for 52.9% (19,131) of all active patients on ART. At OI/ART sites, a total of 2,052 new patients (including 215 children) started OI prophylaxis and management and 1,802 new patients (including 132 children) started on ART in Q2-2010 (Figure 13). The number of new patients on OI care has been increased than Q1 2010. On the other hand, the numbers of new patients on ART were significantly increased as from Q1 2010 if compared to the number reported in Q2 2010. In this quarter there are 552 patients lost in OI care.

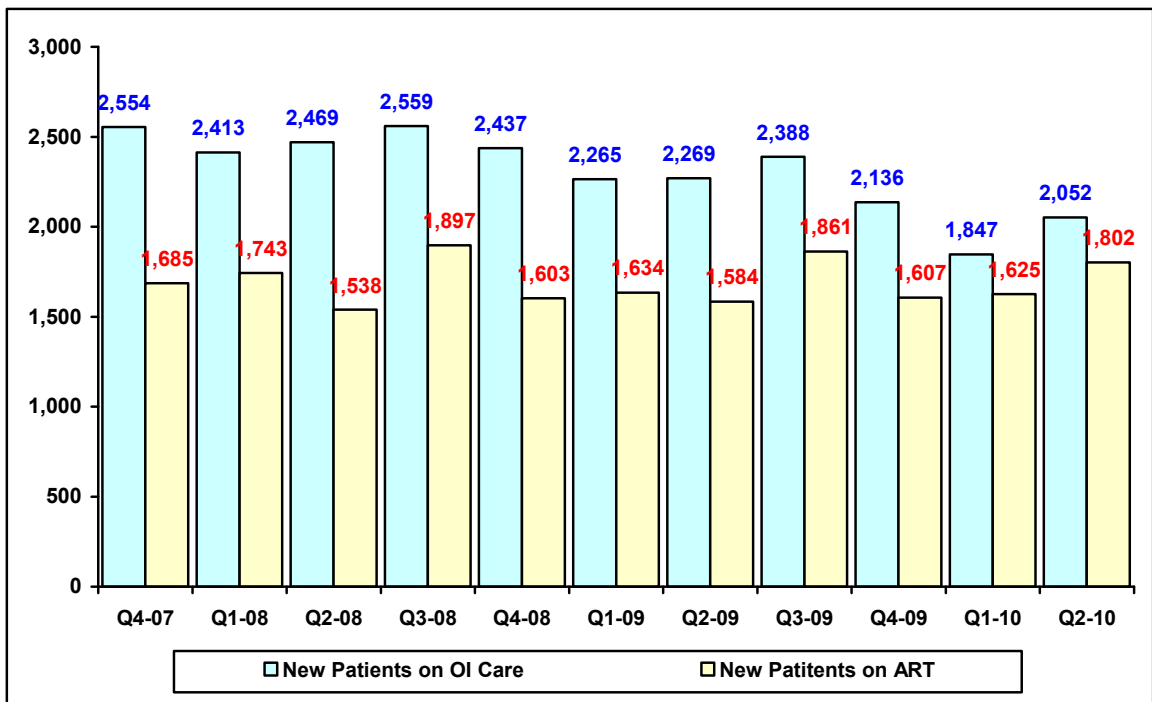


Figure 13: Trend in numbers of new patients on OI and ART from Q4-2007 to Q2-2010

There were a total of 7,069 active adult patients and 1,562 child patients with opportunistic infections who are not eligible for ART yet at the end of Q2-2010. Of those, 4,423 (62.6%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,345 adult patients and 241 child patients on OI care were eligible to prepare on ART at the end of June 2010.

Patient mobility across services, lost and died

In Q2-2010, a total of 314 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 236 ART patients lost treatment and 145 patients died during this quarter. At the end of Q2-2010, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,697 active patients on ART.

Drug and logistic support

In Q2-2010, 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 4.2 % of adults and 7.5 % of children were on PI-based regimens (Table 7).

ARV drug regimen Q2 - 2010	Adults N= 37,325* No. (%)		Children N= 4,186* No. (%)	
d4t+3TC+NVP	15,981	42.8 %	3,166	75.6 %
d4t+3TC+EFV	4,787	12.8 %	479	11.4 %
AZT+3TC+NVP	9,626	25.8 %	169	4.0 %
AZT+3TC+EFV	3,305	8.9 %	52	1.2 %
PI-based regimens	1,565	4.2 %	313	7.5 %
Other regimens	2,061	5.5 %	7	0.2 %

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

Table 7: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q2-2010

TB Screening of new OI Patients

In Q2 2010, there were 2,052 new OI patients registered at OI-ART Sites. Of these 2,052 new OI patients, 1,140 (55.6%) were screened for TB (smear/chest X-Ray) during the quarter. Of the 1,140 patients screened for TB, 170 were detected as TB Pulmonary, 109 were detected as Extra-pulmonary TB detected and 859 delivered a negative result. The number of TB screened

among new OI patients were low (55.6%) due to 6 OI-ART sites didn't report for TB-Screening to NCHADS and this report did not reported the symptom screening .

2.1.3. Community-based services

As reported in 2nd quarter 2010, there are 331 HBC teams covered over 786 Health Cents in 70 operational districts (OD) in 18 provinces (Annex: HBC indicator 1). In this quarter Koh Kong and 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 (Figure 13).

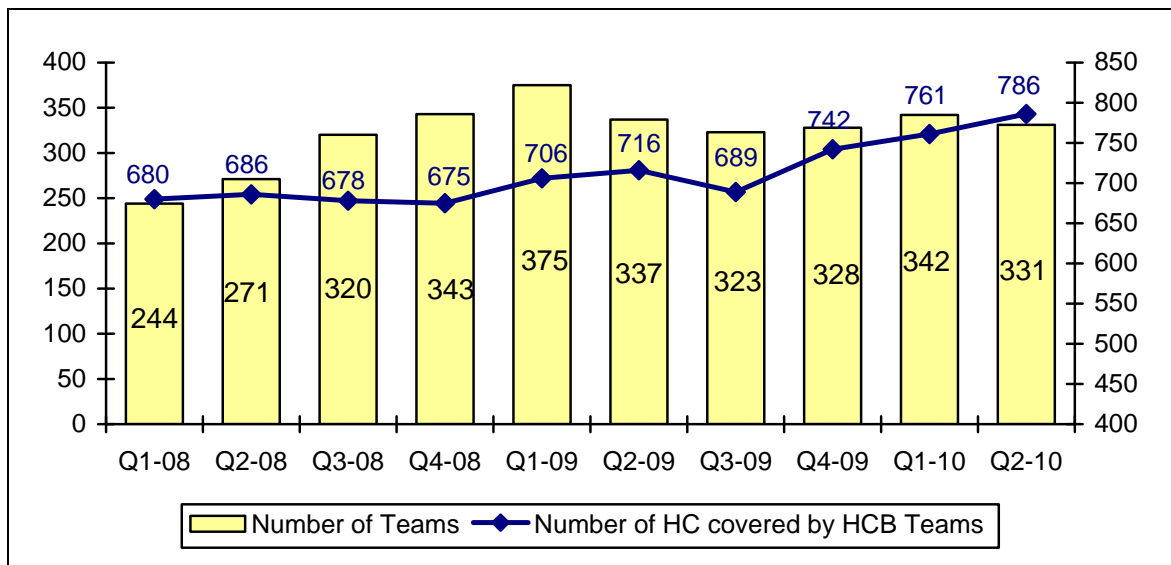


Figure 13: Trend in number of HBC teams form Q1-2008 to Q2-2010

These HBC teams are currently supporting for a total of 28,898 PLHA (Annex: HBC indicator 2), which 8,922 were registered in Pre-ART (OI) and other 19,976 were registered in ART.

2.2.1. Nationwide PMTCT Data provided by NMCHC

In June 2010, there were 67 ODs with at least one center providing PMTCT services (HFBC indicator 6).

From April to June 2010, of a total of 43,306 first ANC attendees at government ANC clinics with PMTCT services, 30,830 (71.2%) were tested for HIV. Amongst couples where the woman attended an ANC clinic with PMTCT services, 7,523 husbands/partners accepted testing (24.4% of pregnant women were tested with their husbands/partners). Among the 29,860 women who received the results of their test at PMTCT services, 76 (0.25 %) were HIV positive.

A total of 190 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between April and June 2010. Of these mothers, 175 (92.1%) accessed ARV drugs: 33 (18.8%) received AZT during pregnancy (19 of them also received AZT + SD NVP during labour), 123 (70.3%) received HAART and 15 (8.6%) received ARV prophylaxis in labour alone. Of 192 infants born to HIV-infected mothers at PMTCT maternity sites from April to June 2010, 186 (96.9%) received ARV prophylaxis, 143 received NVP and ZDV for 1 week and 43 for 4 weeks.

NB: The population figures provided by the Ministry of Planning based on the last census are as follow:

Total Cambodia population in 2009 = 13,614,706 (from DPHI MoH)

Therefore, estimated number of pregnant women in 2009= 348,536 if Crude Birth Rate is 25.6 per 1,000 (CDHS 2005 chap 5 page 61)

Estimated 2010 HIV prevalence among ANC attendees (NCHADS Estimates and Projections) =0.71%

Estimated number of HIV-positive pregnant women in 2009 = 2,475

2.2.2. Linked Response data from demonstration project

34 Reporting LR ODs, April to June 2010

In June 2010, of the 34 ODs implementing the Linked Response Approach, 34 ODs had reported data. From April to June 2010, of a total of 39,790 first ANC attendees at Linked Response sites and outreach services, 30,255 (76%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 6,065 husbands/partners accepted testing (20% of pregnant women was tested with their husbands/partners). Among the 30,255 ANC attendees at Linked Response sites and outreach services who received an HIV test, 72 (0.23 %) were HIV positive and a further 24 known HIV-positive pregnant women were referred to Linked Response services.

A total of 66 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between April and June 2010. Of these mothers, 60 (90.9%) accessed ARV drugs: 49 (81.6%) received HAART and 11 (18.3%) received ARV prophylaxis in labor alone. Of 65 infants born to HIV-infected mothers at PMTCT maternity sites from April to June 2010, 49 (75.4%) received ARV prophylaxis, 28 received NVP and ZDV for 1 week and 19 for 4 weeks.

III. FINANCIAL REPORT:

During this period, more than 22% of total budget in 2nd Quarterly activity plan of 2010 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) which not yet payed. If excluded budget for health products and medical equipments, the percentage of expenditure was around 45% (see table 10).

In addition, the part of continuum of care and support activities for HIV/AIDS patients funded by AHF which have been implemented at 11 ODs in 10 provinces (Kampong Thom, Kampot, Kandal, Prey Veng, Svay Rieng, Pursat, Oddor Meanchey, Stung Treng, Preah Sihanouk and Takeo), and 4 provinces (Battambang, Banteay Meanchey, Pailin and Pursat) funded by US-CDC. 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, ITM, WHO, AHF.

Sources	Annual Plan	Q2 Plan	Q2 Act	Q2 %	A %
GFATM-R7	\$ 9,645,090	\$ 4,368,453	\$ 874,785	20%	14%
GFATM-R4	\$ 7,330,814	\$ 1,916,708	\$ 234,941	13%	5%
GFATM-R5	\$ 581,488	\$ 104,383	\$ 52,432	50%	18%
CDC	\$ 800,587	\$ 158,771	\$ 186,375	117%	48%
UNSW/CTAP	\$ 100,000	\$ 25,000	\$ 8,370	33%	41%
WHO	\$ 102,329	\$ 20,771	\$ -	0%	0%
CHAI	\$ 303,458	\$ 375,000	\$ 49,826	13%	28%
AHF	\$ 146,283	\$ 33,556	\$ 58,137	173%	55%
CIPRA	\$ 80,000	\$ 20,000	\$ 53,472	267%	174%
ITM DGDC	\$ 58,654	\$ 10,793	\$ 15,923	148%	27%
TREAT ASIA	\$ 35,000	\$ 8,750	\$ -	0%	0%
CRS	\$ 12,389	\$ 2,073	\$ -	0%	0%
Grand Total	\$ 19,260,386	\$ 7,044,538	\$ 1,551,149	22%	13%
Total for Logistic Management	\$ 7,123,023	\$4,615,450	\$ 467,001	10%	7%
Excluded the Budget of Logistic Management	\$ 12,137,363	\$2,429,088	\$ 1,084,148	45%	17%

Table 8: Summary of expenditures by sources managed by NCHADS:

IV. CONCLUSION:

In overall, most of activities related to the targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for Care and Treatment Component in the second quarter in 2010 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.

ANNEX 1: Monitoring and Evaluation indicators

	STI Indicators	Type	2010 target No. (%)	Q2. 2010 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	15 %
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	31	32
3	Percentage of entertainment services workers who use STI services monthly	Output	EWS: 18,350	EWS: 6,774

	CoC Indicators	Type	2010 target No. (%)	Q2. 2010 score No. (%)
1	Total number of Operational Districts with a full Continuum of Care	Output	45	44
2	Number of CoC sites with ARV services	Output	55	52

	VCCT Indicators	Type	2010 target No. (%)	Q2. 2010 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	250	237
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing (UA 3, 4, 5, 9).	Outcome	400,000 (5.2%)	From Jan to June 2010 168,021
3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.4 %

4	Number and percentage of HIV (+) Clients who were referred to OI/ART sites	Output	95%	76.6 %
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	HFBC Indicators	Type	2010 target No. (%)	Q2. 2010 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	40 A: 40 C:30	44 A: 44 C:28
3	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	38,477 adults 4,800 children <hr/> 43,277 total	36,158 adults 3,881 children <hr/> 40,039 total
4	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	76 (100%)	67 (88%)
5	Number and percentage of pregnant women who were tested for HIV and received their test result		75%	71.2%
6	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		60%	
7	Number and percentage of individuals newly enrolled in HIV care who were screened* for TB at the first visit	Output	90%	New OI = 2,052 Screen TB = 1,140 55.6%

Note: * For indicators number 4, 5 and 6 of HFBC component, the values from NMCHC

	HBC Indicators	Type	2010 target No. (%)	Q2. 2010 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	331
2	Number of PLHA supported by HBC teams	Output	30,000	28,898
3	Number and percentage of health centers with HBC team support	Output	780 (83%) of 942 HC	786 (83.6%)

	Surveillance Indicators	Type	2010 target No. (%)	Q2. 2010 score No. (%)
1	Number of HSS conducted	Output	Round 10	Ongoing process of HSS Round 10
2	Number of BSS conducted	Output	Round 8	Ongoing process of BSS Round 8

	Research Indicators	Type	2010 target No. (%)	Q2. 2010 score No. (%)
1	Number of Research conducted	Output	2	2

	PMR Indicators	Type	2010 target No. (%)	Q2. 2010 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	50	47
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	2

	DM Indicators	Type	2010 target No. (%)	Q2. 2010 score No. (%)
1	Number of provinces with data management units	Output	20	20