

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**FOURTH 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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Dr. Mean Chhi Vun
Director of NCHADS

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NCHADS' Quarterly Comprehensive Report October to December 2010



Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 4th 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 third 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 Progress Report 2010 in the Quarterly Meeting which was held at NCHADS's meeting room, from 22nd -23rd October 2010. *(Please see the report in Annex 3).*

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):

- 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. *(Report in file)*
- Three 3-days 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 3 different places (Kampong Chhnaing, Kampot and Mondulkiri province). Around 100 participants were invited to attend in this meeting including PAO Manger, BCC officer, STI officer and STI clinic manger from 24 provinces and representative of CWPD, RHAC, PSI, PSF, KHANA, MSIC, FHI, AFESIP and relevant units of NCHADS. The objective of this meeting is to monitor and follow up the implementation of 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. *(Report in file)*
- Two 3-days 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 Kampong Speu and Takeo province. 68 participants were invited to attend in this meeting including PAO Manger, BCC officer, STI officer and STI clinic manger from 24 provinces. *(Report in file)*
- Annual Coordination meeting on Prevention to Care and Treatment for Women Entertainment was conducted in Siem Reap province with participated from NGOs partners and 24 provinces to review the annual achievements. *(Report in file)*
- BCC Unit developed, printed, and distributed the IEC material such as: Ongoing designed and developed IEC material with HIV/AIDS related message:
 - o Leaflets on HIV/AIDS (4 types): 100 000 pcs
 - o Leaflets on STD (1 type): 80 000 pcs
 - o Posters (2 types): 10 000 pcs
- 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 Banteay Meanchey, Pursat, Battambang, Koh Kong, Siem Reap, Kartie, Takeo, Preah Sihanouk, Kampong Thom, Kampong Chhnaing and Mondulkiri 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.

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:

- 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:

- Two 5-days Initial training on STI/RTI case management for MSM for health care providers of STI clinics with 49 participants from public and NGOs STD Clinics in 21 provinces (except Kandal, MDK and Kep).
- Seven 3-days training course on Syphilis screening for Pregnant Women for Health Care providers who are working at the HCs in OD Preah Sihanouk, Chamkar Leu, Prey Chhor, Tbong Khmum, Srey Santhor, Sampov Loun, Pailin funded by GFATM-R7.
- Facilitated in the Refresher training on STI/RTI case management for EWs in Banteay Meanchey, Preah Sihanouk, and Family Health clinic of Samdech OV RH.
- Data of Dermatology and STI cases from National STI Clinic are summarized in Table 1.

Table 1: Consultation and treatment

Disease	Dermatology		STD	
	Male	Female	Male	Female
Month				
October	87	34	3	2
November	121	153	4	2
December	141	131	4	1

iii. Monitoring and Supervision

- STI/RTI Unit in collaboration with clinicians and lab technicians from National STD clinic conducted jointed supervision visits to monitor and provide technical support to STD clinics in Kampong Thom, Preah Vihear, Stung Treng, Rattanakiri, Svay Rieng, Takeo, Pailin, Kampong Chhnaing and Kampong Speu 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.
- Conducted the STI/RTI Refresher Training and STI/RTI Coordination meeting
- Regular supervision on STI/RTI to STI clinics and STI services integrated at the Health Center that have done at provincial and district levels.

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:

- Ongoing of 8th Batch training course on OI/ARV Management for Adults was conducted with 39 clinicians from PHnom Penh (Mean Chey RH, Pocheentong RH, Samdech Ov, Chamkar Dong, Clinic Social Health Clinic, Clinic Chhouk Sar and AFH), Battambang province (Thmarkol RH, Mong Ressey RH), Kampong Cham (Cheung Prey RH, Srey Santhor RH, Chamkarleu RH, and Memut) Takeo province (Donkeo RH, Kirivong RH, and Prey Kabas RH) Kampong Speu province (Kampong Speu RH and , Kong Pisey RH), Kampong Thom province (Kampong Thom RH and Baray RH), Kandal province (Koh Thom RH and Kien Svay RH) Sampovmeas RH, Kampong Chhaning RH, Siem Reap RH, Sre Ambel RH and Svay Rieng RH (Reports in file).
- 9th Batch of the 2 weeks Training course on OI/ARV Counseling for Adults patients was conducted with 37 nurses from Mean Chey RH, Pocheentong RH, Samdech Ov, Chamkar Dong, Clinic Social Health Clinic, Clinic Chhouk Sar, Srey Santhor RH, Memut RH, Prey Kabas RH, Kampong Speu RH and , Kong Pisey RH, Kampong Leav RH, Neak Loeung RH, Pea Raing RH, Baray-Santok RH, Koh Thom RH, Chey Chum Neah RH, Kampot RH, Kampong Trach RH, Sampovmeas RH, Kampong Chhaning RH, Siem Reap RH, Stung Treng RH and Svay Rieng RH (Reports in file).
- 2 sessions of Regional Counseling Network meeting on OI/ART Management for Pediatric AIDS care were conducted in 2 different provinces (Siem Reap and Koh Kong). The meetings provided an opportunity for Counselors from OI/ART sites to gain new knowledge, to share experiences from treatment sites across the regions, to discuss challenging cases observed and treated, and to raise quality improvement issues (Reports in file).
- With coordination with CNAT, NCHADS organized the orientation trainings on the Implementation of Three P's Strategy at National Pediatric Hospital, with 61p from clinicians, TB programme, lab technicians, HBC team members, VCCCT counselors and MMM coordinators of OD Donkeo, OD Kampong Chhnaing, OD Oddong, OD Kampong Speu, Preah Sihanouk Hospital and Social Health Clinic. The objectives of the training aim:
 - o To provide and explain the Three P'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.
- 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
- Planning for implementation of 3 Is strategies
- Three 3-days Orientation Workshop on Implementation of linked Response approach for HIV/AIDS and Reproductive Health were held in OD Kampong Tralach, Kampong Chhnaing, Baribo, with participated from health care providers and NGOs who are working on HIV/AIDS prevention and Care. (Reports in file).
- Jointed in the Quarterly Coordination Meeting on Implementation of linked Response approach for HIV/AIDS and Reproductive Health which were conducted in OD Kampot, Kampong Trach, Chouk and Angkorcheay.

iii. Supervision :

- Joint supervision trips conducted to monitor on CoC, HBC activities and field need assessment of Linked Response approach in OD Memut, Kampong Thom, Stong, Kratie, Stung Treng, Poi Pet, Mongkul Borey, Preahneth Preah, Chey Chum Neach, Koh Thom, Mong Ressey, Battambang, Sampov Meas, and Bakan.

PROVINCIAL LEVEL:

- Routine monthly CoC coordination committee meetings and MMM activities were conducted at the ODs level.
- Clinician and OI/ART team meetings were conducted.

b. VCCT:

i. Workshop/Training:

- Two 5-days of Refresher 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 51 participants were come from VCCTs in Phnom Penh, Kampong Thom, Prey Veng, Svay Rieng, Koh Kong, Pursat, Battambang, Kampong Speu, Kampong Chhnaing, Takeo and Chhouk Sar Clinic which funded by GFATM-R7. (Reports in file).
- One 5-days refresher training on Laboratory of HIV testing, with 32 participants from VCCT/HCs in Phnom Penh, Kampong Speu, Kandal, Kampong Cham, Svay Rieng, Pursat, Preah Sihanouk, and Battambang which funded by GFATM-R7. (Reports in file).
- Four 5-days of Refresher Training courses on serology for HIV/STI testing including Syphilis screening, DNA, PCR for 60 Lab technicians from Lab of Referral Hospital including Battambang RH, Thmarkol RH, Chey Chum Neah RH, Koh Thom RH, Chamkar Leu RH, Kampong Cham RH, Stung Treng RH, Kampong Speu RH, Kampong Tralach

- RH, Chipou RH, Romeas Hek RH, Samdech Ov RH, Ang Rokar RH, Donkeo RH, Neak Loeung RH, Mongkul Borey RH, Kratie RH, Kampot RH, Kampong Chhnaing RH which supported by GFATM-R7. (Reports in file).
- Three 2-days workshop on Regional Counseling Network meeting and 4 Lab network meetings were held in Phnom Penh, with funded by GFATM-R7. These meetings provided opportunity for counselors, and lab technicians from VCCT sites to share experiences and discuss challenges during the implementation. (Reports in file).
 - One day meeting on Quality Control on HIV testing with 225 participants from all VCCT in country including Public and NGOs was conducted at NIPH, which was funded by GFATM-R7 and US-CDC.
 - One 2-days refresher training on collection of dry blood for HIV DNA-PCR for infants, with 31 participants from 18 provinces, which funded by UNICEF.
- ii. Monitoring and Supervision:**
- Monitoring and supervision trips were conducted to monitor the activities at the VCCTs sites in Kampong Thom, Preah Vihear, Stung Treng, Kampong Cham, Kampong Speu, Takeo, Ratanakiri, Pailin, Siem Reap, Battambang and Kampot province. 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:

- Supervision on Data Collection for HSS round 10 in Preah Vihear, Kampot, Oddor Meanchey, Kampong Cham, Rattanakiri, Phnom Penh, Kandal, Pursat and Battambang, province.
- The Specimens for HSS were transport from all sites to NCHADS for data management.

ii BSS Round 8:

- The result of BSS round 8 was disseminated in a public forum to all partners and provinces with explored the key findings and recommendation for policy makers and implementers for their future action and planning. The slide presentations (both in Khmer and in English) were posted in NCHADS website.

iii Monitoring of HIV Drug Resistance Early Warning Indicators :

- During this quarter, the result of EWI for year 2010 was disseminated in a public forum with provides the feedback OI/ART Team, PAOs, PHD and partners.

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 Stung Treng RH, Kampong Cham, Mong Ressey 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 questionnaire on Sexual health seeking behavior among MSMs survey and questionnaire on Family Planning among PLHAs in Cambodia, which supported by La Trobe University.

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

- Coordinated to develop the 4th 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 4-days Workshop on Developing Annual Operational Comprehensive Plan for HIV/AIDS and STI Prevention, Care and Treatment Program in Health Sector for 2011 was conducted at Arunreah Hotel, Mondulkiri. It joints together NCHADS technical units, Health Directors, HIV/AIDS managers from Provinces, representatives of major departments and Public Health Programmes within the Ministry of Health, partner institutions and organizations. This meeting also provides a forum for reviewing and discussing achievements of the health sector response to HIV/AIDS in the country, as well as to identifying solutions and answers to constraints and difficulties. As a result of this work, the Annual Work Plan and Budget can be reviewed and updated through discussions, adoption of resolutions, and amendments.
- Three 3-days workshop on Project Management of HIV/AIDS Program in Health Sector at Operational District level, were conducted in Kampong Speu and Takeo province which participated from OD Coordinators of 24 provinces. (Reports in file)

ii Coordination Meeting:

- 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 followed up the implementation of NCHADS program, update the new information, and raise and solve some issues.

iii Monitoring Activities:

- Developed the NCHADS 3rd 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.
- Coordinate with Data Management Unit and AIDS Care Unit, 4 session of one day workshop on how to complete the new format of OI/ART which was updated by TWG. Around 100 participants were from OI/ART sites (Clinician and Register), Provincial Data Management, PAO manager and OD Coordinator from 21 provinces. (Reports in file)
- Coordinate with Data Management Unit and relevant Units, 3 sessions of workshop on Strengthening the Monitoring, Reporting and Data Management for HIV/AIDS programme were conducted. Around 100 participants were from Provincial Data Management officers, M&E officers and OD Coordinators from 24 provinces. (Reports in file)

PROVINCIAL LEVEL:

- Provincial AIDS Office of 24 provinces-cities developed the 4th 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 3rd quarter 2010.
- Onsite training for OI/ART Database in Kratie.
- Conducted supervision to province on data management, checked and entering OI/ART data in Pailin, Siem Reap, Preah Sihanouk, Kampot, Banteay Meanchey and Battambang.
- Jointed supervision on Linked Response Approach for Health Care providers on Data Management in Svay Rieng, Kampong Chhnaing, Battambang, Banteay Meanchey and Kampong Cham.
- 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 2-days workshop on HIV test and ARV drug quantification for PMTCT sites with 11p from 11 HC in Siem Reap province.
- Two 3-days workshop on Strengthening the Logistic and Data Management for VCCTs and OI/ARV logistic with 66p from VCCT, STD clinic, OI/ART sites in Battambang, Banteay Meanchey, Pailin and Pursat.
- Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.
- Jointed monitoring with Planning Monitoring and Finance Unit to Mondulkiri, Kampong Thom, Kampong Cham, Rattanakiri, Pailin, Stung Treng, Banteay Meanchey, Kampong Speu, Preah Sihanouk, Kratie, Preah Vihear, Takeo, Kandal, Oddor Meanchey, Siem Reap, Koh Kong, Battambang, Kampong Chhnaing, Svay Riengm Prey Veng, Kep and Kampot province.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities

In quarter 4 -2010, there were a total of 60 Family Health Clinics (33 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 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 4 2010, 1,432 consultations for male patients and 12,251 for female patients were reported to the data management unit of NCHADS. Of 1,270 male patients who having STI/RTI syndromes reported, 1,204 (94.8%) suffered from urethral discharges; 64 (5%) from Genital ulcers and 2 (0.2%) from Genital warts respectively. Of 11,500 female patients who having STI/RTI Syndromes reported, 6,346 of those (55.2%) suffered from vaginitis, 4,511 (39.2%) from cervicitis and vaginitis; 591 (5.1%) from PID, 46 (0.4%) from Genital ulcers and from genital warts 6 (0.05%) respectively. A total of 974 male partners and 2,738 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, 4,235 consultations were provided to male patients, 2,149 to MSM, 36,402 to low-risk women, and 11,566 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (1,051 for BEW; 10,515 for NBEW) of which 5,912 were monthly follow-up visits] (Figure 1).

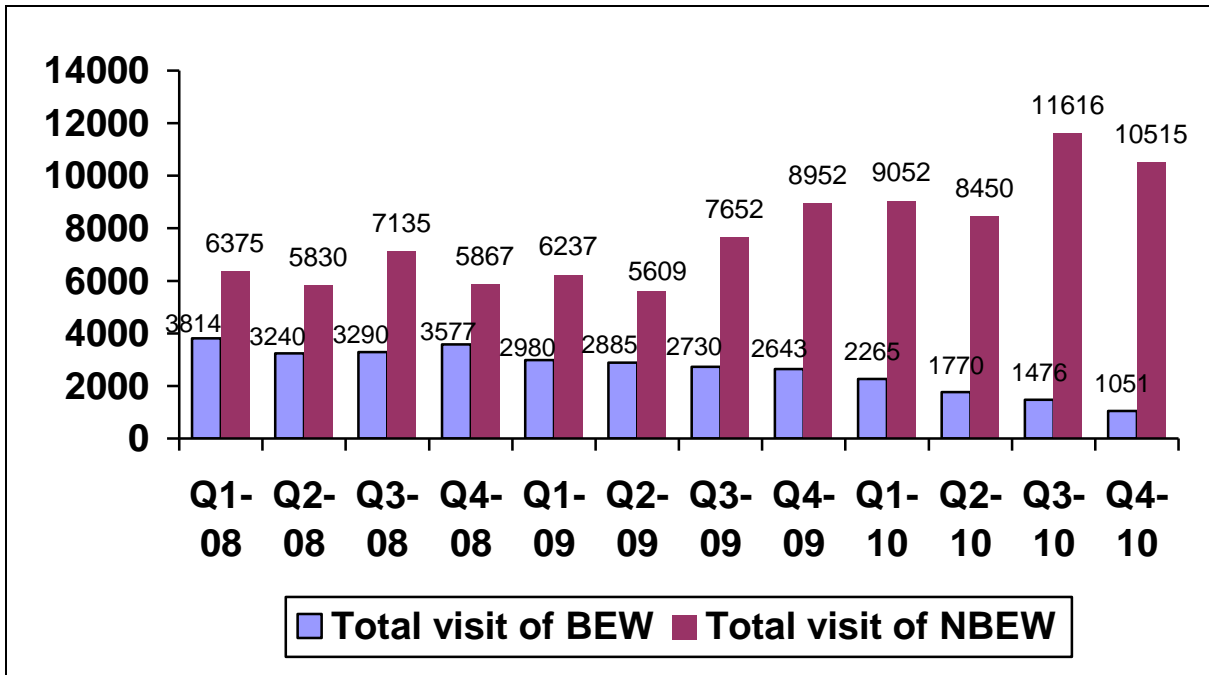


Figure 1: DSW and EW attendance to Family Health Clinics, from Q1 2008 to Q4- 2010

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 3,275 male patients who having STI syndromes reported in this quarter, 2,803 (85.6%) got urethral discharges, 16 (0.5%) got anal discharges, 205 (6.3%) got Ano-genital ulcers, 115 (3.5%) got Ano-genital warts, and 131 (4%) were inguinal bubo. Among the 338 MSM people having STI syndromes, 224 (66.3%) suffered from urethral discharges, 20 (5.9%) from anal discharges, and 46 (13.6%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 38,045 low-risk women having STI syndromes reported that 30,636 (80.5%) were treated for vaginitis, 6,826 (17.9%) were treated for cervicitis and vaginitis, 158 (0.4%) were PID, 334 (0.9%) were ano-genital ulcers and 91 (0.2%) were ano-genital warts.

During the Four quarter of 2010, of the 452 BEW who attended specialized clinics for their first visit, 466 (103.1%) were diagnosed with a STI, including 236 (52.2%) with cervicitis. Among the 599 BEW who attended specialized clinics for monthly follow-up visits, 376 (62.8%) of those were diagnosed with a STI, including 222 (37.06%) with cervicitis (Annex: STI indicator 1). In quarter 4 -2010, of the 5,202 NBEW who attended specialized clinics for their first visit, 3,778 (72.6%) were diagnosed with a STI, including 1,676 (32.2%) with cervicitis. Of the 5,313 NBEW who attended specialized clinics for monthly follow-up visits, 2,252 (42.4%) were diagnosed with a STI, including 933 (17.6%) with cervicitis.

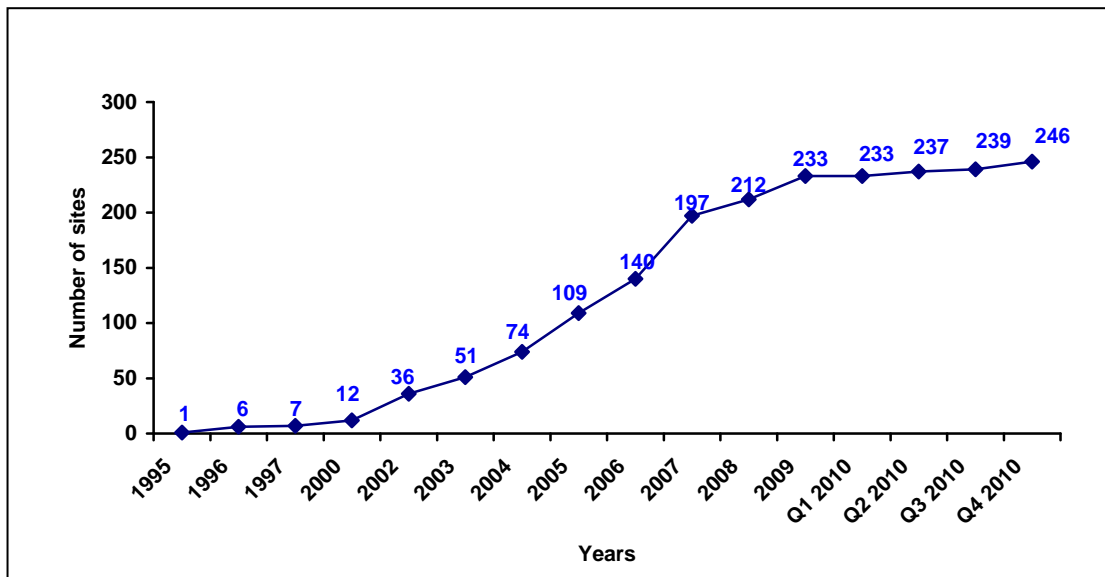
Of a total of 1,419 RPR tests were conducted in 4th quarter 2010 at the 33 government specialized STI clinics, and PSF and MEC clinics, 15 (1.1%) were positive.

During this quarter, specialized STI clinics have referred 2,617 patients to VCCT, 28 of HIV/AIDS patients (PLHA) to OI/ART services, 63 pregnant women to ANC, and 90 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 314 patients from VCCT, 153 of patients from OI/ART services, 36 pregnant women from ANC and 29 women from Family Planning services.

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

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 10 years, from 12 sites in



2000 to 246 sites by the end of Q4 2010 (Annex: VCCT indicator 1) (Figure 2).

Figure 2: Trend in number of VCCT sites from 1995 to Q4-2010

A total of 7 new VCCT sites have been opened in Q4-2010 (Phnom Sampov HC in Battam Bang Province, Trapaing Kong HC in Kampong Speu province, Trapaing ropov, Doung Tong , Bunrany Hun Sen HC in Kampot province, Arack Thnoth HC in Kampong Cham province , and Chhay Kim HC in Takeo Province). Of the current 246 VCCT sites, 220 are supported directly by the Government and 26 by NGOs (RHAC, Marie Stopes, MEC, Center of Hope, Institut Pastuer Cambodia and Chhouk Sar Clinic).

In Q4-2010, of 148,836 (including 60,391 ANC attendees from NMCH) VCCT clients 57,556 (38.7%) were self referred, 63,903 (42.9%) were referred by ANC services, 2,251 (1.5%) were referred by STD clinics, 4,684 (3.1%) were referred by TB program, 8,051 (5.4%) were referred by HBC/NGO, 5,399 (3.6%) were referred by general medicine, 799 (0.5%) were referred by Pediatric care, 1,314 (0.9%) were referred by Maternity services, 400 (0.3%) were referred by BS/FP services and 4,479 (3.0%) were referred by other services (Figure 3).

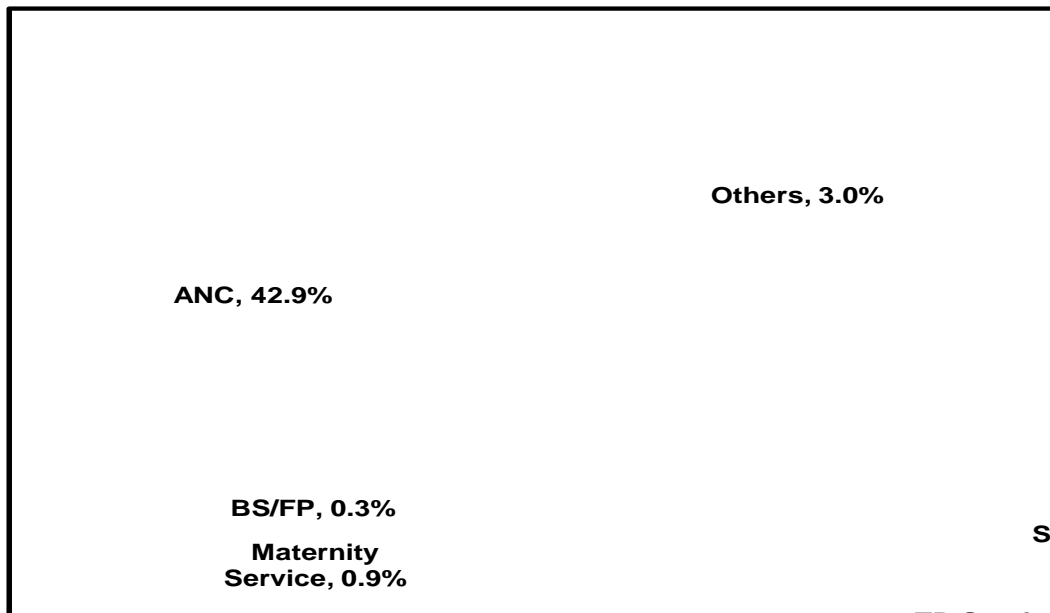


Figure 3: Trend in number of VCCT clients referred from other services in Q4-2010

A total of 146,723 clients have been tested for HIV in quarter 4-2010, including 88,342 VCCT clients, 4,553 TB patients, 50,951 pregnant women (48,081 at government facilities and 2,870 at RHAC clinics) and 10,478 male partners of pregnant women (10,300 at government facilities and 178 at RHAC clinics).

The figure 4 and Table 2 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 88,342 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q4-2010 (Figure 4).

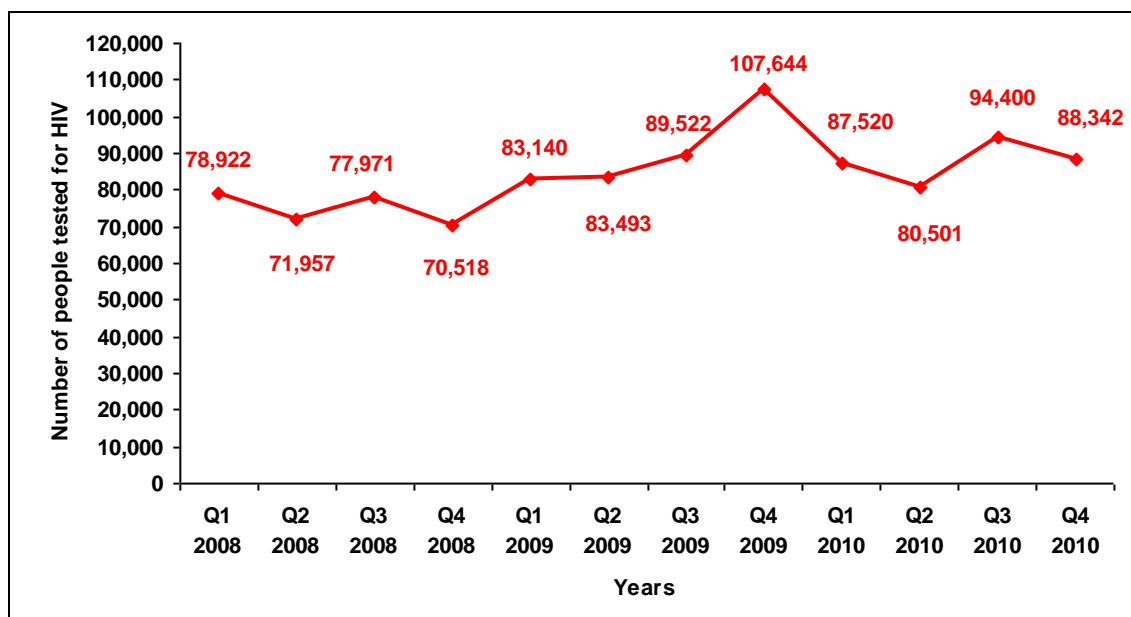


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2008 to Q4- 2010

Of the total number of VCCT clients and TB patients tested in Q4-2010, 48,379 (54.8%) were female and 80,719 (91.4%) were aged 15-49 years (VCCT indicator 2) (Table 2).

	People tested for HIV N= 88,342 No. (%)	People tested HIV positive N=1,817 No. (%)
Age		
≤14 years	2,876 (3.3%)	153 (8.4%)
15-49 years	80,719 (91.4%)	1,534 (84.4%)
> 49 years	4,747 (5.4%)	130 (7.2%)
Sex		
Male	39,963 (45.2%)	828 (45.2%)
Female	48,379 (54.8%)	989 (54.4%)

Table 2: Characteristics of clients tested at VCCT sites, In Q4-2010

In Q4-2010, 99.6% (range: 82.5% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q4-2010, of 88,445 VCCT clients, 4,684 (3.1%) were referred from the TB program. (Figure 5).

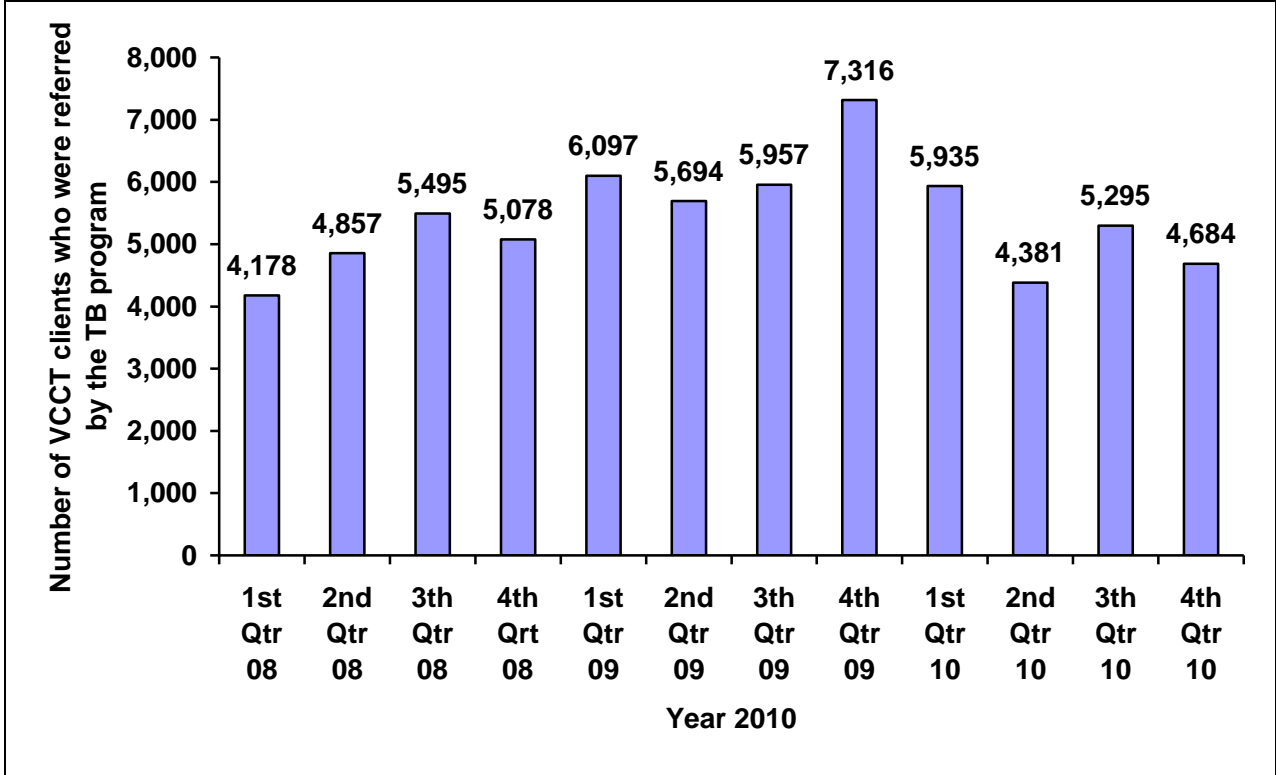


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2008 to Q4-2010

In Q4-2010, of the 88,342 VCCT clients and TB patients tested at VCCT sites nationwide, 1,817 (2.1%) were detected HIV positive at VCCT sites (Figure 6).

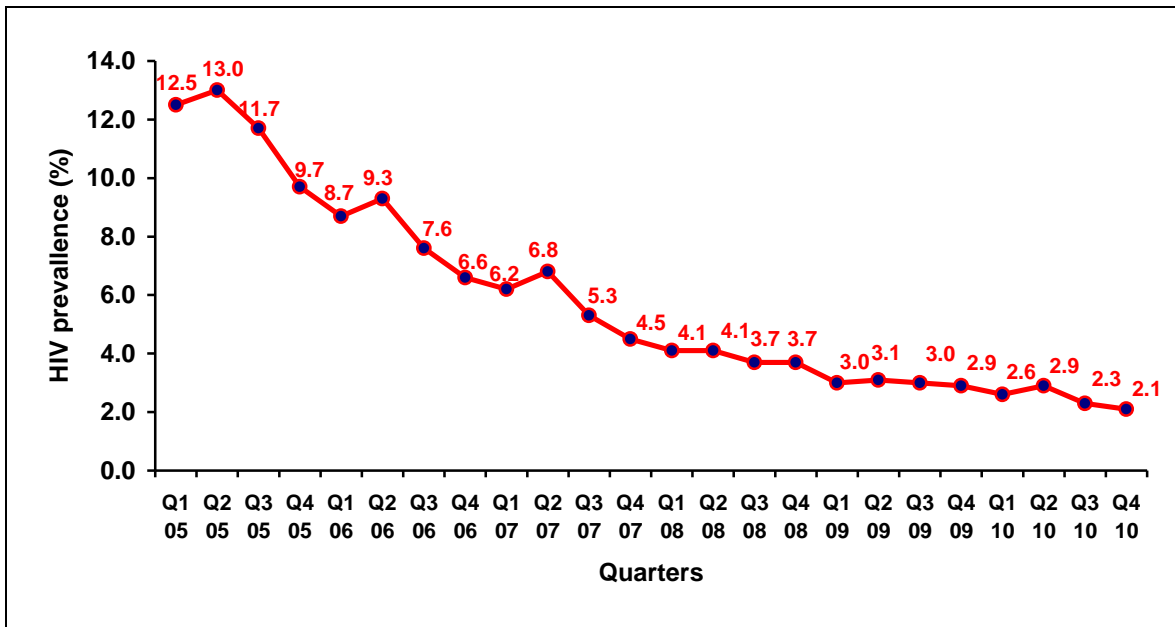


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q4-2010

2.1.2. OI and ART services

Today, 51 health facilities offer OI and ART services in 44 Operational Districts in 21 provinces and cities (Annex: CoC indicator 1). These 51 OI and ART services are supported by the government 48 sites and 3 sites by NGOs and partner (Annex: CoC indicator 2). Of the total 51 OI/ART sites, there are 32 sites provide pediatric care in 29 Operational Districts.

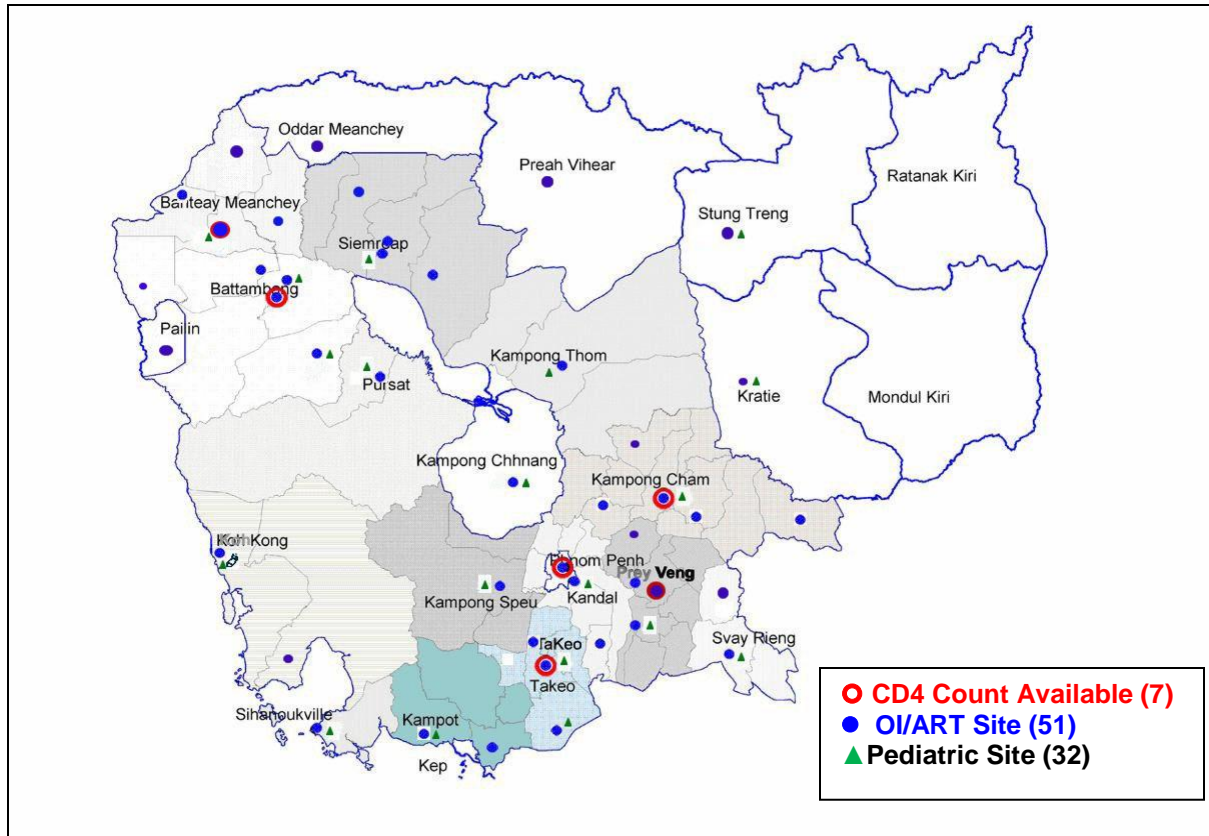


Figure 7: Location of facility-based OI/ART sites as of December 2010

a. Laboratory Support:

In Q4-2010, 15,096 CD4 tests have been conducted in the 7 regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Preyveng, NCHADS, NIPH in Phnom Penh and Mongkul Borei in Banteay Meanchey province (Figure 8). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 426 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.

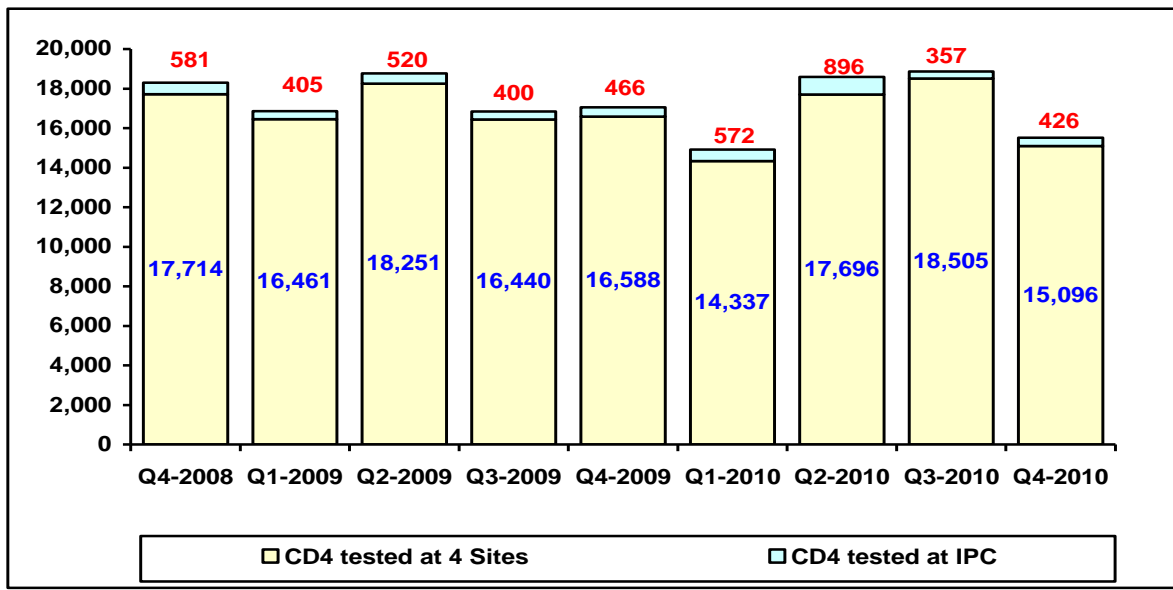


Figure 8 : Trend in the total number of CD4 tests conducted in Cambodia at 7 government sites and IPC from Q4-2008 to Q4-2010

In Q4-2010, there are 1,342 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

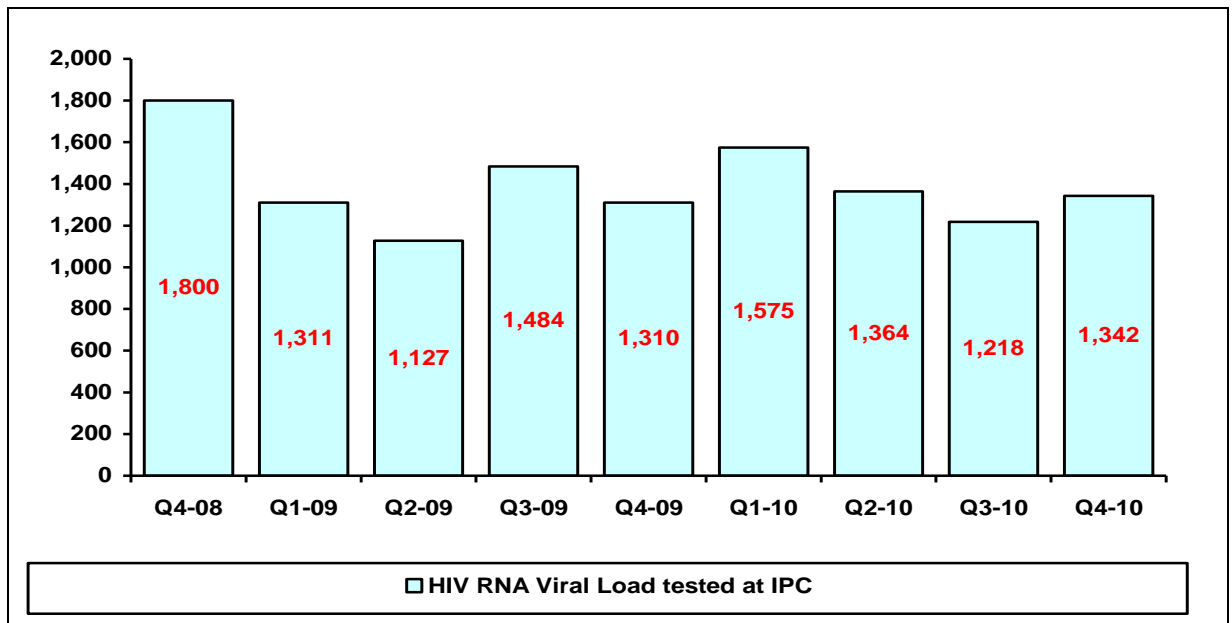


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2008 to Q4-2010

In Q4-2010, 235 DNA PCR tests for early infant diagnostic (EID) found 9 positive were conducted at NIPH. Another place at Institute Pasteur of Cambodia (IPC) in Q4-2010 the total number of DBS screened are 482 found 24 positive and Number of infant screened for the 1st time (excluding DBS for confirmation) are 23 which the number of infant diagnosed positive at time of 1st screening not available and the total number of HIV DR tested are 44.

(Sources: report from NIPH and IPC)

This Q4-2010, a total of 42,799 active patients including 38,697 adults and 4,102 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 44,280 in 2010, it is 96.7% if compared with the actual number of AIDS patients (Adults and Children) on ART as reported in December 2010.

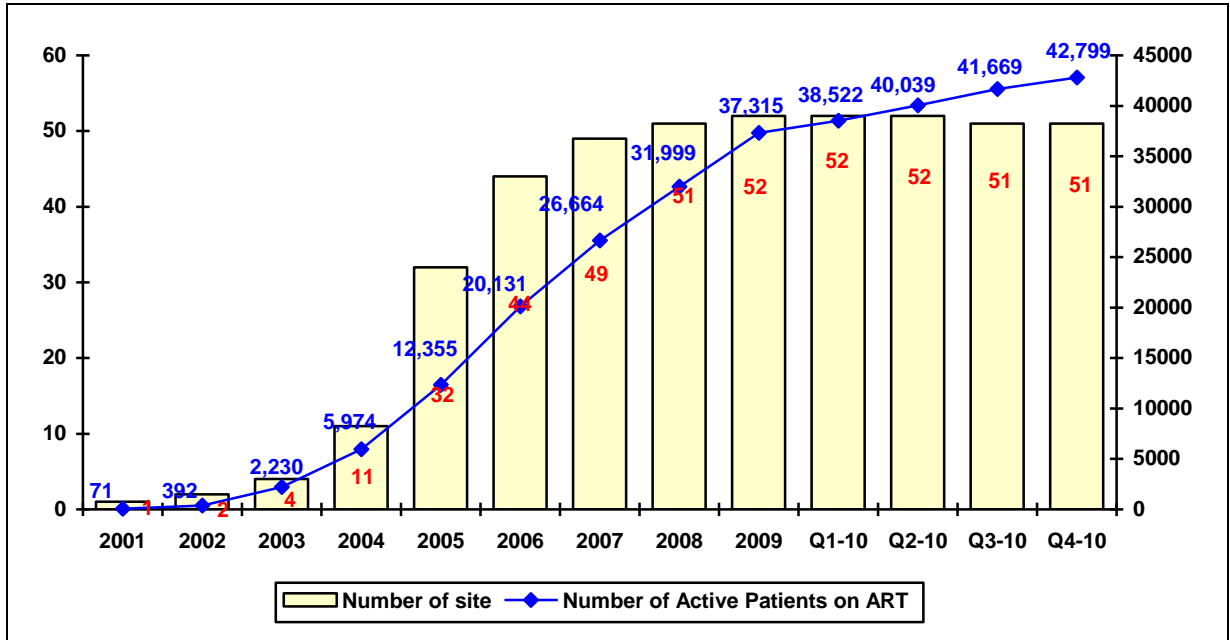


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q4-2010

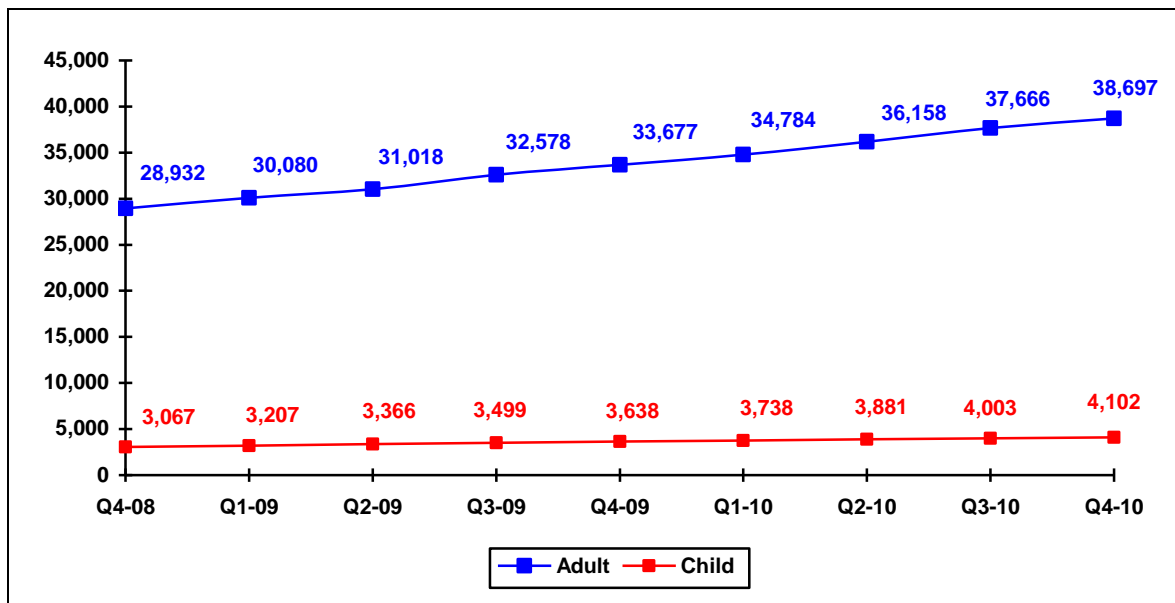


Figure 12: Trend in number of active adult and child patients from Q1 2008 to Q4-2010

In Q4-2010, female adult patients accounted for 53.2% (20,603) of all active patients on ART. At OI/ART sites, a total of 1,530 new patients (including 157 children) started OI prophylaxis and management and 1,438 new patients (including 138 children) started on ART in Q4-2010 (Figure 13). The number of new patients on OI care has been decreased than Q3 2010. On the other hand, the numbers of new patients on ART were significantly decreased as from Q3 2010. In this quarter there are 322 patients lost and 70 died in OI care.

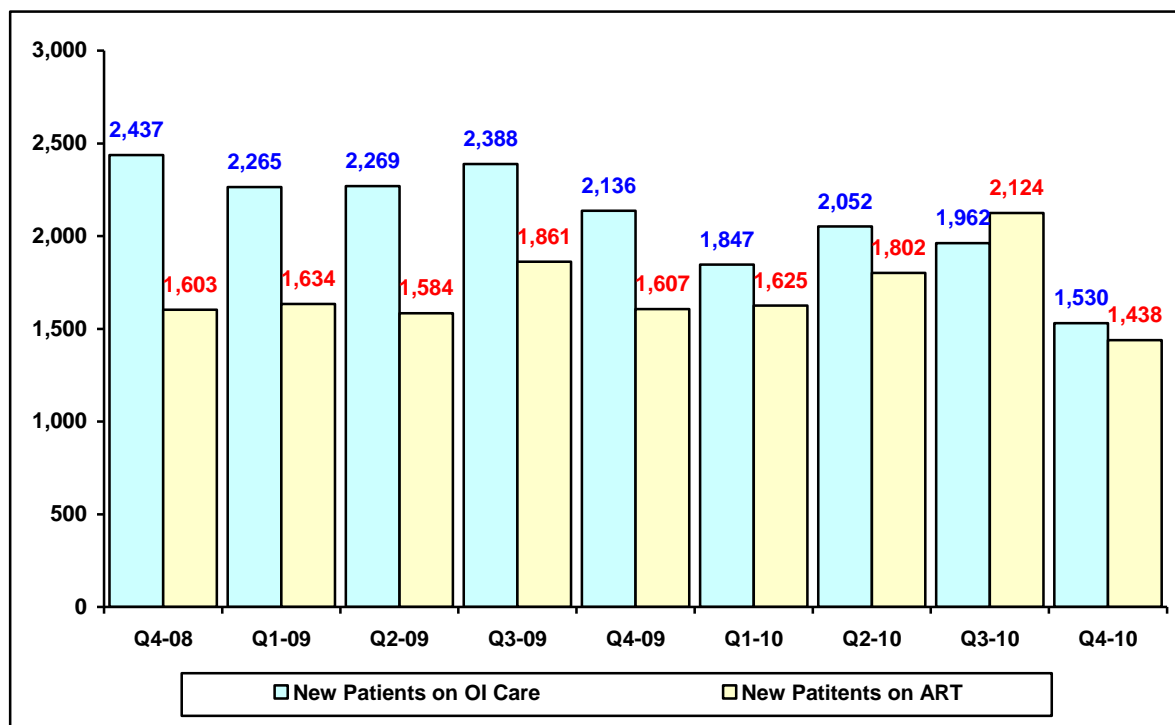


Figure 13: Trend in numbers of new patients on OI and ART from Q4-2007 to Q4-2010

There were a total of 6,236 active adult patients and 1,529 child patients with opportunistic infections who are not eligible for ART yet at the end of Q4-2010. Of those, 3,956 (63.4%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,091 adult patients and 205 child patients on OI care were eligible to prepare on ART at the end of December 2010.

b. Patient mobility across services, lost and died

In Q4-2010, a total of 167 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 222 ART patients lost treatment and 146 patients died during this quarter. At the end of Q4-2010, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,669 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 3).

ARV drug regimen Q4 - 2010	Adults N= 40,011* No. (%)		Children N= 4,134* 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 3: *Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q4-2010*

d. TB Screening of new OI Patients

In Q4 2010, there were 1,530 new OI patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,530 new OI patients, 1,202 (78.6%) were screened for TB Symptom during the quarter. Of the 1,202 patients screened for TB, 140 were detected as TB Pulmonary, 93 were detected as Extra-pulmonary TB detected, 765 delivered a negative result and 126 pending resulted. The number of TB screened among new OI patients were low (78.6%) due to four OI-ART sites didn't report for TB-Screening to NCHADS.

e. Implementation of Three "I" Strategy during the fourth quarter 2010

- ***Isoniazid Prevention Therapy (IPT)***

During the fourth quarter of 2010, there were a total of 597 new OI patients registered at 20 sites implementing the Three "I" Strategy (6 TST sites=230 patients and 14 Non-TST sites = 367 patients). Of these, new OI patients, 162 started IPT (TST sites=17 patients and non-TST=145 patients), and 367 active patients on OI started IPT (TST sites =29 patients, and non-TST sites=338).

- ***Pre-ART (OI)***

During the fourth quarter of 2010, 1,373 of new adult OI patients registered at OI/ART sites. Of these 843 received TB symptom screening that identified that 415 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 415 patients with screened positive for TB symptoms, 193 were diagnosed to have TB (BK+/-, EP) 159 started TB treatment, and 162 started IPT as they did not present TB symptom and put on IPT. There were 237 active patients on OI diagnosed

with TB (BK+/EP), of which 187 patients started TB treatment, and 118 TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- ***ART***

During the last quarter of 2010, 1,300 new ART patients registered at OI-ART sites. Of these, 71 were diagnosed with TB (BK+/- EP), 68 patients started TB treatment. Of the 155 of active patients on ART who were diagnosed as having TB (BK+/-, EP), 128 started TB treatment and 75 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

2.1.3. Linked Response

In October 2010, of the 60 ODs implementing the Linked Response Approach, 60 ODs had reported data. From October to December 2010, of a total of 59,208 first ANC attendees at Linked Response sites and outreach services, 46,143 (78%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 9,818 husbands/partners accepted testing (21.27% of pregnant women was tested with their husbands/partners). Among the 59,208 ANC attendees at Linked Response sites and outreach services who received an HIV test, 87 (0.14 %) were HIV positive and a further 19 known HIV-positive pregnant women were referred to Linked Response services.

A total of 73 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between October and December 2010. Of these mothers, 64 (87.67%) accessed ARV drugs: 54 (84.37%) received HAART and 10 (15.6%) received ARV prophylaxis in labor alone. Of 67 infants born to HIV-infected mothers at PMTCT maternity sites from October to December 2010, 65 (97%) received NVP.

- ***Pregnancy and abortion***

During the quarter 4 2010, there're 763 new OI female patients registered at OI/ART sites, among these new female 45 became pregnant. Of all 4,583 active female patients on OI until this last quarter, 47 got pregnant and 42 of them started ARV prophylaxis. Four women were reported to have spontaneous abortion, and one was reported to have induced abortion during this quarter.

In this quarter 4 2010 there're 711 new ART female patients registered at OI/ART sites, among these new female 46 became pregnant. Of all 20,603 active female patients on ART in this quarter 58 of them got pregnant. Five women were reported to have spontaneous abortion, and two women were reported to have induced abortion during this quarter.

2.1.4. Community-based services

As reported in 4th quarter 2010, there are 356 HBC teams covered over 848 Health Cents in 71 operational districts (OD) in 19 provinces. In this quarter 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 (Annex: HBC indicator 1) (Figure 13) within the CoC established in place (Annex: HBC indicator 4).

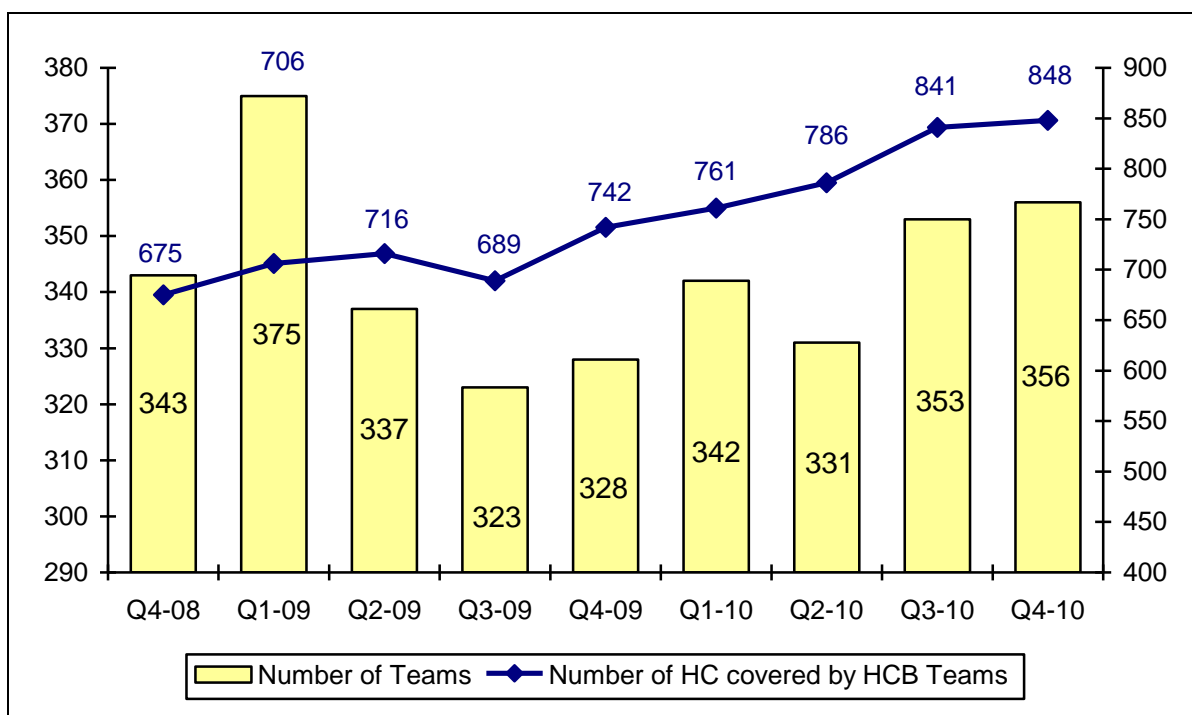


Figure 13: Trend in number of HBC teams form Q4-2008 to Q4-2010

These HBC teams are currently supporting for a total of 31,127 PLHA (Annex: HBC indicator 2), which 8,513 were registered in Pre-ART (OI) and other 22,614 were registered in ART.

III. FINANCIAL REPORT:

During this period, more than 120% of total budget in 4th Quarterly activity plan of 2010 were spent on key activities of prevention, care, support and treatment programme for HIV/AIDS patients. The expenditure was high due to the commitment of the budget for purchased for health products and medical equipments (OI/ARV drugs, reagents and consumables) which not yet payed in the previous quarters especially for GFATM-R7. If excluded the budget for health products and medical equipments, the percentage of expenditure was around 79% for the programme activities (see table 4).

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 (R5 and R7), CDC, CHAI, UNSW/CTAP, CIPRA, ITM, and AHF.

Sources	Annual Plan	Q4 Plan	Q4 Act	Q4 %
GFATM-R7	\$ 9,645,090	\$ 2,841,344	\$ 4,275,696	150%
GFATM-R4	\$ 7,330,814	\$ -	\$ -	0%
GFATM-R5	\$ 581,488	\$ 82,957	\$ 37,635	45%
CDC	\$ 800,587	\$ 340,004	\$ 187,238	55%
UNSW/CTAP	\$ 100,000	\$ 25,000	\$ 25,433	102%
WHO	\$ 102,329	\$ 21,549	\$ 17,500	81%
CHAI	\$ 303,458	\$ 48,663	\$ 57,346	118%
AHF	\$ 146,283	\$ 46,630	\$ 40,196	86%
CIPRA	\$ 80,000	\$ 20,000	\$ 29,640	148%
ITM DGDC	\$ 58,654	\$ 8,576	\$ 6,243	73%
TREAT ASIA	\$ 35,000	\$ 8,750	\$ -	0%
CRS	\$ 12,389	\$ -	\$ -	0%
Grand Total	\$ 20,717,092	\$ 3,828,473	\$ 4,676,927	122%
Total for Logistic Management	\$ 7,123,023	\$ 1,222,982	\$ 2,607,097	213%
Excluded the Budget of Logistic Management	\$ 13,594,069	\$ 2,605,491	\$ 2,069,830	79%

Table 4: 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 third 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. (%)	Q4. 2010 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	19.9 %
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	31	33
3	Percentage of entertainment services workers who use STI services monthly	Output	EWS: 18,350	EWS: 7,984

	CoC Indicators	Type	2010 target No. (%)	Q4. 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	51

	VCCT Indicators	Type	2010 target No. (%)	Q4. 2010 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	250	246
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 December 2010 343,314
3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.5 %

4	Number and percentage of HIV (+) Clients who were referred to OI/ART sites	Output	95%	76.8 %
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	HFBC Indicators	Type	2010 target No. (%)	Q4. 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:29
3	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	38,477 adults 4,800 children <u>43,277 total</u>	38,697 adults 4,102 children <u>42,799 total</u>
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%	78%
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 = 1,530 Screen TB = 1,202 78.6%

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

	HBC Indicators	Type	2010 target No. (%)	Q4. 2010 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	356
2	Number of PLHA supported by HBC teams	Output	30,000	31,127
3	Number and percentage of health centers with HBC team support	Output	780 (83%) of 942 HC	848 (90.0%)

	Surveillance Indicators	Type	2010 target No. (%)	Q4. 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. (%)	Q4. 2010 score No. (%)
1	Number of Research conducted	Output	2	2

	PMR Indicators	Type	2010 target No. (%)	Q4. 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	4

	DM Indicators	Type	2010 target No. (%)	Q4. 2010 score No. (%)
1	Number of provinces with data management units	Output	20	20