

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**Forth QUARTERLY COMPREHENSIVE REPORT, 2012
HIV/AIDS and STI PREVENTION, CARE and Treatment PROGRAMME**



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

ACKNOWLEDGEMENTS

On behalf of National Center for HIV/AIDS Dermatology and STDs, I would like to acknowledge the hard work of all staff and partners in the implementation of HIV/AIDS Prevention ,Care and Treatment Programs in line with to Strategic Plan For HIV/AIDS and STI Prevention and Care 2011-2015 with regularly send reports to Planning Monitoring and Reporting Unit and Data Management Unit of NCHADS. These achievements occurred to the great participation of provincial Health Departments/ Provincial AIDS and STI Program Office, Operational Districts, Referral Hospitals, and NCHADS Units and supported from all stakeholders and partners.

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Dr. LY PENH SUN

Deputy Director of NCHADS

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**National Center for HIV/AIDS Dermatology and
STDs (NCHADS)-Quarterly Comprehensive Report
in period of October to December, 2012**



I. Introduction:

1. National Center for HIV/AIDS, Dermatology and STDs (NCHADS)

The NCHADS is an operational unit of the Ministry of Health. It provides health sector policy development for HIV/AIDS and STDs, programme management, provincial support for HIV/AIDS and STI programs, coordination with other partners in the health sector, guideline development for HIV/AIDS components, national health sector plan evaluation and dissemination of epidemiology, behavior and effective STD/HIV/AIDS prevention and care information. It conforms to the coordinating strategy of the National Aids Authority (NAA) and works in partnership with other Government Ministries, Donor Bodies and Provincial Health Departments. The Centre manages the disbursement of program and government funds according to annual approved budget and work plans, under its Strategic Plan. Subsequently, it monitors and reviews progress against those plans, taking action to achieve conformance where necessary. Additionally, NCHADS has responsibility for the management of the National Dermatology and STD Clinic.

II. Goal and Objective:

1. Goal:

To organize, compile and publish the operational comprehensive report for Prevention, Care, and Treatment of HIV-AIDS programs in quarter 4, 2012 and using it as an evaluation of forth comprehensive quarterly work plan. As well, it can be used as a reference document for preparing next quarter comprehensive activities plan and as a lesson learn in order to improve the implementation of activity plans for the future.

2. Objective:

Responding to above goal, the report has following objectives:

- To collect, clean, and analyze data from monitoring system to be valid scientific information.
- To coordinate and align among Units and people who are responsible for aggregating data within the report.

- To publish and disseminate comprehensively.

III. Methodology:

The 4th comprehensive report is prepared by Planning Monitoring, and Report unit of NCHADS through the national M&E system that collected from all national and international institutions, NGOs, and CSOs.

After preparing draft of the report, it was circulated to all units within NCHADS for comments, then it was edited through those comments and submitted the final version to management team for final agreement.

IV. Result

1) PROGRAMME MANAGEMENT AND IMPLEMENTATION:

A. GFATM SSF-HIV 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 sub-recipients to track their achievements against the intend targets at the end of quarter of program implementation (October - December 2012), 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 this reporting period. Managers and key persons who are responsible for Programmatic,,Finance and Procurement of each SRs were invited to participate and presented their achievements in the 3rd th quarter report, 2012 in the Quarterly Meeting which was held at NCHADS's meeting room, from 23rd -24th October 2012.

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 and treatment, and support programs to all partners involved including provincial AIDS and STI Programs (PASP) and NGOs. Within NCHADS Strategic Plan 2011-2015, there are main activities set in HIV/AIDS and STI components that are implemented by NCHADS, PASP, and NGOs.

1. Component 1: Continuum of Prevention to Care and Treatment (CoPCT)

For Most at Risk Populations: National Level:

- **National Level:**
 - **BCC Unit**

Joined Supervision visits with STI Unit to monitor and to provide technical supports on OPC programs and STI prevention that were conducted by BCC and STI officers in Phnom Penh, Kandal, Preah Vihea, Kompong Cham, Prey veng, Kompong Thom, Paillin, Poi Pet, KompongSpeu, KompongChnang, Siem Reap, Battambang, Takeo, PreahSihanuk, Kratie, Kep, Steungtreng, SvayRieng, BanteayMeanchey, OudorMeanchey, Koh Kong, Pursat.

- **STI/RTI Unit**

The STI/RTI unit organized the STI-TWG meetings to discuss some following key points:

- To increase target for access of syphilis testing and HIV test among pregnant women in expansion of linked response sites
- To provide care and treatment for pregnant women suffered from syphilis and their partner
- To treat and follow up infected baby who are born from mother suffering syphilis
- To strengthen drug and logistic management for STI/RTI

- **Provincial Level:**

Routine activities were done during this period including conducted the annual mapping for entertainment establishment services, organized the meetings such as P-CoPCT-CC, P-CoPCT-ST, D-CoPCT-CC, Owner meetings, and conducted monitoring visits to D-CoPCT on outreach activities and referral of EWs to STI clinic and other health services.

Conducted every month the mobile STI clinic for providing STI/RTI care and treatment for EWs in Baray Suntok OD, Doun Keo, Prey Kabah, Steung Treng, Kampong Thom, Mebung, Svay Antor, Chhouk, Phnom Srouch, Kong Pisey, Bavith; and organized quarterly coordination meetings on STI/RTI management.

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

NCHADS in collaboration with NMCHC and partners developing the Standard Operating

Procedure for Implementation of the Boosted Linked Response between HIV, SRH and TB Services to elimination of new pediatric HIV Infections and Congenital Syphilis in Cambodia.

Monthly meeting of core group of TWG on HIV, STI, TB-HIV Prevention, Treatment, Care and Support in Prison (and correctional Center) in Cambodia to update information and development of training curriculum for HIV, STI, TB-HIV prevention, treatment, care and support in prison setting for Health Post staff and Peer Educators.

Conducted joined supervision trips to monitor the implementation of CoC, HBC and Linked Response activities in Siem Reap, Kompong Thom, Takeo, Preah Vihear, Kompong Chhnang, Oddor Meanchey, Kompong Speu, Kompong Cham, Kratie, Koh Kong, Sihanouk Ville, Prey Veng, Svay Rieng, Steng Treng, Kampot, and Kandal

Conducted routine supervision visits to VCCT sites in Takeo, Oddor Meanchey, Monduliri, Siem Reap, Kampong Thom, Kratie, Banteay Meanchey, Svay Rieng, Battambang, Kompong Speu, Kandal, Koh Kong, Pursat, Ratanakiri, Pailin, Preah Vihear, Preah Sihanouk, Kompong Chhnang, Kampot and Kampong Cham provinces. The purpose of the supervision visits were to review the VCCT and laboratory testing activities such as: register book, appointment cards, referral cards, process of pre and posttest counseling, lab activities (Rapid test), blood samples, used and stock of reagents and consumables, and provide capacity building for VCCT staff and HIV lab technicians.

3. Surveillance & Research package:

Surveillance:

➤ IBBSS for DU:

- Mapping and listing of DU/IDU target groups for IBBSS for DU 2012 in Phnom Penh, Battambang, Banteay Meanchey, Kampong Cham, and Siem Reap.
- Joined Asia HIV case reporting workshop in Bangkok, Thailand.
- Conducting dissemination workshop on HIV drugs resistance at NAGA World Hotel.

Research:

Continuum Quality Improvement (CQI) for HIV Care:

- Conducted supervision visits to monitor CQI activities in Banteay Meanchey, Prey Veng, Takeo, Kampong Cham, and Kandal.

- Facilitated in Cohort study and TAHOD at Social Health Clinic.
- Facilitated in TAHOD study at National Pediatric and Chey Chumneah Hospital.

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

▪ NATIONAL LEVEL:

i. Planning Activities

- Coordinated to develop the 4th quarterly comprehensive work-plan 2012 for NCHADS and 24 provinces that were included the detailed activity and budget plans, expected outputs and allocated available funds from all funding sources.
- Conducted the 9th meeting on review of 2012 achievement and developing annual operational comprehensive plan for HIV/AIDS and STI Prevention, Care, and Treatment programs in Health sector for 2013 in Battambang province.

ii Monitoring Activities:

Developed the NCHADS 3rd quarterly comprehensive report 2012, 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 and STI Programs of 24 provinces-cities developed the 4th Quarterly Operational Comprehensive Plan 2012 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 solved the problem.
- Conducted supervision visits to monitor activities at health services
- Developed monthly report and quarterly report.

b. Data Management:

- Backlogged data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for Q4 year 2012.
- Conducted supervision visits to provinces on data management, checked and entering data
- Reviewed and provided feedback all data for HIV/AIDS and STI programs collected from provincial level.
- Joined supervision visits to monitor and provided technical support for provincial data staff on data management and collection related to linked response activities in some provinces.
- Provincial Data Management Officers conducted the supervision to check and review the quarterly data at the OI/ART sites, VCCT sites and STI.

c. Logistic Management:

- Prepared lists for distribution of the drugs, reagents and consumables according to the CMS schedule.
- Monitored and followed up the distributed drugs, reagents and consumables.
- Worked closely with procurement unit for forecast OI/ARV drug, reagent and consumable.
- Joined supervision visit with Planning Monitoring and Finance Unit to Kandal, Kampong Cham, Preah Sihanouk, Kampot, Kampong Thom, Svay Rieng, Oddor Meanchey, Pailin, Siem Reap, Koh Kong, Banteay Meanchey, Rattanakiri, Stung Treng, Prey Veng, Kep, Pursat, Mondul Kiri, Battambang, Kampong Speu, and Takeo province.

2) Results of Health Service Deliveries:**1. HIV/AIDS prevention activities**

In 4th quarterly report 2012, there were a total of 58 Family Health Clinics (34 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mondul Kiri province and Kep province); and 24 NGO STI clinics (including RHAC: 16 clinics, Marie Stopes: 5 clinics, MEC: 1 clinic, Chhouk Sar: 2 clinic).

Of the 32 family health clinics, 32 (100%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 33 labs are functioning. This laboratory

support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 210 health centers in 74 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in 4th quarter 2012, 1,136 consultations for male patients and 8,786 for female patients were reported to the data management unit of NCHADS. Of 1,036 male patients who having STI/RTI syndromes reported, 946 of those (91.3%) suffered from urethral discharges; 90 (8.7%) from Genital ulcers and 0 from Genital warts respectively. Of 7,818 female patients who having STI/RTI Syndromes reported, 4,547 of those (58.2%) suffered from vaginitis, 2,995 (38.3%) from cervicitis and vaginitis; 248 (3.2%) from PID, 25 (0.3%) from Genital ulcers and from genital warts 3 respectively. A total of 758 male partners and 1,824 female partners of STI patients were notified and treated for STI.

56,715 consultations were provided at a total of 58 specialized STI clinics (34 government and 24 NGO STI clinics), Among those consultations, 4,219 consultations were provided to male patients, 2,359 to MSM, 40,149 to low-risk women, and 4,595 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (196 for BEW; 9,792 for NBEW) of which 4,595 were monthly follow-up visits (Figure 1).

The RHAC clinics attracted mostly low risk women whereas the 34 government STI clinics are used mostly by brothel entertainment workers and non-brothel entertainment workers. Most MSM population visited MEC clinic in Phnom Penh city.

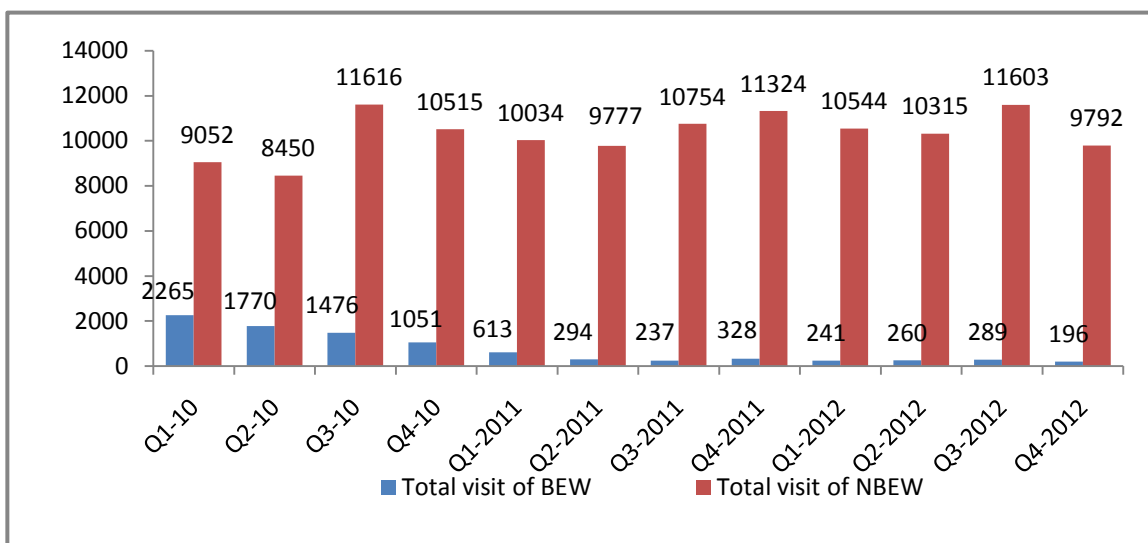


Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2009 to Q4- 2012

At the 58 specialized STI clinics, among the 3,439 male STI syndromes reported in this quarter, 2,956 (86%) of them got urethral discharges, 20 (0.6%) of them got anal discharges, 303(8.8%) of them got Ano-genital ulcers, 114 (3.3%) of them got Ano-genital warts, 20 (0.6%) of them got Scrotum swelling, and 26 (0.8%) of them were inguinal bubo. Among the 706 MSM patients who were having STI syndromes, 402 (56.9%) of them suffered from urethral discharges, 32 (4.5%) of them from anal discharges, and 195 (27.6%) from ano-genital ulcers respectively.

At the 58 specialized STI clinics, among the 43,766 low-risk women STI syndromes reported that 37,746 (86.2%) were treated for vaginitis, 5,450 (12.5%) were treated for cervicitis and vaginitis, 112 (0.3%) were PID, 316 (0.7%) were ano-genital ulcers and 142 (0.3%) were ano-genital warts.

During the 4th quarter of 2012, of the 135 BEW who attended specialized clinics for their first visit, 56 (41.5%) were diagnosed with a STI, including 10 (7.4%) with cervicitis. Among the 61 BEW who attended specialized clinics for monthly follow-up visits, 34 (55.7%) of those were diagnosed with a STI, including 11 (18%) with cervicitis. In quarter 4 -2012, of the 5,258 NBEW who attended specialized clinics for their first visit, 4,296 (81.7%) were diagnosed with a STI, including 1,754 (33.4%) with cervicitis. Of the 4,534 NBEW who attended specialized clinics for monthly follow-up visits, 2,021 (44.6%) were diagnosed with a STI, including 793 (17.5%) with cervicitis.

Of a total of 707 RPR tests were conducted in 4 quarter 2012 at the 32 government specialized STI clinics, and MEC clinics, 39 (5.5%) were positive.

During this quarter, specialized STI clinics have referred 1,800 patients to VCCT, 17 of HIV/AIDS patients (PLHA) to OI/ART services, 39 pregnant women to ANC, and 108 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 782 patients from VCCT, 293 of patients from OI/ART services, 40 pregnant women from ANC and 69 women from Family Planning services.

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

2.1. VCCT

The number of VCCT services has increased drastically over the last 12 years, from 12 sites in 2000 to 253 sites by the end of Q4-2012 (Figure 2).

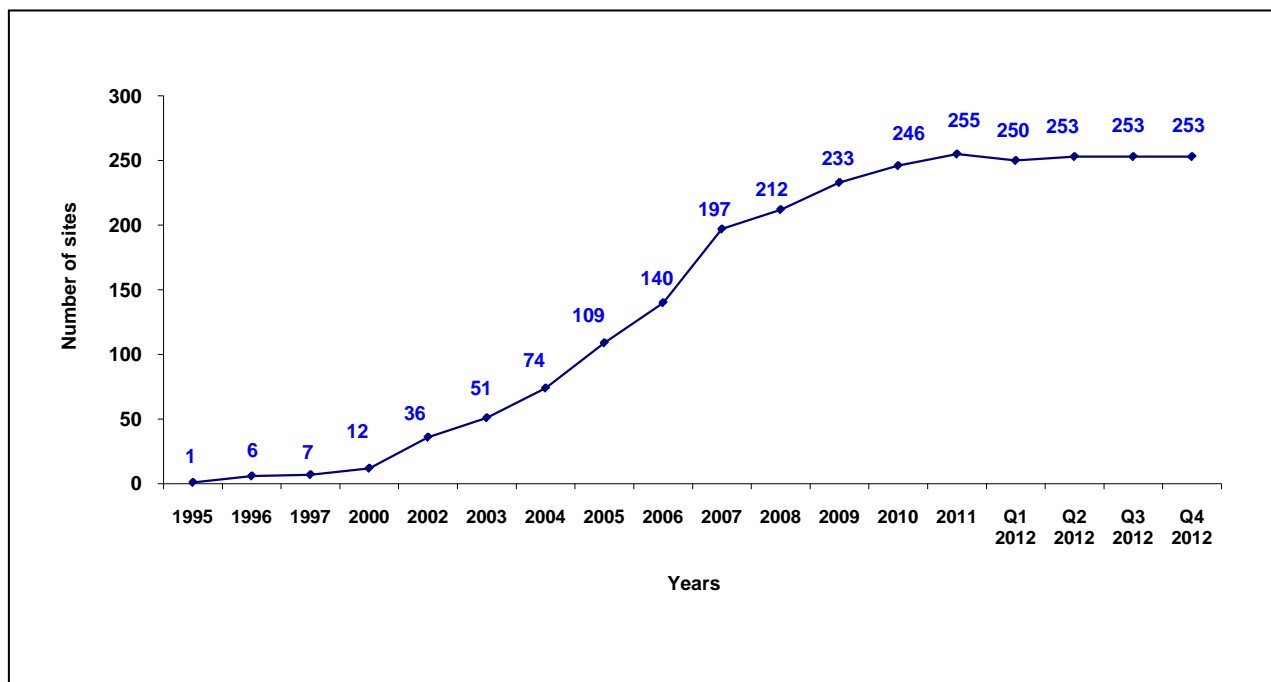


Figure 2: Trend in number of VCCT sites from 1995 to Q4-2012

Notes: Since quarter 1, 2012, there are 8 sites were removed from VCCT report (4 government's and 4 NGO's sites)

There is no new VCCT site has been opened in Q4-2012. Of the current 253 VCCT sites, 229 are supported directly by the government and 24 by NGOs (RHAC:16, Marie Stopes:3, MEC:1, Center of Hope:1, Institut Pasteur Cambodia:1 and Chhouk Sar Clinic: 2).

In Q4-2012, of 156,917 (including 77,470 ANC attendees from NMCH) VCCT clients, 51,571 (32.9%) of them were self referred, 79,660 (50.8%) of them were referred by ANC services, 1,876 (1.2%) of them were referred by STD clinics, 3,851 (2.5%) of them were referred by TB program, 10,014 (6.4%) of them were referred by HBC/NGO, 6,013 (3.8%) of them were referred by general medicine, 192 (0.1%) of them were referred by pediatric care, 867 (0.6%) of them were referred by maternity services, 496 (0.3%) of them were referred by

BS/FP services, 1,759 (1.1%) of them were referred by Health centers and 618(0.4%) of them were referred by others services (table 1).

<u>Self Referred</u>	<u>STD Clinic</u>	<u>TB Services</u>	<u>HBC/NGO</u>	<u>General Medicine</u>	<u>Pediatric Care Service</u>	<u>Maternity Service</u>	<u>BS/FP</u>	<u>ANC</u>	<u>Others</u>	<u>Health Center</u>
32.9%	1.2%	2.5%	6.4%	3.8%	0.1%	0.6%	0.3%	50.8%	0.4%	1.1%

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

Figure 2: Percentage of VCCT clients referred from other services in Q4-2012

A total of 156,321 clients have been tested for HIV in quarter 4-2012, including 78,851 VCCT clients, 3,684 TB patients, 63,487 pregnant women and 13,983 male partners of pregnant women (at government facilities only).

The figure 3 and Table 6 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 78,851 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q4-2012 (Figure 4).

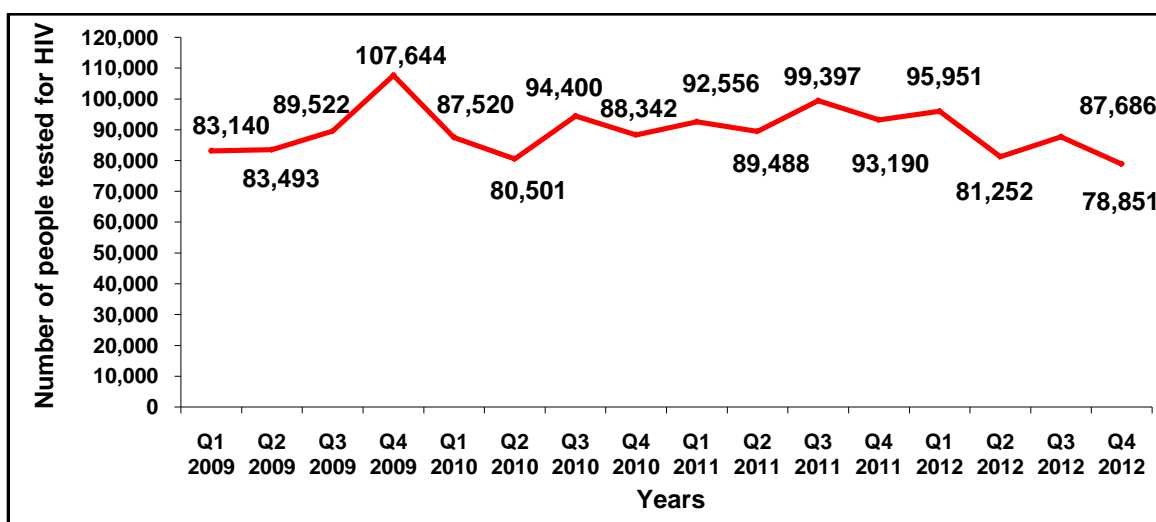


Figure 3: Trend in numbers of people tested for HIV at VCCT services from Q1-2009 to Q4-2012

Of the total number of VCCT clients and TB patients tested in Q4-2012, 47,079 (53.7%) were female and 80,211 (91.5%) were aged 15-49 years (Table 2).

	People tested for HIV N=78,851 No. (%)	People tested HIV positive N=1,229 No. (%)
Age		
≤14 years	1,584 (2.0%)	67 (5.5%)
15-49 years	73,042 (92.6%)	1,064(86.6%)
> 49 years	4,225 (5.4%)	98 (8.0%)
Sex		
Male	36,552 (46.4%)	589(47.9%)
Female	42,299 (53.6%)	640 (52.1%)

Table 2: Characteristics of clients tested at VCCT sites, In Q4-2012

In Q4-2012, 99.4% (range: 83.3% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q4-2012, of 78,851 VCCT clients, 3,684 (2.5%) were referred from the TB program. (Figure4).

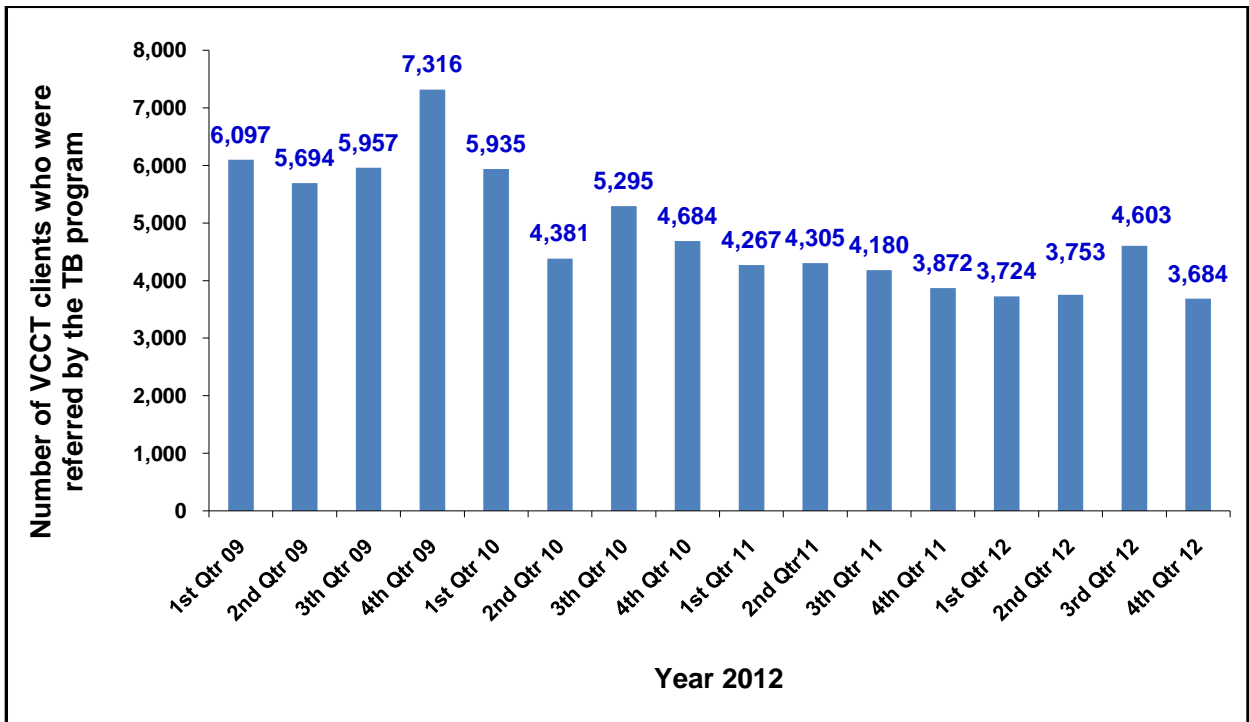


Figure 4: Trend in number of VCCT clients referred from TB program from Q1- 2009 to Q4-2012

In Q4-2012, of the 78,851 VCCT clients and TB patients tested at VCCT sites nationwide, 1,229 (1.6 %) were detected HIV positive at VCCT sites (Figure 5).

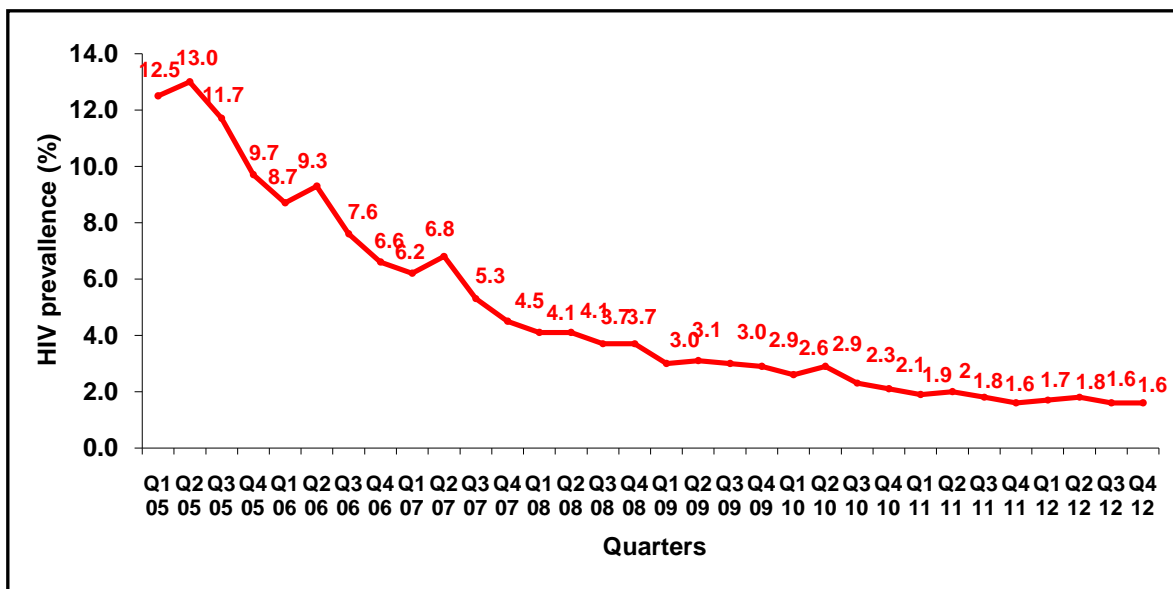


Figure 5: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q4-2012

2.2. OI and ART services

In Q4 2012, there are 61 health facilities offer OI and ART services in 50 Operational Districts in 21 provinces and cities. These 61 OI and ART services are supported by the

government for 57 sites and other 4 sites by NGOs and partner. Of the total 61 OI/ART sites, there are 35 sites provide pediatric care services in 34 Operational Districts.

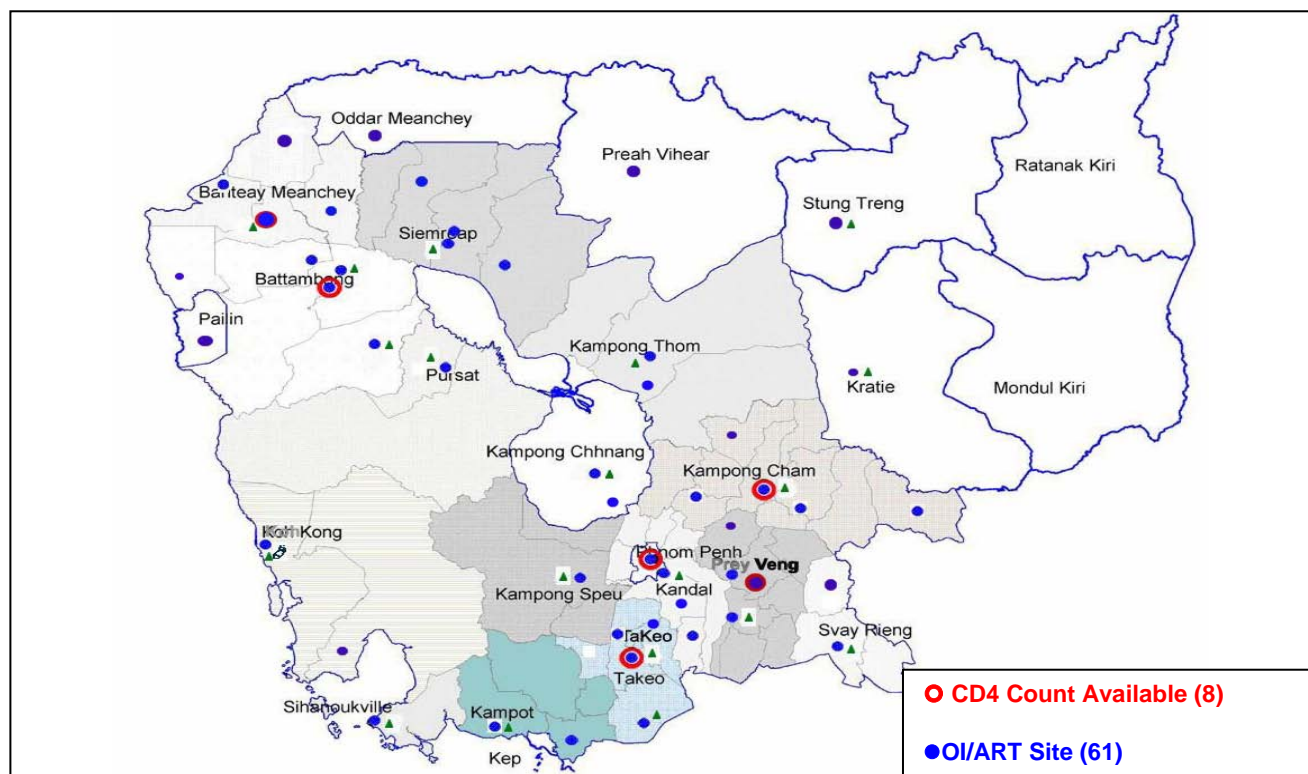


Figure 6: Location of facility-based OI/ART sites as of 31th December 2012

a. Laboratory Support:

In Q4-2012, 15,837 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 MongkulBorei in BanteayMeanchey province (Figure 7). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 165 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.

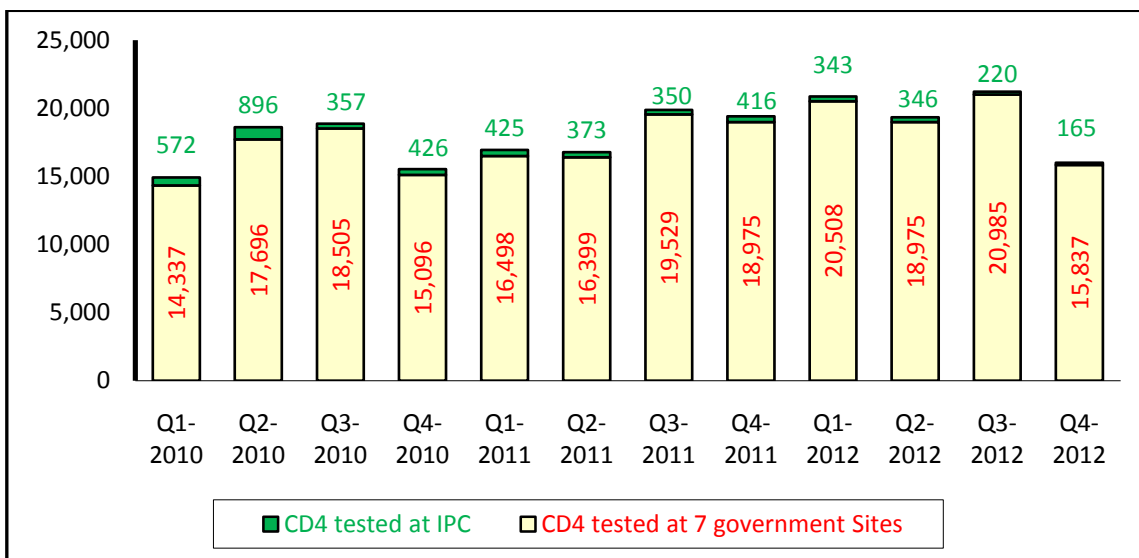


Figure 7: Trend in the total number of CD4 tests conducted in Cambodia at 7 government sites and IPC from Q1-2010 to Q4-2012

There are 384 HIV RNA viral load tests were tested at Institute Pasteur of Cambodia (IPC) and other 1,792 HIV RNA viral load also conducted at NCHADS in this quarter 4 (Figure 8).

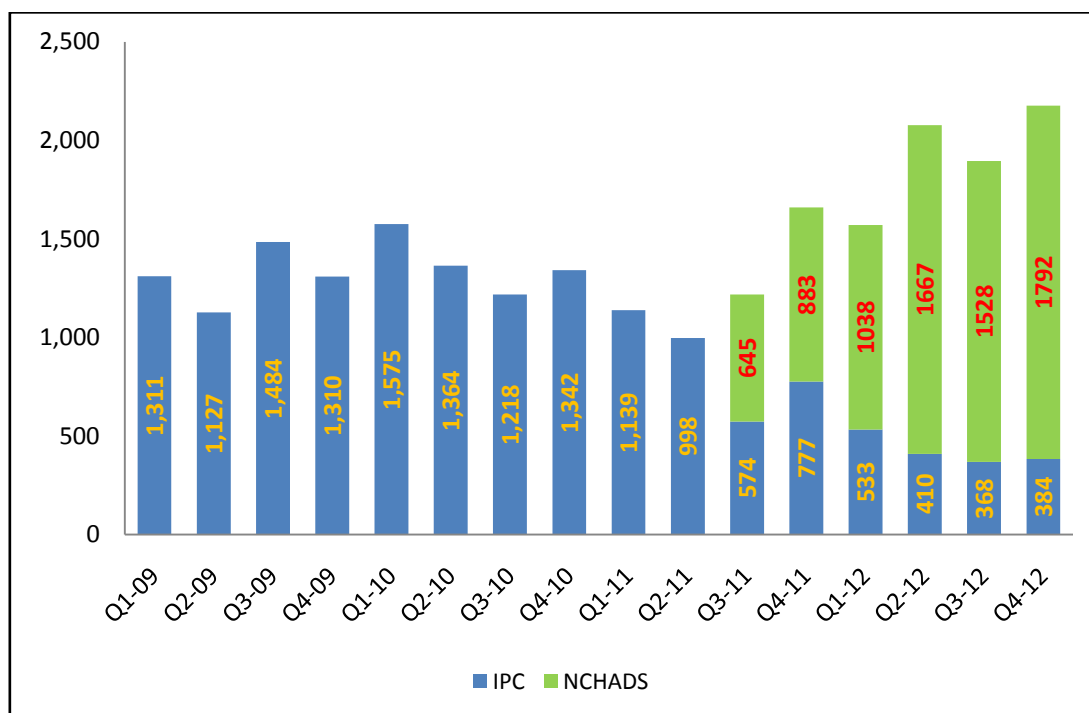


Figure 8: Trend in the total number of RNA Viral Load tests conducted in IPC and NCHADS

from Q1-2009 to Q4-2012

There were 290 DNA-HIV DBS tests for Early Infant Diagnosed (EID) found that 14 of tests were positive. The number of infant screened for the 1st time (excluding DBS for confirmation) are 217, infant screened for the 2nd time are 66, HIV-exposed babies did PCR test within 2 months of their life (include soon after birth and at 6 weeks) are 112. Number of infant diagnosed positive at time of 1st screening are 6 and infant diagnosed positive at 1st screening within 2 months of their life are 3. Another place at Institute Pasteur of Cambodia (IPC) in Q4-2012 the total number of DBS screened are 162 found 11 positive and Number of infant screened for the 1st time (excluding DBS for confirmation) are 99 which founded infant diagnosed positive at time of 1st screening are 8 and the total number of HIV DR tested are 30.

(Sources: report from NIPH and IPC)

This Q4-2012, a total of 48,913 active patients including 44,318 adults and 4,595 children are receiving ART (Figures 10 and 11).

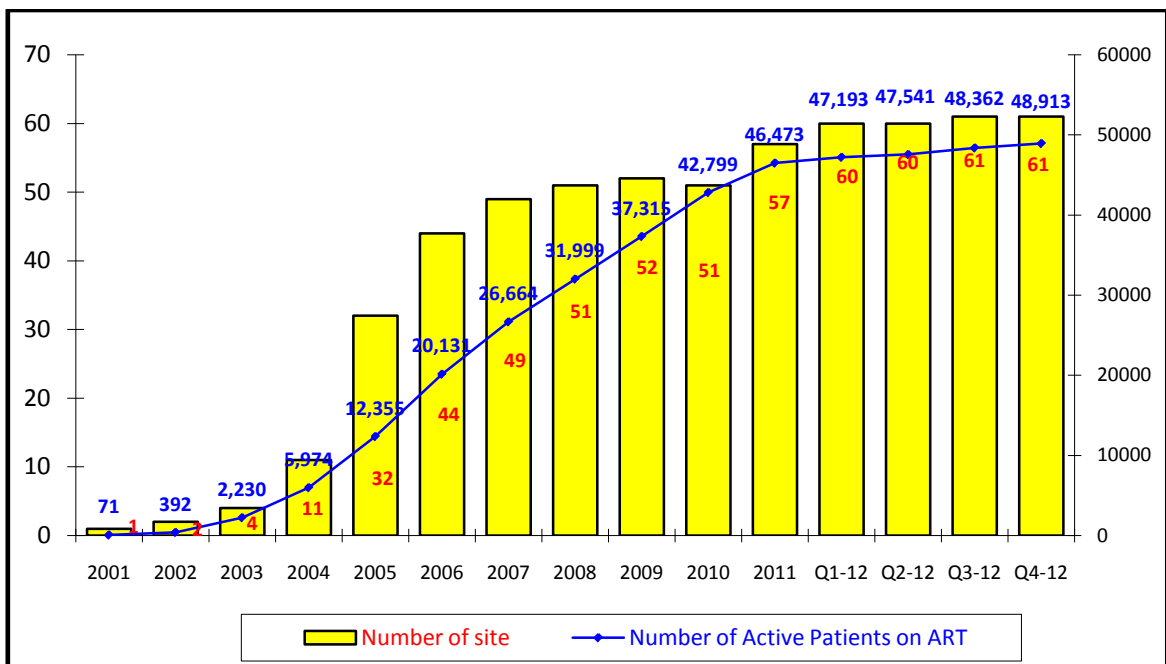


Figure 10: Trend in number of OI/ART sites and active patients on ART from 2001 to Q4-2012

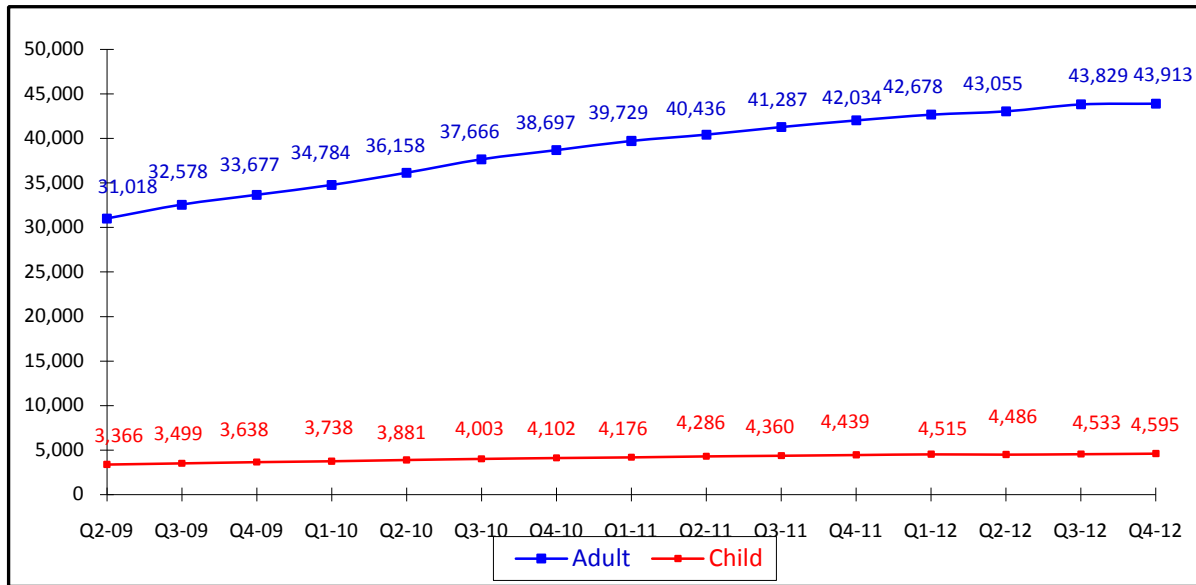


Figure 11: Trend in number of active adult and child patients on ART care from Q2 2009 to Q4-2012

In Q4-2012, female adult patients accounted for 53.8% (23,860) of all active patients on ART. At OI/ART sites, a total of 1,110 new patients (including 85 children) started OI prophylaxis and management and 948 new patients (including 84 children) started on ART in Q4-2012 (Figure 12). The number of new patients on Pre-ART care has been slightly decreased since Q4 2010. On the other hand, the numbers of new patients on ART were significantly increased than Q2 2011. In this quarter there are 263 patients lost and 40 died in Pre-ART care.

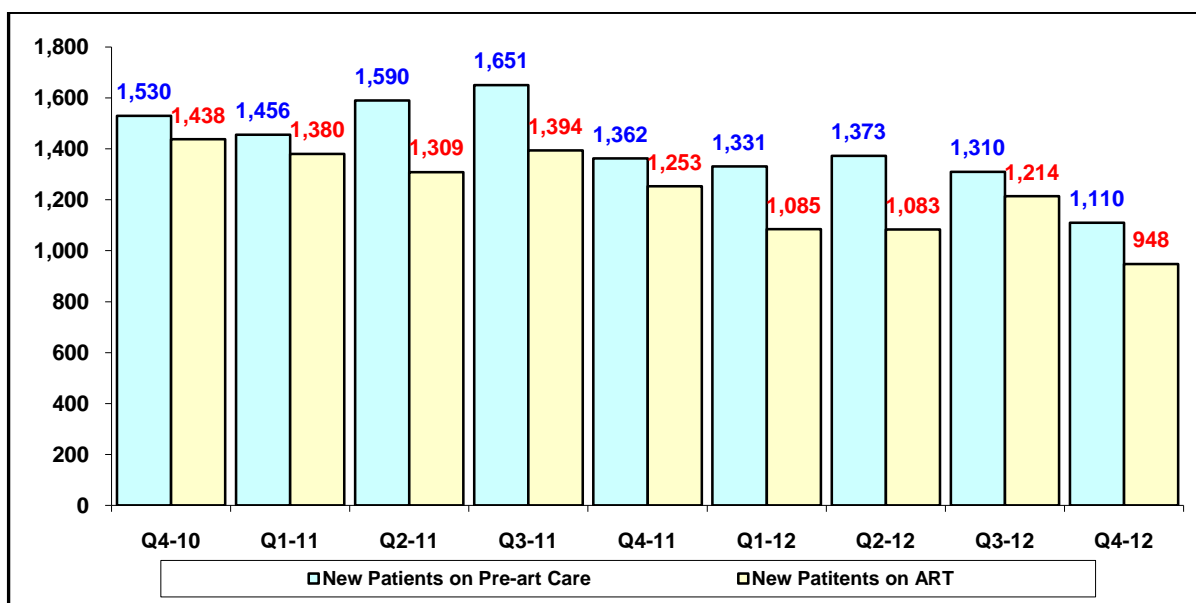


Figure 12: Trend in numbers of new patients on Pre-ART and ART from Q4-2010 to Q4-2012

There were a total of 4,255 active adult patients and 1,175 child patients with opportunistic infections who are not eligible for ART yet at the end of Q4-2012. Of those, 2,685 (63.1%) were female patients represented mostly the spouses of male patients who are started on Pre-ART care since years ago.

A total of 949 adult patients and 208 child patients on Pre-ART care were eligible to prepare on ART at the end of December 2012.

b. Patient mobility across services, lost and died

In Q4-2012, a total of 210 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 329 ART patients lost treatment and 140 patients died during this quarter. At the end of Q4-2012, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,506 active patients on ART.

c. Drug and logistic support

In Q4-2012, 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 4.6 % of adults and 10.3 % of children were on PI-based regimens (Table 3).

ARV drug regimen Q4 - 2012	Adults N= 45,912*		Children N= 4,565*	
	No. (%)		No. (%)	
d4t+3TC+NVP	16,692	36.4 %	2,873	62.9 %
d4t+3TC+EFV	5,579	12.2 %	438	9.6 %
AZT+3TC+NVP	12,736	27.7 %	592	13.0 %
AZT+3TC+EFV	5,058	11.0 %	173	3.8 %
PI-based regimens	2,101	4.6 %	469	10.3 %
Other regimens	3,746	8.2 %	20	0.4 %

* 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, Q4-2012

d. TB Screening of new OI Patients

In Q4-2012, there were 1,110 new Pre-ART patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,025 new adult patients on Pre-ART, 831 (81.1%) were screened for TB Symptom during the quarter. Of the 315 patients suspect TB infected was screened for TB, 105 were detected as TB Pulmonary and TB Extra-pulmonary, among 105 TB Diagnosed detected 83 were TB treatment. The number of TB screened among new OI patients were slightly decreased than Q3 2012.

e. Implementation of Three "I" Strategy

- Isoniazid Prevention Therapy (IPT)

During the fourth quarter of 2012, there're 3 OI/ART sites implemented TST and 50 implemented non-TST. A total of 946 new Pre-ART patients registered at 53 sites implementing the Three "I" Strategy (3 TST sites=67 new patients and 50 Non-TST sites = 879 new patients). Of these, new Pre-ART patients, 793 patients was screen for TB Symptom and 482 not found any TB symptom, so there are 219 patients started IPT (TST sites=5 patients and non-TST=214 patients), and total 332 active patients on Pre-ART started IPT (TST sites =5 patients, and non-TST sites=327) among all active patients adult on Pre-ART = 5,204.

- Pre-ART (OI)

There're 1,025 of new adult Pre-ART patients registered at OI/ART sites. Of these 1,025 received TB symptom screening that identified that 315 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 315 patients with screened positive for TB symptoms, 105 were diagnosed to have TB (BK+/-, EP), 83 started TB treatments, and 219 started IPT as they did not present TB symptom and put on IPT. There were 79 active patients on Pre-ART diagnosed with TB (BK+/EP), of which 64 patients started TB treatment, 76 TB-HIV patients started cotrimoxazole prophylaxis and 332 patients started on IPT during this quarter.

- ART

This quarter 864 new adult ART patients registered at Pre-ART/ART sites. Of these, 78 were diagnosed with TB (BK+/- EP), 66 patients started TB treatment. Of the 44,318 of active patients, there're 234 were diagnosed as having TB (BK+/-, EP), 91 started TB

treatment and 101 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- ***Pregnancy and abortion***

This quarter there're 519 new Pre-ART female patients registered at Pre-ART sites, among these new female 46 became pregnant. Of all 3,279 active female patients on Pre-ART until this last quarter, 59 got pregnant and 24 of them started ARV prophylaxis. There is no patient which reported to have spontaneous abortion and found two patients induced abortion during this quarter.

There were 470 new ART female patients registered at ART sites, among these new female 67 became pregnant. Of all 23,860 active female patients on ART in this quarter 140 of them got pregnant. Three women were reported to have spontaneous abortion, and other six women were reported to have induced abortion during this quarter.

- ***Positive Prevention***

This quarter, there were 1,025 new Pre-ART patients registered at OI/ART sites, there're 772 patients (396 female) received counseling for positive prevention among 43 OI/ART sites reported. And there are 864 new ART patients registered at ART sites, 566 patients (291 female) received counseling for positive prevention among 43 sites reported.

2.3. Linked Response

74 Reporting LR ODs, October to December 2012

In December 2012, of the 74 ODs implementing the Linked Response Approach, 74 ODs had reported data. From October to December 2012, of a total of 71,981 first ANC attendees at Linked Response sites and outreach services, 57,251 (80%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 13,573 (19%) husbands/partners accepted testing. Among the 52,833 pregnant women who received an HIV test, 62 (0.1%) was HIV positive.

A total of 148 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between October and December 2012. Of these quarters, 141 (95.3%) accessed ARV drugs: 99 (70.2%) received ART and 42 (29.8%) received ARV prophylaxis. Of 148 infants born to HIV-infected mothers at PMTCT maternity sites, 139 (94%) received NVP, 110 (74.3%) received Cotrimoxazole and 100 Exposed infants received DNA-PCR1 tests before 2 months and 25 after 2 months of age, 2 was DNA-PCR1 positive and 2 exposed infant was died.

2.4 Community-based services

As reported in 4th quarter 2012, there are 337 HBC teams covered over 837 Health Centers in 71 operational districts (OD) in 19 provinces. In this quarter PreahVihear provinces still have no report, because NGO that operated CoC finished their project in coverage and supporting PLHAs and still waiting for new NGOs (Figure 13) within the CoC established in.

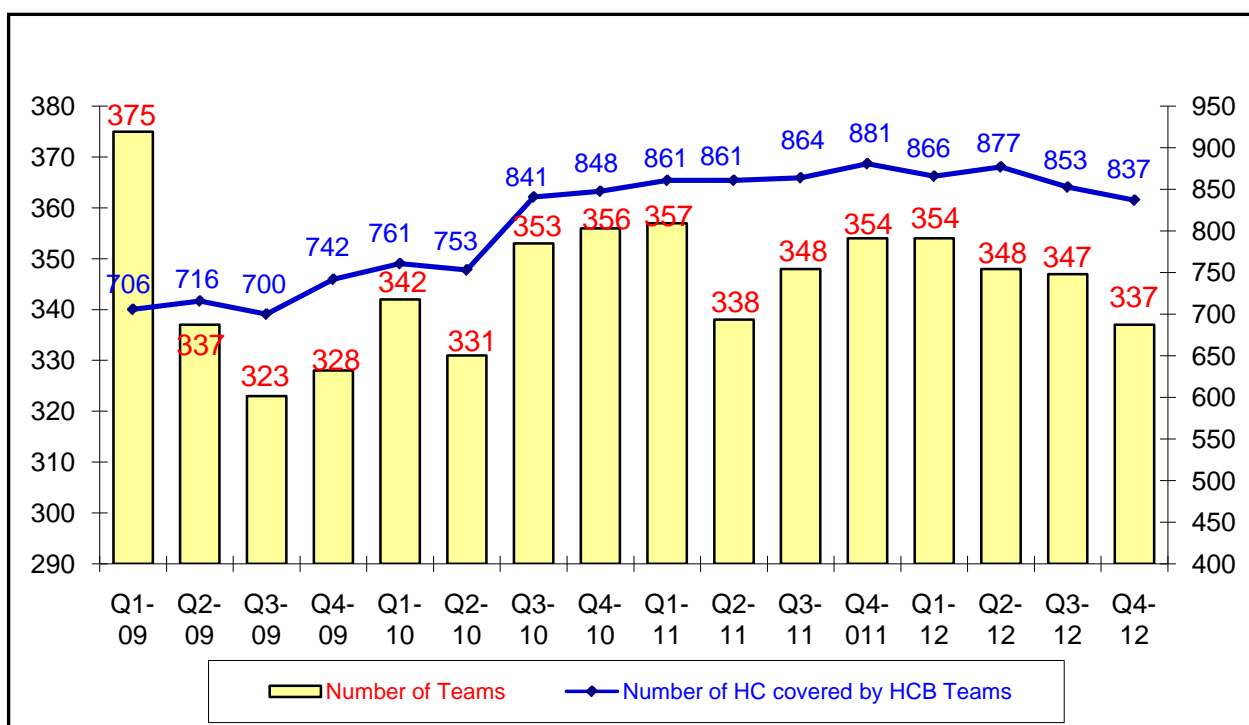


Figure 13: Trend in number of HBC teams form Q1-2009 to Q4-2012

These HBC teams are currently supporting for a total of 29,281 PLHA, which 5,500 were registered in Pre-ART (OI) and other 23,781 were registered in ART.

IV. CHALLENGES AND CONSTRAINTS:

- Critical activities and services such as treatment and testing to PLHIVs and those at risk continued by the national program, despite the lack of funding.

V. CONCLUSION AND RECOMMENDATION

In overall, most of targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for care and treatment components, set for the fourth quarter in 2012 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.

