SECOND QUARTERLY COMPREHENSIVE REPORT, 2012
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 2011-2015 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.

Date: 31/08/2012

Dr. Mean Chhi Vun
Director of NCHADS
Contents

Introduction

I. Programme Management and Implementation

A. GFATM SSF Grant Management:

B. NCHADS Program Implementation:
   1. Prevention Package
      a. Component 1: Continuum of Prevention to Care and Treatment (CoPCT) for Most at Risk and General Populations:
      b. Sexual Transmit Infection/ Reproductive Tract Infection (STI/RTI):

   2. Care Package
      a. Health Facility and Home Based Care
      b. VCCT

   3. Surveillance & Research Package
      a. Surveillance
      b. Research

   4. Management Package
      a. Planning Monitoring & Evaluation
      b. Data Management
      c. Logistic Management

II. Results of Health Service Deliveries:

   1. HIV/ AIDS Prevention activities
   2. Comprehensive Care for people living with HIV/ AIDS (PLHA)
      2.1. VCCT
      2.2. OI and ART sites services
         a. Laboratory support
         b. Patient mobility across services, lost and died
         c. Drug and Logistic Support
         d. TB Screening
         e. Implementation of Three’sI Strategy
      2.3. Linked Response
      2.4 Community-based care services

III. Financial Report

IV. Challenges

V. Conclusion
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 2012. 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 2nd quarterly budget plan.

I. PROGRAMME MANAGEMENT AND IMPLEMENTATION:

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) is the institution of the Ministry of Health whose mandate is to coordinate and develop Policies, Strategies, and Guidelines for implementation of HIV/AIDS and STI Prevention, Care, Support and Treatment activities within the health sector. It plays an important role in mobilizing and allocating resources for the implementation of activities at national and provincial levels to achieve the objectives and goals of NCHADS Strategic Plan 2011-2015, which aligns with the Ministry of Health’s overall Health Strategy Plan for Health Care in Cambodia 2008-2015.

A. GFATM SSF HIV Grant Management:

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 targets at the end of quarter of program implementation (January-March 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 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 Quarter 2012 in the Quarterly Meeting which was held at NCHADS’s meeting room, from 24th-25th April 2012.

As part of the Program Grant Agreement under HIV-SSF grant, the field visits were conducted by PR/NCHADS Team (M&E, procurement 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 2012 to some SRs including CPN+, CRS, CWPD, MSIC, RHAC, WOMEN, CHEC, NAA, SHCH and NPH. The visits were also to review to grant management, M&E, reporting systems, Data verification and procurement and financial management system of Grant. 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, support and treatment program to all partners involved including provincial AIDS offices and NGOs. Within NCHADS Strategic Plan 2011-2015, there are main activities set in HIV/AIDS and STI components of the strategic plan that are implemented by NCHADS, provinces, and NGOs.

Due to reprogramming of GFATM-HIV-SSF grant in 2011 did not approved, and as well delay in approval of training plan for year 2012, most of activities related to training were postponed, only the routing activities including services deliveries, such as treatment and care to PLHAs, HIV testing, STI treatment, the routing meeting with the community etc… that can implement as usual. The following descriptions are the detailed of activities in each component that have been done during this quarter at national and provincial level.

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

   a. Developed a SOP for Boosted CoPCT for Most at Risk Population in Cambodia:

   - NCHADS collaborate with partners to develop the Standard Operating Procedure for Implementation of the Boosted Continuum of Prevention to Care and Treatment (CoPCT) for Most at Risk Populations to reduce of new infected.

   - Joint Supervision visits with STI Unit to monitor and to provide technical supports on OPC program and STI prevention were conducted by BCC and STI officers in Stung Treng, Battambang, Preah Sihanouk, Siem Reap, Banteay Meanchey, Phnom Penh, Pailin, Oddor Meanchey, Mondulkiri, Svay Rieng, Prey Veng, Kampong Chhnaing, Koh Kong, Kampot, and Rattankiri 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 D-CoPCT on outreach activities and referral of EWs to STI clinic and health services.

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

   National Level:

   - Facilitate in the Refresher training on STI/RTI case management for EWs in Battambang, supported by FHI.

   - Facilitated in the training course on STI/RTI case management and Syphilis screening for Pregnant Women for Health Care providers who are working at the HCs in Kampot, Kep supported by UNICEF.
- TWG meeting to discuss on:
  - Road Map for scaling up the syphilis testing among pregnant women in line with HIV testing and linked response sites.
  - Reduce the lost follow up of pregnant women who positive with rapid syphilis test.
  - Treatment among pregnant women who positive with RPR test and their partners.
  - Syphilis treatment for new born from syphilis mother.
  - Logistic management
  - Management and monitoring of syphilis congenital.

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 Coordination meeting every with relevant partners.
- 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. Component 2: Facility Based Health Service Delivery (FBHSD)
   1. SOP or Guidelines developed:
      - NCHADS collaborate with NMCHC and partners to develop the Standard Operating Procedure for Implementation of the Boosted Linked Response between HIV, SRH and TB Services for Elimination of New Pediatric HIV Infections and Congenital Syphilis in Cambodia.
      - 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 develop curriculum training for HIV, STI, TB-HIV Prevention, Treatment, Care and Support in Prison setting to Health Post staff and Peer Educators.
      - Joint supervision trips conducted to monitor on CoC, HBC activities and Linked Response approach in OD Battambang, Mong Ressey, Kralanh, Thmar Puork, Memut, Kampong Cham, Chamkar Leu, Kampong Chhnaning, Korng Pisey, Kampong Speu, Pailin, Preah Vihear, Cheung Prey, Siem Reap, Sotnikum, Koh Thom, Kampot, Prey Veng, Memut, Poi Pet, Kirivong, Ang Roka, and Oddor Meaneych.
      - Routine supervision trips to VCCT sites in Prey Veng, Takeo, Oddor Meaneych, Mondulkiri, Siem Reap, Kampong Thom, Kratie, Banteay Meaneych, Savy Rieng Battambang and Kampong Cham 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.

2. Below are the trainings session conducted in this reporting period:

<table>
<thead>
<tr>
<th>Course of training</th>
<th>Starting date</th>
<th>ending date</th>
<th># of Participants</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refresher Counseling training</td>
<td>23-Apr-12</td>
<td>27-Apr-12</td>
<td>26p</td>
<td>National Pediatric Hospital</td>
</tr>
<tr>
<td>Secondments for adult OI/ART management training for physician</td>
<td>23-Apr-12</td>
<td>27-Apr-12</td>
<td>25p</td>
<td>Kossamak Hospital</td>
</tr>
</tbody>
</table>
3. Surveillance & Research package:
   a. Surveillance:
      i. **SSS 2011:**
         - Data entry and cleaning.
      ii. **IBBSS for DU:**
      iii. **EWI:**
         - In process of Data collection for EWI 2012 from OI/ART sites including RH Oddor Meanchey, Serey Sorphon, Koh Kong, Ang Roka, Kampot, Kralanh, Kratie, Kampong Thom, Kampong Trach, Pailin, Stung Treng, Social Health Clinic, Calmette, Korng Pisey, Memut, Preah Sihanouk, Peraing, Neak Loeung, Koh Thom, Battambang.
   b. Research:
      i. Continuum Quality Improvement (CQI) for HIV Care:
         - To follow up the progress of CQI Implementation, Research Unit conducted the coordination meeting with OI/ART team, relevant units of NCHADS, and partners in the province. The meetings also aimed to review the work plan, challenges or issues faced during CQI implemented, and find appropriate solution. During this quarter, Research Unit conducted the follow up of CQI in Kampong Cham RH, Koh Kong Kampot and launching for implementation of CQI in Kampong Speu RH, Cheung Prey RH, Kratie RH and Kampong Chhnang RH.
4. MANAGEMENT PACKAGE:
   
a. Planning, Monitoring and Coordination

NATIONAL LEVEL:
   
i. Planning Activities
   - Coordinated to develop the 2nd quarterly comprehensive work-plan 2012 for NCHADS and 24 provinces that were included the detail activity plans, expected outputs and allocated available funds from all funding sources.

   ii. Monitoring Activities:
   Developed the NCHADS 1st 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 Office of 24 provinces-cities developed the 2nd 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 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 Q1 year 2012.
   - Conducted supervision to province on data management, checked and entering OI/ART data in Takeo, Kampot, Kampong Chhnaing, Battambang, Stung Treng, and Pailin.
   - Jointed supervision on Linked Response Approach for Health Care providers on Data Management in Pursat, Kampong Chhnaing, Kep, Banteay Meanchey, Kampong Thom, Siem Reap and Stung Treng.
   - 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:
   - Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.
   - Monitor and follow up the distributed drugs, reagents and consumables.
   - Worked closely with procurement unit for forecast OI/ARV drug, reagent and consumable.
   - Jointed monitoring with Planning Monitoring and Finance Unit to Kandal, Kampong Cham, Preah Sihanouk, Kampot, Kampong Thom, Svy Rieng, Oddor Meanchey, Pailin, Siem Reap, Koh Kong, Banteay Meanchey, Rattanakiri, Stung Treng, Prey Veng, Kep, Pursat, Mondulkiri, Battambang, Kampong Speu, and Takeo province.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities
   In quarter 2 -2012, 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: 16 clinics, Marie Stopes: 7 clinics, MEC: 1 clinic and PSF: 1 clinic, Chhouk Sar: 2 clinic).

Of the 33 family health clinics, 33 (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 71 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in quarter 2 2012, 1,209 consultations for male patients and 9,309 for female patients were reported to the data management unit of NCHADS. Of 971 male patients who having STI/RTI syndromes reported, 892 of those (91.9%) suffered from urethral discharges; 74 (7.6%) from Genital ulcers and 5 (0.5%) from Genital warts respectively. Of 8,736 female patients who having STI/RTI Syndromes reported, 4,865 of those (55.7%) suffered from vaginitis, 3,560 (40.8%) from cervicitis and vaginitis; 287 (3.3%) from PID, 23 (0.2%) from Genital ulcers and from genital warts 1 (0.01%) respectively. A total of 781 male partners and 2,367 female partners of STI patients were notified and treated for STI.

57,995 consultations were provided at a total of 60 specialized STI clinics (33 government and 27 NGO STI clinics, Among those consultations, 4,629 consultations were provided to male patients, 2,680 to MSM, 40,107 to low-risk women, and 10,579 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (260 for BEW; 10,315 for NBEW) of which 4,607 were monthly follow-up visits (Figure 1).

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.

![Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2009 to Q2-2012](image)

At the 60 specialized STI clinics, among the 3,356 male patients who having STI syndromes reported in this quarter, 2,932 (87.4%) got urethral discharges, 27 (0.8%) got anal discharges, 233 (6.9%) got Ano-genital ulcers, 129 (3.8%) got Ano-genital warts, and 12 (0.4%) were inguinal bubo. Among the 700 MSM patients having STI syndromes, 474 (67.7%) suffered from urethral discharges, 37 (5.3%) from anal discharges, and 122 (17.4%) from ano-genital ulcers respectively.
At the 60 specialized STI clinics, among the 43,784 low-risk women having STI syndromes reported that 37,211 (85%) were treated for vaginitis, 5,892 (13.8%) were treated for cervicitis and vaginitis, 197 (0.4%) were PID, 348 (0.8%) were ano-genital ulcers and 136 (0.3%) were ano-genital warts.

During the 2nd quarter of 2012, of the 127 BEW who attended specialized clinics for their first visit, 87 (68.5%) were diagnosed with a STI, including 22 (17.3%) with cervicitis. Among the 137 BEW who attended specialized clinics for monthly follow-up visits, 69 (50.4%) of those were diagnosed with a STI, including 43 (31.4%) with cervicitis. In quarter 2 -2012, of the 5845 NBEW who attended specialized clinics for their first visit, 4,326 (74%) were diagnosed with a STI, including 1,837 (31.4%) with cervicitis. Of the 4,470 NBEW who attended specialized clinics for monthly follow-up visits, 2,040 (45.6%) were diagnosed with a STI, including 866 (19.4%) with cervicitis.

Of a total of 834 RPR tests were conducted in 2 quarter 2012 at the 33 government specialized STI clinics, and PSF and MEC clinics, 62 (7.43%) were positive.

During this quarter, specialized STI clinics have referred 2,052 patients to VCCT, 49 of HIV/AIDS patients (PLHA) to OI/ART services, 45 pregnant women to ANC, and 76 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 818 patients from VCCT, 284 of patients from OI/ART services, 52 pregnant women from ANC and 61 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 12 years, from 12 sites in 2000 to 253 sites by the end of Q2-2012 (Figure 2).

![Figure 2: Trend in number of VCCT sites from 1995 to Q2-2012](image.png)

**Notes:** In quarter 1, 2012, there are 8 sites were removed from VCCT report (4 government’s and 4 NGO’s sites)
A total of 3 new VCCT sites have been opened in Q2-2012 (Sdav Kong HC, Boeng Prash HC and Prash Sdach HC in Prey Veng Province). 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 Q2-2012, of 172,651 (including 91,199 ANC attendees from NMCH) VCCT clients, 55,390 (32.1%) were self referred, 94,003 (54.4%) were referred by ANC services, 1,755 (1.0%) were referred by STD clinics, 3,753 (2.2%) were referred by TB program, 8,588 (5.0%) were referred by HBC/NGO, 5,486 (3.2%) were referred by general medicine, 288 (0.2%) were referred by Pediatric care, 747 (0.4%) were referred by Maternity services, 437 (0.3%) were referred by BS/FP services, 1,572 (0.9%) were referred by Health centers and 632 (0.4%) were referred by others services (table 1).

<table>
<thead>
<tr>
<th></th>
<th>Self Referred</th>
<th>STD Clinic</th>
<th>TB Services</th>
<th>HBC/NGO</th>
<th>General Medicine</th>
<th>Pediatric Care Service</th>
<th>Maternity Service</th>
<th>BS/FP</th>
<th>ANC</th>
<th>Others</th>
<th>Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32.1%</td>
<td>1.0%</td>
<td>2.2%</td>
<td>5.0%</td>
<td>3.2%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>54.4%</td>
<td>0.4%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

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

Table 1: Percentage of VCCT clients referred from other services in Q2-2012

A total of 172,451 clients have been tested for HIV in quarter 2-2012, including 81,252 VCCT clients, 3,643 TB patients, 74,053 pregnant women and 17,146 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 81,252 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q2-2012 (Figure 4).

Of the total number of VCCT clients and TB patients tested in Q2-2012, 44,327 (54.6%) were female and 75,355 (92.7%) were aged 15-49 years (Table 2).
Table 2: Characteristics of clients tested at VCCT sites, In Q2-2012

<table>
<thead>
<tr>
<th>Age</th>
<th>People tested for HIV</th>
<th>People tested HIV positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=81,252</td>
<td>N=1,483</td>
</tr>
<tr>
<td></td>
<td>No. (%)</td>
<td>No. (%)</td>
</tr>
<tr>
<td>≤14 years</td>
<td>1,749 (2.2%)</td>
<td>94 (6.3%)</td>
</tr>
<tr>
<td>15-49 years</td>
<td>75,355 (92.7%)</td>
<td>1,288 (86.9%)</td>
</tr>
<tr>
<td>&gt; 49 years</td>
<td>4,148 (5.1%)</td>
<td>101 (6.8%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>People tested for HIV</th>
<th>People tested HIV positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=81,252</td>
<td>N=1,483</td>
</tr>
<tr>
<td></td>
<td>No. (%)</td>
<td>No. (%)</td>
</tr>
<tr>
<td>Male</td>
<td>36,925(45.4%)</td>
<td>748 (50.4%)</td>
</tr>
<tr>
<td>Female</td>
<td>44,327(54.6%)</td>
<td>735 (49.6%)</td>
</tr>
</tbody>
</table>

In Q2-2012, 98.8% (range: 82.8% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q2-2012, of 81,452 VCCT clients, 3,753 (2.2 %) were referred from the TB program. (Figure 4).

In Q2-2012, of the 81,252 VCCT clients and TB patients tested at VCCT sites nationwide, 1,483 (1.7 %) were detected HIV positive at VCCT sites (Figure 5).
2.2. OI and ART services

In Q2 2012, there are 60 health facilities offer OI and ART services in 49 Operational Districts in 21 provinces and cities. In this quarter there is one health facilities provided service OI-ART care to PLHIV at Preykasab Referral Hospital Takeo Province but not yet report the number of patients. These 60 OI and ART services are supported by the government 56 sites and 4 sites by NGOs and partner. Of the total 60 OI/ART sites, there are 34 sites provide pediatric care in 32 Operational Districts.

Figure 5: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q2-2012

Figure 6: Location of facility-based OI/ART sites as of 31st June 2012
a. Laboratory Support:

In Q2-2012, 19,297 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 Meancheay province (Figure 7). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 346 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.

There are 402 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) and other 1,667 HIV RNA viral load also conducted at NCHADS in this quarter 2 (Figure 8).
There’re 279 DNA-HIV DBS tests for Early Infant Diagnosed (EID) found 15 positive. The number of infant screened for the 1st time (excluding DBS for confirmation) are 226, infant screened for the 2nd time are 50, HIV-exposed babies did PCR test within 2 months of their life (include soon after birth and at 6 weeks) are 92. Number of infant diagnosed positive at time of 1st screening are 12 and there are 2 infant diagnosed positive at 1st screening within 2 months of their life. Another place at Institute Pasteur of Cambodia (IPC) in Q2-2012 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 105 which founded infant diagnosed positive at time of 1st screening are 10 and the total number of HIV DR tested are 31. (Sources: report from NIPH and IPC).

This Q2-2012, a total of 47,541 active patients including 43,055 adults and 4,486 children are receiving ART (Figures 9 and 10).

**Figure 10:** Trend in number of OI/ART sites and active patients on ART from 2001 to Q2-2012

**Figure 11:** Trend in number of active adult and child patients on ART care from Q2 2009 to Q2-2012
In Q1-2012, female adult patients accounted for 53.7% (23,129) of all active patients on ART. At OI/ART sites, a total of 1,373 new patients (including 97 children) started OI prophylaxis and management and 1,083 new patients (including 96 children) started on ART in Q2-2012 (Figure 12). The number of new patients on Pre-ART care has been decreased since Q4 2010. On the other hand, the numbers of new patients on ART were significantly decreased than Q4 2011. In this quarter there are 382 patients lost and 68 died in Pre-ART care.

There were a total of 4,350 active adult patients and 1,299 child patients with opportunistic infections who are not eligible for ART yet at the end of Q2-2012. Of those, 2,780 (63.9%) were female patients represented mostly the spouses of male patients who are started on Pre-ART care since years ago.

A total of 1,258 adult patients and 174 child patients on Pre-ART care were eligible to prepare on ART at the end of June 2012.

**b. Patient mobility across services, lost and died**

In Q2-2012, a total of 386 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 368 ART patients lost treatment and 156 patients died during this quarter. At the end of Q2-2012, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,547 active patients on ART.

**c. Drug and logistic support**

In Q2-2012, 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 4.5% of adults and 9.4% of children were on PI-based regimens (Table 3).
Table 3: Distribution of antiretroviral drug regimens prescribed for HIV-infected patients in Cambodia, Q2-2012

<table>
<thead>
<tr>
<th>ARV drug regimen</th>
<th>Adults N= 43,719* No. (%)</th>
<th>Children N= 4,596* No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d4t+3TC+NVP</td>
<td>16,481 37.7 %</td>
<td>3,065 66.7 %</td>
</tr>
<tr>
<td>d4t+3TC+EFV</td>
<td>5,385 12.3 %</td>
<td>430 9.4 %</td>
</tr>
<tr>
<td>AZT+3TC+NVP</td>
<td>11,868 27.1 %</td>
<td>493 10.7 %</td>
</tr>
<tr>
<td>AZT+3TC+EFV</td>
<td>4,655 10.6 %</td>
<td>161 3.5 %</td>
</tr>
<tr>
<td>PI-based regimens</td>
<td>1,974 4.5 %</td>
<td>431 9.4 %</td>
</tr>
<tr>
<td>Other regimens</td>
<td>3,356 7.7 %</td>
<td>16 0.3 %</td>
</tr>
</tbody>
</table>

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

d. TB Screening of new OI Patients

In Q2-2012, there were 1,373 new OI patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,276 new adult patients on OI, 1,040 (81.5%) were screened for TB Symptom during the quarter. Of the 406 patients suspect TB infected was screened for TB, 163 were detected as TB Pulmonary and TB Extra-pulmonary, among 163 TB Diagnosed detected 133 were TB treatment. The number of TB screened among new OI patients were decreased than Q4 2011.

e. Implementation of Three "I" Strategy

- Isoniazid Prevention Therapy (IPT)

During the second quarter of 2012 there’re 3 OI/ART sites implemented TST and 33 implemented non-TST. A total of 892 new Pre-ART patients registered at 36 sites implementing the Three "I" Strategy (3 TST sites=97 new patients and 33 Non-TST sites = 795 new patients). Of these, new Pre-ART patients, 776 patients was screen for TB Symptom and 462 not found any TB symptom, so there are 220 patients started IPT (TST sites=6 patients and non-TST=214 patients), and 262 active patients on Pre-ART started IPT (TST sites =5 patients, and non-TST sites=257) among all active patients adult on Pre-ART = 5,608.

- Pre-ART (OI)

There’re 1,276 of new adult Pre-ART patients registered at OI/ART sites. Of these 1,276 received TB symptom screening that identified that 406 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 406 patients with screened positive for TB symptoms, 163 were diagnosed to have TB (BK+/-, EP), 133 started TB treatments, and 220 started IPT as they did not present TB symptom and put on IPT. There were 144 active patients on Pre-ART diagnosed with TB (BK+/EP), of which 106 patients started TB treatment, 99 TB-HIV patients started cotrimoxazole prophylaxis and 262 patients started on IPT during this quarter.

- ART

This quarter 987 new adult ART patients registered at OI-ART sites. Of these, 94 were diagnosed with TB (BK+/- EP), 80 patients started TB treatment. Of the 43,055 of active patients, there're 265 were diagnosed as having TB (BK+/-, EP), 102 started TB treatment and 116 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.
- **Pregnancy and abortion**

  This quarter there're 655 new Pre-ART female patients registered at Pre-ART sites, among these new female 62 became pregnant. Of all 3,567 active female patients on Pre-ART until this last quarter, 68 got pregnant and 25 of them started ARV prophylaxis. There is no patient which reported to have spontaneous abortion and induced abortion during this quarter.

  There’re 541 new ART female patients registered at ART sites, among these new female 134 became pregnant. Of all 23,129 active female patients on ART in this quarter 203 of them got pregnant. One woman was reported to have spontaneous abortion, and other seven women were reported to have induced abortion during this quarter.

- **Positive Prevention**

  This quarter there're 1,276 new Pre-ART patients registered at OI/ART sites, there’re 730 patients (366 female) received counseling for positive prevention among 31 OI/ART sites implemented. And there are 987 new ART patients registered at ART sites, 479 patients (216 female) received counseling for positive prevention among 31 sites.

2.3. Linked Response

**73 Reporting LR ODs, April to June 2012**

In June 2012, of the 73 ODs implementing the Linked Response Approach, 73 ODs had reported data. From April to June 2012, of a total of 91,144 first ANC attendees at Linked Response sites and outreach services, 67,814 (74.4%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 16,517 (18.1%) husbands/partners accepted testing. Among the 61,070 pregnant women who received an HIV test, 83 (0.14%) was HIV positive.

A total of 149 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between April and June 2012. Of these quarters, 146 (98%) accessed ARV drugs: 96 (66%) received ART and 50 (34.2%) received ARV prophylaxis. Of 152 infants born to HIV-infected mothers at PMTCT maternity sites, 139 (91.4%) received NVP, 119 (78.3%) received Cotrimoxazole and 83 Exposed infants received DNA-PCR1 tests before 2 months and 71 after 2 months of age, 3 was DNA-PCR1 positive and 0 exposed infant was died.

2.1.3. Community-based services

As reported in 2nd quarter 2012, there are 348 HBC teams covered over 877 Health Centers in 72 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 (Figure 13) within the CoC established in.
These HBC teams are currently supporting for a total of 30,955 PLHA, which 6,186 were registered in Pre-ART (OI) and other 24,609 were registered in ART.

III. Financial Report:
During this period, more than 25% of total budget in 1st semi-annual activity plan of 2012 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 Training, logistic management to procure for health products and medical equipments (OI/ARV drugs, reagents and consumables), renovation of STI clinic and OI/ART sites which not yet paid. If excluded budget for health products and medical equipments, the percentage of expenditure was around 45% (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-HIV-SSF grant.

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 HIV SSF, CDC, CHAI, AusAID, CIPRA, ITM, AHF and WHO.
<table>
<thead>
<tr>
<th>Sources</th>
<th>Annual Plan</th>
<th>Q1 and Q2 Plan</th>
<th>Q1 and Q2 Expen</th>
<th>Q1&amp;2 %</th>
<th>A%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCHADS-GFATM</td>
<td>$17,859,359.00</td>
<td>$12,517,427.71</td>
<td>$2,599,262.48</td>
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<td>15%</td>
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<td>US-CDC</td>
<td>$1,117,971.00</td>
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<td>AHF</td>
<td>$122,312.00</td>
<td>$61,156.00</td>
<td>$76,191.04</td>
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<td>62%</td>
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<tr>
<td>WHO</td>
<td>$80,460.00</td>
<td>$40,230.00</td>
<td>$44,018.70</td>
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<td>55%</td>
</tr>
<tr>
<td>CHAI</td>
<td>$205,941.00</td>
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<tr>
<td>ITM-DGDC</td>
<td>$41,100.00</td>
<td>$20,550.00</td>
<td>$20,540.37</td>
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<td>AusAID</td>
<td>$111,300.00</td>
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<td>$56,831.39</td>
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<td>51%</td>
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<tr>
<td>CIPRA</td>
<td>$31,700.00</td>
<td>$15,850.00</td>
<td>$19,083.39</td>
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<td>60%</td>
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<tr>
<td>Grand Total</td>
<td>$19,570,143.00</td>
<td>$13,507,435.72</td>
<td>$3,391,968.12</td>
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</tbody>
</table>

*Table 4: Summary of expenditures by sources managed by NCHADS:*

IV. **CHALLENGES AND CONSTRAINTS:**

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

V. **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 2nd 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.