THIRD QUARTERLY COMPREHENSIVE REPORT, 2011
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 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.

Dr. Ly Penh Sun
Deputy Director of NCHADS
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Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 3rd quarter of year 2011. The report is intended to aggregate data and information collected from all OI/ART, VCCT, Family Health Clinics, HBC, and PMTCT sites from the whole country to be represented as the National Comprehensive Report for the health sector response to HIV/AIDS and STI in Cambodia. The following sections reported the main three program areas implemented for this period that are including: I) Programme management and implementation; II) Results from health service deliveries; and III) Financial Report for describe the financial disbursements against the 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 2011-2015, which aligns with the Ministry of Health’s overall Health Strategy Plan for Health Care in Cambodia 2008-2015.

A. GFATM HIV-SSF 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 HIV-SSF sub-recipients to track their achievements against the targets at the end of second 6 month period of program implementation (January to June 2011), 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 1st Semi-Annual Report 2011 in the Quarterly Meeting which was held at NCHADS’s meeting room, from 18th-19th July 2011. (Please see the report in Annex 3).

PR/NCHADS was organised a Principle Recipient Technical Review Team (PRTRT) meeting on 12th August 2010 to review a 1st Semi-Annual Report 2011 of PR-NCHADS which consisted of three main parts: programmatic, financial and procurement section. The main purpose of the meeting were to review, to clarify, to comment, and to recommend to improve the quality of report before submitting to LFA for further review, before the final submission of this report to the GFATM. The Principle Recipient Technical Review Team members (PRTRT) on HIV/AIDS component were invited to participate in this meeting.

As agreed during the meeting with LFA and PR-NCHADS, PR-NCHADS will organized the meeting with all SRs and LFA team in 2nd week after submits the semi-annual report to LFA in order to get clearly clarification from some concerned SRs before submitting the report to GFATM and to prepare the disbursement Request for the next period on time. This meeting took place at the meeting room of the National Center for HIV/AIDS Dermatology and STD, held on 15th September 2011. The Program Managers and key responsible persons of each component: M&E, Finance and Procurement of each SR were invited to participate in this meeting to clarify the queries of the 1st Semi-Annual Report 2011 of program implementation.

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 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.

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 Change Communication (BCC):
      - National Technical Working Group on COPCT meeting were held every quarter 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.
      - 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 Preah Vihear, Pursat, Kampong Cham, Koh Kong, Kampong Speu, Mondulkiri, Takeo, Kandal, Kampong Chhnang, Prey Veng, Battambang, Svay Rieng and Oddor Meanchey 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 Refresher training, 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.

<table>
<thead>
<tr>
<th>Province</th>
<th>Name / Description Training Event</th>
<th>Timing</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kampong Cham</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>14-Jul-11 - 15-Jul-11</td>
<td>Pnom Pros Hotel</td>
</tr>
<tr>
<td>Takeo</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>21-Jul-11 - 22-Jul-11</td>
<td>TKV provincial Health Department</td>
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<tr>
<td>Kep</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>13-Jul-11 - 15-Jul-11</td>
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<tr>
<td>Kampong Chhnang</td>
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<td>KCN provincial Health Department</td>
</tr>
<tr>
<td>Prey Veng</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>25-Jul-11 - 27-Jul-11</td>
<td>PVG provincial Health Department</td>
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<tr>
<td>Banteay Mean Chey</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>27-Jul-11 - 29-Jul-11</td>
<td>BMC provincial Health Department</td>
</tr>
<tr>
<td>Oddor Mean Chey</td>
<td>Refresher training for CoPCT-ST and DPCT at provincial level</td>
<td>6-Jul-11 - 8-Jul-11</td>
<td>OMC provincial Health Department</td>
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<tr>
<td>Kandal</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>14-Jul-11 - 15-Jul-11</td>
<td>Chey Chum Neah hospital</td>
</tr>
<tr>
<td>Pursat</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>10-Aug-11 - 12-Aug-11</td>
<td>PST provincial Health Department</td>
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<tr>
<td>Takeo</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>10-Aug-11 - 12-Aug-11</td>
<td>TKV provincial Health Department</td>
</tr>
<tr>
<td>Province</td>
<td>Training Event Description</td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
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</tr>
<tr>
<td>Phnom Penh</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>9-Aug-11</td>
<td>11-Aug-11</td>
</tr>
<tr>
<td>Svay Rieng</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>10-Aug-11</td>
<td>12-Aug-11</td>
</tr>
<tr>
<td>Siem Reap</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>10-Aug-11</td>
<td>12-Aug-11</td>
</tr>
<tr>
<td>Rattanakiri</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>10-Aug-11</td>
<td>12-Aug-11</td>
</tr>
<tr>
<td>Kampong Thom</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>15-Aug-11</td>
<td>17-Aug-11</td>
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<tr>
<td>Kampong Chhnaing</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>17-Aug-11</td>
<td>19-Aug-11</td>
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<tr>
<td>Kampot</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>17-Aug-11</td>
<td>19-Aug-11</td>
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<td>Koh Kong</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>17-Aug-11</td>
<td>19-Aug-11</td>
</tr>
<tr>
<td>Kampong Speu</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>17-Aug-11</td>
<td>19-Aug-11</td>
</tr>
<tr>
<td>Preah Sihanouk</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>12-Sep-11</td>
<td>14-Sep-11</td>
</tr>
<tr>
<td>Pailin</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>20-Sep-11</td>
<td>22-Sep-11</td>
</tr>
<tr>
<td>Mondulkiri</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>21-Sep-11</td>
<td>23-Sep-11</td>
</tr>
<tr>
<td>Stung Treng</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>7-Sep-11</td>
<td>9-Sep-11</td>
</tr>
</tbody>
</table>

*Table 1: summary of Refresher training for P-CoPCT-ST at the provincial level*
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 on the draft of Provision HIV/STI and sexual reproductive health services for female entertainment workers and Men who have sex with men in public setting in Cambodia.

ii. Trainings and Workshops:
Trainings and workshops were organized during this period including:
- Two 3-days Refresher training on Laboratory for Lab technicians of STI clinics with 78 participants from 32 Family Health Clinics in 21 provinces (except Kandal, MDK and Kep).
- Two 3-days Refresher training on STI/RTI case management in sex workers for health care providers of STI clinics with 100 participants from 32 Family Health Clinics in 21 provinces (except Kandal, MDK and Kep), Clinic Chhok Sar, ACTED/PSF clinic, and MEC clinic.
- Facilitated in Refresher Training on STI/RTI case management for Health Care Provider from HCs in Takeo, Battambang, Kampot, Preah Sihanouk, Siem Reap, Kampong Speu, Kampong Thom, Pursat province.
- In collaboration with PHD/PAO, STI/RTI Unit of NCHADS organized five 3-days Regional Network meeting for Health Care Providers and Lab technician in Kampong Cham, Kampong Speu, Preah Sihanouk, Kampong Thom and Pursat province, participated by STI Officers, Lab technician and STI Clinic. The purpose of this meeting were provide the opportunities for clinicians and lab technicians working at STD clinic from each region have shared experiences, knowledge, and challenging cases observed and treated during last semester.
- Data of Dermatology and STI cases from National STI Clinic are summarized in Table 2.

Table 2: Consultation and treatment

<table>
<thead>
<tr>
<th>Disease</th>
<th>Dermatology</th>
<th>STD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>July</td>
<td>197</td>
<td>192</td>
</tr>
<tr>
<td>August</td>
<td>218</td>
<td>211</td>
</tr>
<tr>
<td>September</td>
<td>161</td>
<td>154</td>
</tr>
</tbody>
</table>

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 Preah Vihear, Stung Treng, Oddor Meanchey, Rattanakiri, Siem Reap, Banteay Meanchey, Phnom Penh and Kampong Cham 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.

<table>
<thead>
<tr>
<th>Province</th>
<th>Name / Description Training Event</th>
<th>Timing</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kampong Cham</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>20-Jul-11 - 22-Jul-11</td>
<td>Pnom Pros Hotel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27-Jul-11 - 29-Jul-11</td>
<td>Pnom Pros Hotel</td>
</tr>
<tr>
<td>Banteay Meanchey</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>20-Jul-11 - 22-Jul-11</td>
<td>BMC provincial Health Department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-Aug-11 - 11-Aug-11</td>
<td>Pnom Pros Hotel</td>
</tr>
<tr>
<td>Kandal</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>20-Jul-11 - 22-Jul-11</td>
<td>Chey Chum Neah hospital</td>
</tr>
<tr>
<td>Kampong Chhnaing</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>15-Aug-11 - 17-Aug-11</td>
<td>KCN provincial Health Department</td>
</tr>
<tr>
<td>Battambang</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>10-Aug-11 - 12-Aug-11</td>
<td>BTB provincial Health Department</td>
</tr>
<tr>
<td>Kampong Thom</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>14-Aug-11 - 16-Aug-11</td>
<td>KTM provincial Health Department</td>
</tr>
<tr>
<td>Kampot</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>22-Aug-11 - 24-Aug-11</td>
<td>KPT provincial Health Department</td>
</tr>
</tbody>
</table>
Table 3: Summary of Refresher Training on STI/RTI Syndromic Case Management at Provincial Level

<table>
<thead>
<tr>
<th>Province</th>
<th>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Svay Rieng</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>24-Aug-11</td>
<td>Waiko Hotel</td>
</tr>
<tr>
<td>Preah Sihanouk</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>24-Aug-11</td>
<td>SHV Provincial Health Department</td>
</tr>
<tr>
<td>Phnom Penh</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>24-Aug-11</td>
<td>Municipal Health Department</td>
</tr>
<tr>
<td>Pursat</td>
<td>Refresher training on STI/RTI syndromic case management to build capacity of health center staff on STD syndromic approach and management in STD clinic</td>
<td>12-Sep-11</td>
<td>PST Provincial Health Department</td>
</tr>
</tbody>
</table>

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 implemented soon.

      ii. Training/Workshop:

         - In collaboration with NMCHC and supported from PSI, five session of 2-days Orientation Workshop and Training in Positive Prevention and Birth Spacing for OI/ART and Family Health Clinic Staff at Mong Ressey, Kampong Speu, Kampong Chhnaing, Prey Veng and Siem Reap.
         - 1 session of 7th Regional Counseling Network meeting on OI/ART Management for Adult was conducted in Kampot province. 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).
         - 1 session of 7th Regional Clinician Network meeting on OI/ART Management for Adult was conducted in Preah Sihanouk province. The meetings provided an opportunity for Clinicians 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).
         - 1 session of Regional Network meeting for Home and Community Based Care for HIV/AIDS was conducted in Battambang province, with 66 participants from 6 provinces (Battambang, Pursat, Banteay Meanchey, Pailin, Siem Reap and Oddor Meanchey) and NGOs partners including KHANA, FHI, AHEAD, BFD, BWAP, SCC, CSNCN, CSON, KBA, SEADO, GSDA, CARE, FAP, Caritas, MODE, WOMEN, and US-CDC. The objectives of this meeting were to review the achievement and discuss on other issues or challenges faced during the implementation in 1st semester 2010 including
reporting format, reporting flow, and to share experiences among Home Based Care team (Reports in file).

- With coordination with CNAT, NCHADS organized the orientation trainings on the Implementation of Three I’s Strategy in Preah Sihanouk and Kampot provinces. The objectives of the training aim:
  o To provide and explain the Three I’s SoP for screening and diagnosis of TB in HIV infected patients, isoniazid preventive therapy (IPT) for PLHIV unlikely to have active TB, and to strengthen TB infection control (IC) measures at Continuum of Care (CoC) settings.
  o To improve knowledge and skill related to Three I’s Strategy to health care staff with focus on topic as following:
    i. Intensified TB case finding among PLHIV through verbal TB symptom screening for a combination of 3 symptoms,
    ii. Use IPT Standard Operating Procedure Algorithm for PLHIV unlikely to have active TB,
    iii. TB Diagnostic workup among PLHIV
    iv. Tuberculin Skin Test (TST)
    v. Support IPT Adherence
    vi. TB Infection Control in CoC Settings
    vii. Monitoring & Evaluation
  o Planning for implementation of 3 Is strategies

iii. Supervision:
- Joint supervision trips conducted to monitor on CoC, HBC activities and field need assessment of Linked Response approach in OD Kampong Cham, Punhea Krek, Kroch Chmar, Stoeung Trang, Damber, Oraing Ov, Memut, Kampong Trach, Kampot, Chhouk, Angkor Chey, Kampong Chhnaning, Kampong Tralach, Punhealeu, Mokkapoul, Kien Svay, Takmao, Saang, Ang Snoul.

PROVINCIAL LEVEL:
- Monthly CoC coordination committee meetings and MMM activities were conducted at the ODs level.

b. VCCT:

i. Workshop/Training:
- One 1day meeting on Quality Control for all VCCT was conducted at NIPH with 209participants from all VCCTs.
- One 5-days of Initial training on HIV/AIDS Counseling for Counselors from VCCT and health care providers from the HCs that will be implementing the linked Response approach for HIV/AIDS and Reproductive Health.
- Two 5-days of Refresher training on HIV/AIDS Counseling for Counselors from VCCT with 39participants.
- One 5-days Refresher training on Laboratory of HIV testing, with 19 participants.
- One 2-days workshop on Regional Counseling Network meeting and Two Lab network meeting were held in Phnom Penh, with funded by GFATM-HIV-SSF. These meetings provided opportunity for counselors, and lab technicians from VCCT sites to share experiences and discuss challenges during the implementation.

ii. Monitoring and Supervision:
- Monitoring and supervision trips were conducted to monitor the activities at the VCCTs sites in Kampong Cham, Pursat, Kampong Thomm, Battambang, Banteay Meancheay, Preah Vihear, Pailin, Prey Veng and Svay Rieng 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 2010:
  Consensus workshop with International technical expert on estimation of HIV prevalence among the Cambodia general population, 2010 and the result was disseminated in public forum in early July 2011.

  ii  SSS Round 4, 2011:
  - One 5-days Training on Data collection for 36 Interviewers and 22 counselors from 17 provinces.
- One 2-days Training on Data Collection for 44 lab technician from 17 provinces.
- One 2-days Training on Data Collection for 39 Medical Doctors from 17 provinces.

iii Monitoring of HIV Drug Resistance Early Warning Indicators:
During this quarter, the EWI 2011 was continued, by collected the data from OI/ART sites. The result of EWI will be disseminating to OI/ART sites in the next quarter.

b. Research:
   i. Continuum Quality Improvement (CQI) for HIV Care:
      - During this quarter, Research Unit conducted the follow up of CQI in Battambang RH, Neak Loeung RH, Poi Pet 1 Health Center and Serey Sophon RH.

4. MANAGEMENT PACKAGE:
   a. Planning, Monitoring and Coordination

NATIONAL LEVEL:
   i. Planning Activities
      - Coordinated to develop the 3rd Quarterly Comprehensive Work-plan 2011 for NCHADS and 24 provinces that were included the detail activity plans, expected outputs and allocated available funds from all funding sources.
      - One 4-days workshop on Mid-Year Review of activities and budgets plan for year 2011 with 24 provinces and partners, which were held in Koh Kong.

   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 follow up the implementation of NCHADS program, update the new information, and raise and solve some issues.
      - Two 5-days workshop on capacity building of OD Management team on Project Management and leadership with 77 participants from all ODs.

   iii. Monitoring Activities:
      - Developed the NCHADS 2nd Quarterly Comprehensive Report 2011, 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 3rd Quarterly Operational Comprehensive Plan for year 2011 which incorporated with many of the inputs and expected outputs from partners working at their ODs and Provinces.
   - Organized the Quarterly Coordination meeting with partners to review the progress achievements and to identify the issues and solve the problem.
   - Developed monthly report and quarterly report.
   - Organized the annual planning workshop which participated from ODs, HCs and partners:

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Annual Planning Workshop</th>
<th>Starting date</th>
<th>end date</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Siem Reap</td>
<td>5-Sep-11</td>
<td>7-Sep-11</td>
<td>Siem Reap Town hotel</td>
</tr>
<tr>
<td>2</td>
<td>Kep</td>
<td>7-Sep-11</td>
<td>9-Sep-11</td>
<td>KEP provincial Health Department</td>
</tr>
<tr>
<td>3</td>
<td>Kampot</td>
<td>14-Sep-11</td>
<td>16-Sep-11</td>
<td>KPT provincial</td>
</tr>
</tbody>
</table>
Table 4: Summary of planning workshop at the provincial level

<table>
<thead>
<tr>
<th>Province</th>
<th>Date</th>
<th>Date</th>
<th>Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondulkiri</td>
<td>19-Sep-11</td>
<td>21-Sep-11</td>
<td>MDK provincial Health Department</td>
</tr>
<tr>
<td>Stung Treng</td>
<td>21-Sep-11</td>
<td>23-Sep-11</td>
<td>STG provincial Health Department</td>
</tr>
<tr>
<td>Kandal</td>
<td>28-Sep-11</td>
<td>30-Sep-11</td>
<td>KDL provincial Health Department</td>
</tr>
<tr>
<td>Oddor Meanchey</td>
<td>28-Sep-11</td>
<td>30-Sep-11</td>
<td>OMC provincial Health Department</td>
</tr>
</tbody>
</table>

b. Data Management:
- Backlog data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for 2nd quarter 2010.
- Conducted supervision to province on data management, checked and entering OI/ART data in Preah Vihear, Kampong Speu, Preah Sihanouk, Kampot, Kampot, Kampong Chhnaing, Pailin and Mondulkiri.
- Jointed supervision on Linked Response Approach for Health Care providers on Data Management in Banteay Meanchey, Prey Veng, Battambang, Svay Rieng, Kampong Cham, Kampong Chhnaing, Siem Reap, Kampong Speu and Takeo.
- 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:
- Three 3-days Regional workshop on OI/ARV logistic Management for all OI/ART sites were conducted in 3 different places (Svay Rieng, Battambang, and Preah Sihanouk with 107p from 20 provinces.
- Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.
- Jointed monitoring with Planning Monitoring and Finance Unit to Oddor Meanchey, Prey Veng, Kandal, Kampong Thom, Preah Vihear, Battambang, Kampong Speu, Kratie, Koh Kong, Kampong Cham, Siem Reap, Pailin, Stung Treng, Pursat, Ratanakiri, Takeo, Svay Rieng, Kep, Kampot, Kampong Chhnaing, and Mondulkiri province.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities

In quarter 3 -2011, there were a total of 61 Family Health Clinics (33 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mondulkiri province and Kep city and 28 NGO STI clinics; RHAC: 18 clinics, Marie Stopes: 7 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. 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 3 2011, 1541 consultations for male patients and 10,577 for female patients were reported to the data management unit of NCHADS. Of 1,255 male patients who having STI/RTI syndromes reported, 1,183 of those (94.3%) suffered from urethral discharges; 72 (5.8%) from Genital ulcers and 0 (0.0%) from Genital warts respectively. Of 9,670 female patients who having STI/RTI Syndromes reported, 5,294 of those (54.7%) suffered from vaginitis, 4,003 (41.4%) from cervicitis and vaginitis; 311 (3.2%) from PID, 53 (0.5%) from Genital ulcers and from genital warts 9 (0.09%) respectively. A total of 1136 male partners and 2,385 female partners of STI patients were notified and treated for STI.
66,385 consultations were provided at a total of 60 specialized STI clinics (33 government and 28 NGO STI clinics, Among those consultations, 4,523 consultations were provided to male patients, 2,034 to MSM, 48,837 to low-risk women, and 10,991 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (237 for BEW; 10,754 for NBEW) of which 5,027 were monthly follow-up visits] (Figure 1).

Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2008 to Q3- 2011

The RHAC clinics attract mostly low risk women whereas the 33 government STI clinics are used mostly by brothel entertainment workers and non-brothel entertainment workers. Most MSM population visited MEC clinic in Phnom Penh city.

At the 53 specialized STI clinics, among the 3,500 male patients who having STI syndromes reported in this quarter, 3,105 (88.7%) got urethral discharges, 10 (0.3%) got anal discharges, 232 (6.6%) got ano-genital ulcers, 123 (3.5%) got ano-genital warts, and 5 (0.1%) were inguinal bubo. Among the 581 MSM patients having STI syndromes, 391 (67.3%) suffered from urethral discharges, 42 (7.2%) from anal discharges, and 74 (12.7%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 51,720 low-risk women having STI syndromes reported that 44,503 (86.0%) were treated for vaginitis, 4,973 (9.6%) were treated for cervicitis and vaginitis, 162 (0.3%) were PID, 352 (0.7%) were ano-genital ulcers and 155 (0.3%) were ano-genital warts.

During the one quarter of 2011, of the 108 BEW who attended specialized clinics for their first visit, 135 (125.0%) were diagnosed with a STI, including 60 (55.6.9%) with cervicitis. Among the 129 BEW who attended specialized clinics for monthly follow-up visits, 83 (64.3%) of those were diagnosed with a STI, including 35 (27.13%) with cervicitis. In quarter 3–2011, of the 5,856 NBEW who attended specialized clinics for their first visit, 4,340 (74.1%) were diagnosed with a STI, including 1,657 (28.3%) with cervicitis. Of the 4,898 NBEW who attended specialized clinics for monthly follow-up visits, 2,099 (42.9%) were diagnosed with a STI, including 761 (15.5%) with cervicitis.

Of a total of 721 RPR tests were conducted in 3 quarter 2011 at the 33 government specialized STI clinics, and PSF and MEC clinics, 27 (3.74%) were positive.

During this quarter, specialized STI clinics have referred 2,219 patients to VCCT, 29 of HIV/AIDS patients (PLHA) to OI/ART services, 58 pregnant women to ANC, and 154 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 698 patients from VCCT, 145 of patients from OI/ART services, 84 pregnant women from ANC and 40 women from Family Planning services.
2. Comprehensive Care for people living with HIV/ AIDS (PLHA)

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 11 years, from 12 sites in 2000 to 254 sites by the end of Q3 2011 (Figure 2).

Figure 2: Trend in number of VCCT sites from 1995 to Q3-2011
A total of 2 new VCCT sites have been opened in Q3-2011 (Prey Slay HC in Battambang Province and RHAC clinic in Kampot Province). Of the current 254 VCCT sites, 226 are supported directly by the Government and 28 by NGOs (RHAC:19, Marie Stopes:4, MEC:1, Center of Hope:1, Institut Pasteur Cambodia:1 and Chhouk Sar Clinic:1).

In Q3-2011, of 99,629 (N/A data ANC attendees from NMCH) VCCT clients, 66,910 (67.2%) were self referred, 3,231 (3.2%) were referred by ANC services, 2,088 (2.1%) were referred by STD clinics, 4,180 (4.2%) were referred by TB program, 9,504 (9.5%) were referred by HBC/NGO, 6,834 (6.9%) were referred by general medicine, 281 (0.3%) were referred by Pediatric care, 1,122 (1.1%) were referred by Maternity services, 388 (0.4%) were referred by BS/FP services, 4,444 (4.5%) were referred by Health centers and 647 (0.6%) were referred by others services (table 3).

<table>
<thead>
<tr>
<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>67.2%</td>
<td>2.1%</td>
<td>4.2%</td>
<td>9.5%</td>
<td>6.9%</td>
<td>0.3%</td>
<td>1.1%</td>
<td>0.4%</td>
<td>3.2%</td>
<td>0.6%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Table 5: Percentage of VCCT clients referred from other services in Q3-2011

A total of 99,397 clients have been tested for HIV in quarter 3-2011, 3,776 TB patients.

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 99,397 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q3-2011 (Figure 4).

Figure 3: Trend in numbers of people tested for HIV at VCCT services from Q1-2008 to Q3-2011

Of the total number of VCCT clients and TB patients tested in Q3-2011, 53,241 (53.6%) were female and 91,479 (92.0%) were aged 15-49 years (Table 6).

<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= 99,397</td>
<td>N=1,756</td>
</tr>
<tr>
<td></td>
<td>No. (%)</td>
<td>No. (%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In Q3-2011, 98.7% (range: 63.8% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q3-2011, of 99,629 VCCT clients, 4,180 (4.2%) were referred from the TB program. (Figure 4).

In Q3-2011, of the 99,397 VCCT clients and TB patients tested at VCCT sites nationwide, 1,756 (1.8%) were detected HIV positive at VCCT sites (Figure 5).
2.2. OI and ART services

Today, 56 health facilities offer OI and ART services in 46 Operational Districts in 21 provinces and cities (Annex: CoC indicator 1). These 56 OI and ART services are supported by the government 52 sites and 4 sites by NGOs and partner. Of the total 56 OI/ART sites, there are 33 sites provide pediatric care in 31 Operational Districts.

![Figure 5: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q3-2011](image)

![Figure 6: Location of facility-based OI/ART sites as of 31 September 2011](image)
a. Laboratory Support:

In Q3-2011, 19,529 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 7). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 350 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 Q4-2008 to Q3-2011](image)

There are 574 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) and other 645 HIV RNA viral load also conducted at NCHADS in this quarter 3 (Figure 8).

![Figure 8: Trend in the total number of RNA Viral Load tests conducted in IPC and NCHADS from Q4-2008 to Q3-2011](image)

There’re 270 DNA-HIV DBS tests for Early Infant Diagnosed (EID) found 20 positive were conducted at NIPH. Another place at Institute Pasteur of Cambodia (IPC) in Q3-2011 the total number of DBS screened are 282 found 19 positive and Number of infant screened for the 1st time (excluding DBS for confirmation) are 172 which founded...
infant diagnosed positive at time of 1st screening are 17 and the total number of HIV DR tested are 31. (Sources: report from NIPH and IPC)

This Q3-2011, a total of 45,647 active patients including 41,287 adults and 4,360 children are receiving ART (Figures 9 and 10).

In Q3-2011, female adult patients accounted for 53.5% (22,095) of all active patients on ART. At OI/ART sites, a total of 1,651 new patients (including 131 children) started OI prophylaxis and management and 1,394 new patients (including 117 children) started on ART in Q3-2011 (Figure 11). The number of new patients on OI care has been decreased since Q4 2010. On the other hand, the numbers of new patients on ART were significantly increased as from Q1 2011. In this quarter there are 358 patients lost and 82 died in OI care.
There were a total of 5,651 active adult patients and 1,399 child patients with opportunistic infections who are not eligible for ART yet at the end of Q3-2011. Of those, 3,590 (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 968 adult patients and 211 child patients on OI care were eligible to prepare on ART at the end of September 2011.

b. Patient mobility across services, lost and died

In Q3-2011, a total of 282 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 332 ART patients lost treatment and 150 patients died during this quarter. At the end of Q3-2011, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,611 active patients on ART.

c. Drug and logistic support

In Q3-2011, 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 3.9 % of adults and 8.2 % of children were on PI-based regimens (Table 7).

<table>
<thead>
<tr>
<th>ARV drug regimen</th>
<th>Adults N= 42,358*</th>
<th>Children N= 4,391*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. (%)</td>
<td>No. (%)</td>
</tr>
<tr>
<td>d4t+3TC+NVP</td>
<td>16,984 40.1 %</td>
<td>3,132 71.3 %</td>
</tr>
<tr>
<td>d4t+3TC+EFV</td>
<td>5,545 13.1 %</td>
<td>412 9.4 %</td>
</tr>
<tr>
<td>AZT+3TC+NVP</td>
<td>11,045 26.1 %</td>
<td>342 7.8 %</td>
</tr>
<tr>
<td>AZT+3TC+EFV</td>
<td>4,152 9.8 %</td>
<td>129 2.9 %</td>
</tr>
<tr>
<td>PI-based regimens</td>
<td>1,636 3.9 %</td>
<td>361 8.2 %</td>
</tr>
<tr>
<td>Other regimens</td>
<td>2,996</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

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

**Table 7: Distribution of antiretroviral drug regimens prescribed for HIV-infected patients in Cambodia, Q3-2011**

d. **TB Screening of new OI Patients**

In Q3 2011, there were 1,615 new OI patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,520 new adult patients, 1,293 (85.1%) were screened for TB symptom during the quarter. Of the 448 patients suspect TB infected were screened for TB, 186 were diagnosed to be TB Pulmonary and TB Extra-pulmonary, among 186 TB diagnostic patients 154 were screened for TB treatment. The number of TB screened among new OI patients were decreased than Q2 2011.

e. **Implementation of Three "I" Strategy**

- **Isoniazid Prevention Therapy (IPT)**
  
  During the third quarter of 2011, there were a total of 1067 new Pre-ART patients registered at 32 sites implementing the Three "I" Approach (6 TST sites = 224 new patients and 26 Non-TST sites = 843 new patients). Of these, new Pre-ART patients, 235 started IPT (TST sites = 16 patients and non-TST = 219 patients), and 340 active patients on Pre-ART started IPT (TST sites = 17 patients, and non-TST sites = 323) among all active patients adult on Pre-ART = 8,229.

- **Pre-ART (OI)**
  
  Of the 1,520 new adult OI Pre-ART patients registered at OI/ART sites. Of these 1,293 received TB symptom screening that identified TB infection if four 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 448 patients with screened positive for TB symptoms, 186 were diagnosed to have TB (BK+/EP), 154 started TB treatment, and 235 started IPT as they did not present TB symptom and put on IPT. There were 147 active patients on Pre-ART diagnosed with TB (BK+/EP), of which 135 patients started TB treatment, 184 TB-HIV patients started cotrimoxazole prophylaxis and 340 patients started on IPT during this quarter.

- **ART**
  
  This quarter 1,277 new ART patients registered at OI/ART sites. Of these, 115 were diagnosed with TB (BK+/EP), 88 patients started TB treatment. Of the 233 of active patients on ART who were diagnosed as having TB (BK+/EP), 122 started TB treatment and 214 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- **Pregnancy and abortion**
  
  This quarter there're 838 new Pre-ART female patients registered at OI/ART sites, among these new female 70 became pregnant. Of all 4,169 active female patients on Pre-ART until this last quarter, 114 got pregnant and 44 of them started ARV prophylaxis. Five women were reported to have spontaneous abortion, and other three women were reported to have induced abortion during this quarter.

There're 718 new ART female patients registered at OI/ART sites, among these new female 58 became pregnant. Of all 22,095 active female patients on ART in this quarter 199 of them got pregnant. Twelve women were reported to have spontaneous abortion, and other three women were reported to have induced abortion during this quarter.

2.3. **Linked Response**

In 3rd quarter 2011, there are 66 ODs implementing the Linked Response Approach, 66 ODs had reported data. From July to September 2011, of a total of 78,524 first ANC attendees at Linked Response sites and outreach services, 64,220 (81.78%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 13,480 (20.99%) husbands/partners accepted testing. Among the 64,220 pregnant women who received an HIV test, 109(0.17%) was HIV positive.

A total of 173 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between July to September 2011. Of these mothers, 163 (95.88%) accessed ARV drugs: 105 (64.42%) received ART and 54 (32.13%) received ARV prophylaxis. Of 173 infants born to HIV-infected mothers at PMTCT maternity sites, 165 (95.38%)
received NVP, 89 (83.18%) received Cotrimoxazole and 59 Exposed infants received DNA-PCR1 tests before 2 months and 48 after 2 months of age, 4 was DNA-PCR1 positive and 7 exposed infants was died.

2.4. Community-based services

As reported in 3\textsuperscript{rd} quarter 2011, there are 348 HBC teams covered over 864 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 12) within the CoC established in.

These HBC teams are currently supporting for a total of 32,101 PLHA (Annex: HBC indicator 2), which 7,449 were registered in Pre-ART (OI) and other 24,652 were registered in ART.

III. FINANCIAL REPORT:

During this period, more than 35% of total budget in 3\textsuperscript{rd} Quarterly activity plan of 2011 were spent on key activities of prevention, care, support and treatment programme for HIV/AIDS patients. The expenditure was low due to the majority of the budget plan allocated for logistic management to procure for health products and medical equipments (OI/ARV drugs, reagents and consumables), 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 8).

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 Thorn, 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 and R5), CDC, CHAI, UNSW/CTAP, CIPRA, ITM, AHF and WHO.
<table>
<thead>
<tr>
<th>Sources</th>
<th>Annual Plan</th>
<th>Q3 Plan</th>
<th>Q3 Act</th>
<th>Q3 %</th>
<th>A %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCHADS-GFATM</td>
<td>$18,406,927</td>
<td>$10,349,893</td>
<td>$3,244,127</td>
<td>31%</td>
<td>52%</td>
</tr>
<tr>
<td>GFATM-R5-NCHADS</td>
<td>$38,840</td>
<td>$34,673</td>
<td>$29,044</td>
<td>84%</td>
<td>221%</td>
</tr>
<tr>
<td>US-CDC</td>
<td>$501,868</td>
<td>$410,502</td>
<td>$319,912</td>
<td>78%</td>
<td>109%</td>
</tr>
<tr>
<td>AHF</td>
<td>$122,312</td>
<td>$28,876</td>
<td>$35,119</td>
<td>122%</td>
<td>69%</td>
</tr>
<tr>
<td>WHO</td>
<td>$50,000</td>
<td>$20,000</td>
<td>$30,915</td>
<td>155%</td>
<td>74%</td>
</tr>
<tr>
<td>ITM DGDC</td>
<td></td>
<td>$27,121</td>
<td>$48,853</td>
<td>180%</td>
<td></td>
</tr>
<tr>
<td>CHAI</td>
<td>$299,623</td>
<td>$44,391</td>
<td>$47,072</td>
<td>106%</td>
<td>43%</td>
</tr>
<tr>
<td>UNSW(CTAP)</td>
<td>$35,000</td>
<td>$8,750</td>
<td>$14,411</td>
<td>165%</td>
<td>62%</td>
</tr>
<tr>
<td>CIPRA</td>
<td>$30,000</td>
<td>$10,000</td>
<td>$18,155</td>
<td>182%</td>
<td>347%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$19,724,024</td>
<td>$10,934,206</td>
<td>$3,787,608</td>
<td>35%</td>
<td>54%</td>
</tr>
<tr>
<td>Total for Logistic Management</td>
<td>$10,992,508</td>
<td>$4,842,935</td>
<td>$1,016,354</td>
<td>21%</td>
<td>9%</td>
</tr>
<tr>
<td>Excluded the Budget of Logistic Management</td>
<td>$8,731,516</td>
<td>$6,091,271</td>
<td>$2,771,254</td>
<td>45%</td>
<td>32%</td>
</tr>
</tbody>
</table>

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

IV. CONCLUSION:

In overall, most of activities related to the targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for Care and Treatment Component in the third quarter in 2011 were achieved as planned. At the same time, NCHADS with the supports from partners conducted the Continuum of Quality Improvement and Early Warning Indicators in order to improve the quality of Care and Treatment Services at OI/ART sites level.