KINGDOM OF CAMBODIA
NATION RELIGION KING

Third 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 Program 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 to the great participation of provincial Health Department/ Provincial AIDS Office, Operational District, Referral Hospital, and NCHADS Units and supported from all stakeholders and partners.

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I. Introduction:

1. National Center for HIV/AIDS, Dermatology and STD

The National Centre for HIV/AIDS, Dermatology and STD Control is an operational unit of the Ministry of Health. It provides health sector policy development for HIV/AIDS and STDs, programme management, provincial support, 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 previously approved 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 program in quarter 3, 2012 and using it as an evaluation of third comprehensive quarterly work plan. As well, it can be used as a reference document for preparing fourth comprehensive activities plan and as a lesson learn in order to improve the implementation 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.
III. Methodology:
This comprehensive report is prepared by Planning Monitoring, and Report unit of PR-NCHADS through the national M&E system that collected from all national and international institutions, NGOs, and CSOs.
After draft report prepared, 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 targets at the end of third 6 month period of program implementation (Jan-Jun 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 Third Semi-annual 2012 in the Quarterly Meeting which was held at NCHADS’s meeting room, from 16th July to 17th July 2012.

PR-NCHADS was organized a Principle Recipient Technical Review Team (PRTRT) meeting on 13 August 2012 to review the Third Semi-Annual Report 2012 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.

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.

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

For Most at Risk Populations: National Level:

- National Level:
  
  Joint Supervision visits with STI Unit to monitor and to provide technical supports on OPC program and STI prevention that were conducted by BCC and STI officers in Phnom Penh, Kandal, Preah Vihea, Kompong Cham, Prey veng, Kompong Thom, Kompong Speu, Kompong Chnang, Siam Reap, Bathambong, Pailin, Preah Sihanuk, Kratie, Kep, Steung treng, Svay Rieng, Banteay Meancheay, Oudor Meancheay, Koh Kong, Pursat, Mondulkiri, and Ratanakiri 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.

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

NCHADS collaborate with NMCHC and partners continued developing 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 Meanchey.

Routine supervision trips to VCCT sites in Prey Veng, Takeo, Oddor Meanchey, Mondulkiri, Siem Reap, Kampong Thom, Kratie, Banteay Meanchey, Svay 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.

3. Surveillance & Research package:

Surveillance:
   i. IBBSS for DU:

   ii. 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.

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.
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 detail activity plans, expected outputs and allocated available funds from all funding sources.

      ii Monitoring Activities:
      Developed the NCHADS 2nd 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 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 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 Q3 year 2012.
   - Conducted supervision to province on data management, checked and entering
   - OI/ART data at provincial level.
   - Jointed supervision on Linked Response Approach for Health Care providers on Data Management in some provinces.
   - 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, Svay Rieng, Oddor Meanchey, Pailin, Siem Reap, Koh Kong, Banteay Meanchey, Rattanakiri, Stung Treng, Prey Veng, Kep, Pursat, Mondulkiri, Battambang, Kampong Speu, and Takeo province.

2) Results of Health Service Deliveries:

1. HIV/AIDS prevention activities
In quarter 3 -2012, there were a total of 58 Family Health Clinics (34 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 24 NGO STI clinics; RHAC: 16 clinics, Marie Stopes: 5 clinics, MEC: 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 74 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in quarter 3 2012, 1,194 consultations for male patients and 9,779 for female patients were reported to the data management unit of NCHADS. Of 1,135 male patients who having STI/RTI syndromes reported, 1,039 of those (91.5%) suffered from urethral discharges; 96 (8.5%) from Genital ulcers and 0 from Genital warts respectively. Of 9,421 female patients who having STI/RTI Syndromes reported, 5,288 of those (56.1%) suffered from vaginitis, 3,763 (39.8%) from cervicitis and vaginitis; 352 (3.7%) from PID, 18 (0.2%) from Genital ulcers and from genital warts 0 respectively. A total of 826 male partners and 2,509 female partners of STI patients were notified and treated for STI.
70,653 consultations were provided at a total of 58 specialized STI clinics (34 government and 24 NGO STI clinics). Among those consultations, 5,161 consultations were provided to male patients, 2,694 to MSM, 50,906 to low-risk women, and 11,892 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (289 for BEW; 11,603 for NBEW) of which 5,295 were monthly follow-up visits (Figure 1).

Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2009 to Q3 2012

The RHAC clinics attract 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.

At the 58 specialized STI clinics, among the 5,161 male STI syndromes reported in this quarter, 3,396 (86.3%) got urethral discharges, 22 (0.6%) got anal discharges, 289 (7.3%) got Ano-genital ulcers, 146 (3.7%) got Ano-genital warts, 65 (1.7%) got Scrotum swelling, and 15 (0.4%) were inguinal bubo. Among the 712 MSM patients having STI syndromes, 468 (65.7%) suffered from urethral discharges, 33 (4.6%) from anal discharges, and 111 (15.6%) from ano-genital ulcers respectively.

At the 58 specialized STI clinics, among the 54,428 low-risk women STI syndromes reported that 46,805 (86%) were treated for vaginitis, 6,907 (12.7%) were treated for cervicitis and vaginitis, 198 (0.4%) were PID, 337 (0.6%) were ano-genital ulcers and 136 (0.3%) were ano-genital warts.
During the 3\textsuperscript{rd} quarter of 2012, of the 144 BEW who attended specialized clinics for their first visit, 123 (85.4\%) were diagnosed with a STI, including 50 (34.7\%) with cervicitis. Among the 145 BEW who attended specialized clinics for monthly follow-up visits, 96 (66.2\%) of those were diagnosed with a STI, including 55 (38\%) with cervicitis. In quarter 3 -2012, of the 6,453 NBEW who attended specialized clinics for their first visit, 5,111 (79.2\%) were diagnosed with a STI, including 1,980 (30.7\%) with cervicitis. Of the 5,150 NBEW who attended specialized clinics for monthly follow-up visits, 2,244 (43.6\%) were diagnosed with a STI, including 822 (16\%) with cervicitis.

Of a total of 715 RPR tests were conducted in 3 quarter 2012 at the 33 government specialized STI clinics, and MEC clinics, 63 (8.81\%) were positive.

During this quarter, specialized STI clinics have referred 2,031 patients to VCCT, 29 of HIV/AIDS patients (PLHA) to OI/ART services, 42 pregnant women to ANC, and 109 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 811 patients from VCCT, 271 of patients from OI/ART services, 50 pregnant women from ANC and 37 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 Q3-2012 (Figure 2).
Figure 2: Trend in number of VCCT sites from 1995 to Q3-2012

Notes: Since quarter1, 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 Q3-2012. 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 Q3-2012, of 188,076 (including 100,264 ANC attendees from NMCH) VCCT clients, 56,159 (29.9%) were self referred, 100,264 (55.1%) were referred by ANC services, 2,256 (1.2%) were referred by STD clinics, 4,603 (2.4%) were referred by TB program, 9,6856 (5.2%) were referred by HBC/NGO, 6,632 (3.5%) were referred by general medicine, 256 (0.1%) were referred by Pediatric care, 1,119 (0.6%) were referred by Maternity services, 617 (0.3%) were referred by BS/FP services, 2,122 (1.1%) were referred by Health centers and 758(0.4%) were referred by others services (table 1).
A total of 187,950 clients have been tested for HIV in quarter 3-2012, including 87,686 VCCT clients, 4,347 TB patients, 82,241 pregnant women and 17,865 male partners of pregnant women (at government facilities only).

The figure 3 and Table 2 below show the trends and characteristics of the subset of VCCT clients and TB patients tested for HIV at VCCT services, these figures do not include pregnant women. A total of 87,686 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q3-2012 (Figure 3).
Of the total number of VCCT clients and TB patients tested in Q3-2012, 47,079 (53.7%) were female and 80,211 (91.5%) were aged 15-49 years (Table 2).

<table>
<thead>
<tr>
<th>Age</th>
<th>People tested for HIV</th>
<th>People tested HIV positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤14 years</td>
<td>2,600 (3.0%)</td>
<td>110 (7.8%)</td>
</tr>
<tr>
<td>15-49 years</td>
<td>80,211 (91.5%)</td>
<td>1,199 (84.7%)</td>
</tr>
<tr>
<td>&gt; 49 years</td>
<td>4,875 (5.6%)</td>
<td>106 (7.5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>No. (%)</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40,607 (46.3%)</td>
<td>672 (47.5%)</td>
</tr>
<tr>
<td>Female</td>
<td>47,079 (53.7%)</td>
<td>743 (52.5%)</td>
</tr>
</tbody>
</table>

Table 2: Characteristics of clients tested at VCCT sites, In Q3-2012

In Q3-2012, 99.4% (range: 88.6% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q3-2012, of 87,812 VCCT clients, 4,603 (2.4 %) were referred from the TB program. (Figure 4).

![Figure 4: Trend in number of VCCT clients referred from TB program from Q1- 2009 to Q3-2012](image-url)
In Q3-2012, of the 87,686 VCCT clients and TB patients tested at VCCT sites nationwide, 1,415 (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 Q3-2012](image)

2.2. OI and ART services

In Q3 2012, there are 61 health facilities offer OI and ART services in 50 Operational Districts in 21 provinces and cities. In this quarter there is one health facilities provided service OI-ART care to PLHIV at Preykabas Referral Hospital Takeo Province. These 61 OI and ART services are supported by the government 57 sites and 4 sites by NGOs and partner. Of the total 61 OI/ART sites, there are 35 sites provide pediatric care in 33 Operational Districts.

![Figure 6: Location of facility-based OI/ART sites as of 31th September 2012](image)
a. Laboratory Support:
In Q3-2012, 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 Mongkul Borei in Banteay Meancheay 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 Q1-2009 to Q3-2012](image)

There are 368 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) and other 1,528 HIV RNA viral load also conducted at NCHADS in this quarter 3 (Figure 8).
There’re 333 DNA-HIV DBS tests for Early Infant Diagnosed (EID) found 9 positive. The number of infant screened for the 1st time (excluding DBS for confirmation) are 235, infant screened for the 2nd time are 95, HIV-exposed babies did PCR test within 2 months of their life (include soon after birth and at 6 weeks) are 117. Number of infant diagnosed positive at time of 1st screening are 6 and there are no infant diagnosed positive at 1st screening within 2 months of their life. Another place at Institute Pasteur of Cambodia (IPC) in Q3-2012 the total number of DBS screened are 166 found 18 positive and Number of infant screened for the 1st time (excluding DBS for confirmation) are 109 which founded in fant diagnosed positive at time of 1st screening are 17 and the total number of HIV DR tested are 32.

(Sources: report from NIPH and IPC).

This Q3-2012, a total of 48,362 active patients including 43,829 adults and 4,533 children are receiving ART (Figures 10 and 11).
In Q3-2012, female adult patients accounted for 53.8% (23,566) of all active patients on ART. At OI/ART sites, a total of 1,207 new patients (including 103 children) started OI prophylaxis and management and 1,214 new patients (including 101 children) started on ART in Q3-2012 (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 333 patients lost and 59 died in Pre-ART care.
Figure 12: Trend in numbers of new patients on Pre-ART and ART from Q1-2010 to Q3-2012

There were a total of 4,310 active adult patients and 1,219 child patients with opportunistic infections who are not eligible for ART yet at the end of Q3-2012. Of those, 2,752 (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 1,019 adult patients and 182 child patients on Pre-ART care were eligible to prepare on ART at the end of September 2012.

b. Patient mobility across services, lost and died

In Q3-2012, a total of 471 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 318 ART patients lost treatment and 173 patients died during this quarter. At the end of Q3-2012, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,518 active patients on ART.

c. Drug and logistic support

In Q3-2012, 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 9.8% of children were on PI-based regimens (Table 3).

<table>
<thead>
<tr>
<th>ARV drug regimen</th>
<th>Adults N= 44,527*</th>
<th>Children N= 4,536*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. (%)</td>
<td>No. (%)</td>
</tr>
<tr>
<td>d4t+3TC+NVP</td>
<td>16,335 36.7 %</td>
<td>2,949 65.0 %</td>
</tr>
<tr>
<td>d4t+3TC+EFV</td>
<td>5,486 12.3 %</td>
<td>446 9.8 %</td>
</tr>
<tr>
<td>AZT+3TC+NVP</td>
<td>12,323 27.7 %</td>
<td>520 11.5 %</td>
</tr>
<tr>
<td>AZT+3TC+EFV</td>
<td>4,860 10.9 %</td>
<td>168 3.7 %</td>
</tr>
<tr>
<td>PI-based regimens</td>
<td>2,006 4.5 %</td>
<td>446 9.8 %</td>
</tr>
<tr>
<td>Other regimens</td>
<td>3,517 7.9 %</td>
<td>7 0.2 %</td>
</tr>
</tbody>
</table>

*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, Q3-2012

d. TB Screening of new OI Patients
In Q3-2012, there were 1,310 new Pre-ART patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,207 new adult patients on Pre-ART, 1,023 (84.8%) were screened for TB Symptom during the quarter. Of the 377 patients suspect TB infected was screened for TB, 139 were detected as TB Pulmonary and TB Extra-pulmonary, among 139 TB Diagnosed detected 115 were TB treatment. The number of TB screened among new OI patients were slightly increased than Q2 2012.

e. Implementation of Three "I" Strategy
   - Isoniazid Prevention Therapy (IPT)
During the third quarter of 2012 there're 3 OI/ART sites implemented TST and 34 implemented non-TST. A total of 862 new Pre-ART patients registered at 37 sites implementing the Three "I" Strategy (3 TST sites=101 new patients and 34 Non-TST sites =761 new patients). Of these, new Pre-ART patients, 779 patients was screen for TB Symptom and 469 not found any TB symptom, so there are 260 patients started IPT (TST sites=9 patients and non-TST=251 patients), and 278 active patients on Pre-ART started IPT (TST sites =7 patients, and non-TST sites=271) among all active patients adult on Pre-ART =
There’re 1,207 of new adult Pre-ART patients registered at OI/ART sites. Of these 1,207 received TB symptom screening that identified that 646 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 377 patients with screened positive for TB symptoms, 139 were diagnosed to have TB (BK+/-, EP), 115 started TB treatments, and 260 started IPT as they did not present TB symptom and put on IPT. There were 119 active patients on Pre-ART diagnosed with TB (BK+/EP), of which 98 patients started TB treatment, 108 TB-HIV patients started cotrimoxazole prophylaxis and 278 patients started on IPT during this quarter.

- **ART**

This quarter 1,113 new adult ART patients registered at Pre-ART/ART sites. Of these, 99 were diagnosed with TB (BK+/EP), 87 patients started TB treatment. Of the 43,829 of active patients, there’re 275 were diagnosed as having TB (BK+/EP), 121 started TB treatment and 137 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- **Pregnancy and abortion**

This quarter there’re 634 new Pre-ART female patients registered at Pre-ART sites, among these new female 67 became pregnant. Of all 3,383 active female patients on Pre-ART until this last quarter, 80 got pregnant and 27 of them started ARV prophylaxis. There is no patient which reported to have spontaneous abortion and induced abortion during this quarter.

There’re 599 new ART female patients registered at ART sites, among these new female 58 became pregnant. Of all 23,566 active female patients on ART in this quarter 170 of them got pregnant. Two women were reported to have spontaneous abortion, and other two women were reported to have induced abortion during this quarter.

- **Positive Prevention**

This quarter there’re 1,207 new Pre-ART patients registered at OI/ART sites, there’re 791 patients (411 female) received counseling for positive prevention among 40 OI/ART sites reported. And there are 1113 new ART patients registered at ART sites, 736 patients (375 female) received counseling for positive prevention among 40 sites reported.
2.3. Linked Response

In September 2012, of the 74 ODs implementing the Linked Response Approach, 74 ODs had reported data. From July to September 2012, of a total of 87,073 first ANC attendees at Linked Response sites and outreach services, 75,514 (86.7%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 17,288 (19.8%) husbands/partners accepted testing. Among the 66,503 pregnant women who received an HIV test, 107 (0.16%) was HIV positive.

A total of 169 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between July and September 2012. Of these quarters, 163 (96.4%) accessed ARV drugs: 126 (77.3%) received ART and 37 (22.7%) received ARV prophylaxis. Of 171 infants born to HIV-infected mothers at PMTCT maternity sites, 162 (94.7%) received NVP, 114 (66.7%) received Cotrimoxazole and 86 Exposed infants received DNA-PCR1 tests before 2 months and 26 after 2 months of age, 2 was DNA-PCR1 positive and 4 exposed infant was died.

2.4. Community-based services

As reported in 3rd quarter 2012, there are 347 HBC teams covered over 853 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 30,236 PLHA, which 5,695 were registered in Pre-ART (OI) and other 24,541 were registered in ART.

V. 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.

VI. CONCLUSION AND RECOMMENDATION:

In overall, most of targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for Care and Treatment Component, set for the first 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.