KINGDOM OF CAMBODIA
NATION RELIGION KING

FOURTH 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 the 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 due 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.

Date: 29 March 2012

Dr. Meang Chhu Vun
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 4th 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 depict the financial disbursements against the 4th 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 (October to December 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 3rd Quarter 2011 in the Quarterly Meeting which was held at NCHADS’s meeting room, from 27th -28th October 2011.

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 Chang 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 Banteay Meanchey, Pursat, Kampong Cham, Battambang, Pailin, Kratie, Stung Treng, Koh Kong, Kampong Speu, Mondulkiri, Takeo, Kandal, Kampong Chhnaing, Prey Veng, 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>Phnom Penh</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>17-Oct-11</td>
<td>Municipal Health Department</td>
</tr>
<tr>
<td>Kep</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>2-Nov-11</td>
<td>Kep provincial Health Department</td>
</tr>
<tr>
<td>Svay Rieng</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>2-Nov-11</td>
<td>SVG provincial Health Department</td>
</tr>
<tr>
<td>Rattanakiri</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>14-Nov-11</td>
<td>RTK provincial Health Department</td>
</tr>
<tr>
<td>Battambang</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>16-Nov-11</td>
<td>BTB provincial Health Department</td>
</tr>
<tr>
<td>Takeo</td>
<td>Refresher training for P-CoPCT-ST members on Outreach Peer Educator</td>
<td>21-Nov-11</td>
<td>TKV provincial Health Department</td>
</tr>
</tbody>
</table>
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:
   - In collaboration with PHD/PAO, SIT/RTI Unit of NCHADS organized One 3-days Regional Network meeting for Health Care providers and Lab technician in Stung Treng 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>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Month</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>October</td>
<td>184</td>
<td>181</td>
</tr>
<tr>
<td>November</td>
<td>164</td>
<td>144</td>
</tr>
<tr>
<td>December</td>
<td>121</td>
<td>100</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 Battambang, Svay Rieng, Kampong Cham, Preah Sihanouk, Banteay Meanchey, Kratie, and Siem Reap 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).
- Joint the supervision trips with Surveillance unit on Data collection for SSS 2011 in Banteay Meanchey, Takeo and Oddor Meanchey.

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>Siem Reap</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-Oct-11-26-Oct-11</td>
<td>Mondial Restaurant, Siem Reap province</td>
</tr>
<tr>
<td>Pursat</td>
<td></td>
<td>12-Oct-11-14-Oct-11</td>
<td>PST provincial Health Department</td>
</tr>
</tbody>
</table>

2. Care Package:

   a. Health Facility and Home Based Care:
      
      NATIONAL LEVEL:
      
      i. 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 OD Sot nikum, Kampong Cham, Memut, Tbong Khmum, Cheung Prey and OD Kampong Trach.
- One 2 weeks Initial Training course on OI/ARV Management for Adults, for Clinicians (Reports in file).
- One 2 weeks Initial Training course on OI/ARV Management for Pediatricians (Reports in file).
- With coordination with CNAT, NCHADS organized the orientation trainings on the Implementation of Three I’s Strategy in OD Pareaing, Kampong Thom and Kratie. The objectives of the training aim:
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.

To improve knowledge and skill related to Three I’s Strategy to health care staff with focus on topic as following:

- Intensified TB case finding among PLHIV through verbal TB symptom screening for a combination of 3 symptoms,
- Use IPT Standard Operating Procedure Algorithm for PLHIV unlikely to have active TB,
- TB Diagnostic workup among PLHIV
- Tuberculin Skin Test (TST)
- Support IPT Adherence
- TB Infection Control in CoC Settings
- Monitoring & Evaluation

Planning for implementation of 3 Is strategies

**ii. Supervision:**
- Joint supervision trips conducted to monitor on CoC, HBC activities and field need assessment of Linked Response approach in Battambang, Banteay Meanchey, Kampong Cham, Kampot, Takeo, Sihanouk Ville and Pursat province.

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

**b. VCCT:**

- **Workshop/Training:**
  - Two 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 50 participants.
  - Two 5-days Refresher training on Laboratory of HIV testing, with 44 participants.

- **Monitoring and Supervision:**
  - Monitoring and supervision trips were conducted to monitor the activities at the VCCT's sites in Koh Kong, Kampong Speu, Banteay Meanchey, Battambang, 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:**

- **SSS Round 4, 2011:**
  - Supervision on Data collection for SSS round 4, 2011 in 17 provinces.
ii 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 for year 2011 was disseminated in a public forum with provides the feedback OI/ART Team, PAOs, PHD and partners by the end of December 2011.

b. Research:
   i. Continuum Quality Improvement (CQI) for HIV Care:
      - During this quarter, Research Unit collaborated with Data Management Unit, conducted the follow up of CQI in Tbong Khmom RH, Kampot RH, and Mong Ressey RH and launching the CQI implementation in Kampong Thom RH.

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

NATIONAL LEVEL:
   i Planning Activities
      - Coordinated to develop the 4th 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.
      - Two 5-days training course on Build Capacity of management & leadership for PASP and NCHADS staff, which was held in Battambang and Takeo provinces.
      - One 4-days Workshop on Developing Annual Operational Comprehensive Plan for HIV/AIDS and STI Prevention, Care and Treatment Program in Health Sector for 2012 was conducted at Kampot Provincial Health Department. It joints together NCHADS technical units, Health Directors, HIV/AIDS managers from Provinces, representatives of major departments and Public Health Programmes within the Ministry of Health, partner institutions and organizations. This meeting also provides a forum for reviewing and discussing achievements of the health sector response to HIV/AIDS in the country, as well as to identifying solutions and answers to constraints and difficulties. As a result of this work, the Annual Work Plan and Budget can be reviewed and updated through discussions, adoption of resolutions, and amendments.
      - To strengthen staff capacity and team work to undertake assigned tasks effectively and successfully, a three-day retreat from 21 to 22 December 2011 at Siam Reap Town Hotel was organized to help staff address current challenges in the day-to-day implementation of the programme, to provide update on NCHADS mission and new initiatives, and to foster team work.

   ii Monitoring Activities:
      - Developed the NCHADS 3rd 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>Starting date</th>
<th>End date</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phnom Penh</td>
<td>24-Oct-11</td>
<td>26-Oct-11</td>
<td>Municipal Health Department</td>
</tr>
<tr>
<td>Ratanakiri</td>
<td>2-Nov-11</td>
<td>4-Nov-11</td>
<td>RTK provincial Health Department</td>
</tr>
<tr>
<td>Pursat</td>
<td>2-Nov-11</td>
<td>4-Nov-11</td>
<td>Great Green Center</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 3rd quarter 2011.
- Conducted Onsite training and supervision to province on data management, checked and entering OI/ART data in Banteay Meanchey, Neak Loeung RH, Oddong RH, and Kirivong RH and Takeo RH.
- Jointed supervision on Linked Response Approach for Health Care providers on Data Management in Banteay Meanchey, Siem Reap, Prey Veng, Battambang, Svay Rieng, and Kampong Cham, Kampong Chhnaiing, Kampong Speu and Takeo.
- One 4days Refresher training on Data Management in Mondulkiri for provincial data management officers from 20 provinces.
- One 2 weeks training course on Basic Biostatistics and Data Analysis using Stata for Data Management Officers and NCHADS staff at NIPH.
- 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:**
- Two 3-days Refresher training on OI/ARV logistic Management for all OI/ART sites were conducted in NCHADS meeting room with 45p 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 Prey Veng, Preah Sihanouk, Oddor Meanchey, Pailin, Battambang, Kandal, Kampong Thom, Preah Stung Treng, Takeo, Koh Kong, Kampong Cham, Kratie, Preah Vihear, Ratanakiri, Banteay Meanchey, Siem Reap, Kep, Kampot, Mondulkiri province.

**II. RESULTS OF HEALTH SERVICE DELIVERIES:**

1. **HIV/AIDS prevention activities**

In quarter 4 -2011, there were a total of 61 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 28 NGO STI clinics; RHAC: 19 clinics, Marie Stopes: 6 clinics, MEC: 1 clinic and PSF: 1 clinic, Chhouk Sar: 2 clinic).
Of the 32 family health clinics, 32 (100%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 32 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 4 2011, 1,270 consultations for male patients and 9,686 for female patients were reported to the data management unit of NCHADS. Of 1,055 male patients who having STI/RTI syndromes reported, 1,005 of those (95.3%) suffered from urethral discharges; 50 (4.7%) from Genital ulcers and 0 (0.0%) from Genital warts respectively. Of 9,855 female patients who having STI/RTI Syndromes reported, 5,004 of those (50.8%) suffered from vaginitis, 4,464 (45.3%) from cervicitis and vaginitis; 314 (3.2%) from PID, 9 (0.1%) from Genital ulcers and from genital warts 64 (0.65%) respectively. A total of 897 male partners and 1,939 female partners of STI patients were notified and treated for STI.

60,907 consultations were provided at a total of 61 specialized STI clinics (32 government and 29 NGO STI clinics, Among those consultations, 4,452 consultations were provided to male patients, 2,198 to MSM, 42,605 to low-risk women, and 11,652 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (328 for BEW; 11,324 for NBEW) of which 4,861 were monthly follow-up visits] (Figure 1).

![Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2009 to Q4-2011](image)

The RHAC clinics attract mostly low risk women whereas the 32 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 61 specialized STI clinics, among the 3,365 male patients who having STI syndromes reported in this quarter, 3,003 (89.7%) got urethral discharges, 28 (0.8%) got anal discharges, 211 (6.3%) got Ano-genital ulcers, 107 (3.2%) got Ano-genital warts, and 7 (0.2%) were inguinal bubo. Among the 527 MSM patients having STI syndromes, 396 (75.1%) suffered from urethral discharges, 17 (3.2%) from anal discharges, and 53 (10.1%) from ano-genital ulcers respectively.
At the 61 specialized STI clinics, among the 45,961 low-risk women having STI syndromes reported that 39,320 (85.6%) were treated for vaginitis, 6,045 (9.6%) were treated for cervicitis and vaginitis, 129 (0.3%) were PID, 319 (0.7%) were ano-genital ulcers and 128 (0.3%) were ano-genital warts.

During the one quarter of 2011, of the 185 BEW who attended specialized clinics for their first visit, 161 (87%) were diagnosed with a STI, including 65 (30.3%) with cervicitis. Among the 143 BEW who attended specialized clinics for monthly follow-up visits, 69 (48.3%) of those were diagnosed with a STI, including 25 (17.48%) with cervicitis. In quarter 4-2011, of the 6,606 NBEW who attended specialized clinics for their first visit, 4,335 (65.6%) were diagnosed with a STI, including 1,639 (24.8%) with cervicitis. Of the 4,718 NBEW who attended specialized clinics for monthly follow-up visits, 2,014 (42.7%) were diagnosed with a STI, including 791 (16.8%) with cervicitis.

Of a total of 1,878 RPR tests were conducted in 4 quarter 2011 at the 32 government specialized STI clinics, and PSF and MEC clinics, 80 (4.26%) were positive.

During this quarter, specialized STI clinics have referred 2,472 patients to VCCT, 36 of HIV/AIDS patients (PLHA) to OI/ART services, 47 pregnant women to ANC, and 102 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 744 patients from VCCT, 188 of patients from OI/ART services, 50 pregnant women from ANC and 50 women from Family Planning services.

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

The number of VCCT services has increased drastically over the last 11 years, from 12 sites in 2000 to 255 sites by the end of Q4 2011 (Figure 2).

![Figure 2: Trend in number of VCCT sites from 1995 to Q4-2011](image_url)
A total of 1 new VCCT sites have been opened in Q4-2011 (Clinic Chouk Sar2 in Phnom Penh). Of the current 255 VCCT sites, 226 are supported directly by the Government and 29 by NGOs (RHAC:19, Marie Stopes:4, MEC:1, Center of Hope:1, Institute Pastuer Cambodia:1 and Chhouk Sar Clinic : 2).

In Q4-2011, of 176,031 (including 82,732 ANC attendees from NMCH) VCCT clients, 62,449 (35.5%) were self referred, 85,705 (48.7%) were referred by ANC services, 1,974 (1.1%) were referred by STD clinics, 3,872 (2.2%) were referred by TB program, 11,142 (6.3%) were referred by HBC/NGO, 5,679 (3.2%) were referred by general medicine, 247 (0.1%) were referred by Pediatric care, 944 (0.5%) were referred by Maternity services, 789 (0.4%) were referred by BS/FP services, 2,665 (1.5%) were referred by Health centers and 565(0.3%) 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>35.5%</td>
<td>1.1%</td>
<td>2.2%</td>
<td>6.3%</td>
<td>3.2%</td>
<td>0.1%</td>
<td>0.5%</td>
<td>0.4%</td>
<td>48.7%</td>
<td>0.3%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

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

**Table 5: Percentage of VCCT clients referred from other services in Q4-2011**

A total of 175,922 clients have been tested for HIV in quarter 4-2011, including 93,190 clients, 3,537 TB patients, 69,637 pregnant women and 13,095 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 93,190 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q4-2011 (Figure 4).
Of the total number of VCCT clients and TB patients tested in Q4-2011, 51,483 (55.2%) were female and 87,499 (93.9%) 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= 93,190</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No. (%)</td>
<td></td>
</tr>
<tr>
<td>≤14 years</td>
<td>1,703 (1.9%)</td>
<td>103 (6.7%)</td>
</tr>
<tr>
<td>15-49 years</td>
<td>87,499 (93.0%)</td>
<td>1,311 (85.3%)</td>
</tr>
<tr>
<td>&gt; 49 years</td>
<td>3,929 (4.2%)</td>
<td>123 (8.0%)</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= 93,190</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No. (%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>41,707(44.8%)</td>
<td>736 (47.9%)</td>
</tr>
<tr>
<td>Female</td>
<td>51,483 (55.2%)</td>
<td>801 (52.1%)</td>
</tr>
</tbody>
</table>

**Table 6: Characteristics of clients tested at VCCT sites, In Q4-2011**

In Q4-2011, 98.9% (range: 89.1% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q4-2011, of 93,299 VCCT clients, 3,872 (2.2%) were referred from the TB program. (Figure 4).

**Figure 4: Trend in number of VCCT clients referred from TB program from Q1-2008 to Q4-2011**
In Q4-2011, of the 93,190 VCCT clients and TB patients tested at VCCT sites nationwide, 1,537 (1.6%) were detected HIV positive at VCCT sites (Figure 5).

Figure 5: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q4-2011

2.2. OI and ART services

Up to q4 2011, there are 57 health facilities offer OI and ART services in 46 Operational Districts in 21 provinces and cities (Annex: CoC indicator 1). In this quarter there is one health center provided service OI-ART care to PLHIV at Chamkardonng Health Center in Phnom Penh. These 57 OI and ART services are supported by the government 53 sites and 4 sites by NGOs and partner (Annex: CoC indicator 2). Of the total 57 OI/ART sites, there are 33 sites provide pediatric care in 31 Operational Districts.
Figure 7: Location of facility-based OI/ART sites as of 31\textsuperscript{st} December 2011

\textbf{a. Laboratory Support:}

In Q4-2011, 18,975 CD4 tests have been conducted in the 7 regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Preyveng, NCHADS, NIPH in Phnom Penh and Mongkul Borei in Banteay Meanchey province (Figure 8). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 416 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 777 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) and other 883 HIV RNA viral load also conducted at NCHADS in this quarter 4 (Figure 9).

There’re 297 DNA-HIV DBS tests for Early Infant Diagnosed (EID) found 18 positive were conducted at NIPH. Another place at Institute Pasteur of Cambodia (IPC) in Q4-2011 the total number of DBS screened are 323 found 23 positive and Number of infant screened for the 1st time (excluding DBS for confirmation) are 194 which founded infant diagnosed positive at time of 1st screening are 22 and the total number of HIV DR tested are 33. (Sources: report from NIPH and IPC)
This Q4-2011, a total of 46,473 active patients including 42,034 adults and 4,439 children are receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3).

![Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q4-2011](image1)

In Q4-2011, female adult patients accounted for 53.6% (22,554) of all active patients on ART. At OI/ART sites, a total of 1,275 new patients (including 87 children) started OI prophylaxis and management and 1,143 new patients (including 110 children) started on ART in Q4-2011 (Figure 13).

![Figure 12: Trend in number of active adult and child patients on ART care from Q1 2009 to Q3-2011](image2)

In Q4-2011, female adult patients accounted for 53.6% (22,554) of all active patients on ART. At OI/ART sites, a total of 1,275 new patients (including 87 children) started OI prophylaxis and management and 1,143 new patients (including 110 children) started on ART in Q4-2011 (Figure 13).
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 Q3 2011. In this quarter there are 303 patients lost and 52 died in Pre-ART care.

![Figure 13: Trend in numbers of new patients on Pre-ART and ART from Q1-2009 to Q4-2011](image)

There were a total of 5,283 active adult patients and 1,373 child patients with opportunistic infections who are not eligible for ART yet at the end of Q4-2011. Of those, 3,338 (63.2%) were female patients represented mostly the spouses of male patients who are started on Pre-ART care since years ago.

A total of 1,074 adult patients and 198 child patients on Pre-ART care were eligible to prepare on ART at the end of December 2011.

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

In Q4-2011, a total of 286 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 299 ART patients lost treatment and 165 patients died during this quarter. At the end of Q4-2011, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,581 active patients on ART.

**c. Drug and logistic support**

In Q4-2011, 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 4.2 % of adults and 8.5 % of children were on PI-based regimens (Table 2).
**Table 7:** Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q4-2011

<table>
<thead>
<tr>
<th>ARV drug regimen</th>
<th>Adults N= 42,034* No. (%)</th>
<th>Children N= 4,439* No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>d4t+3TC+NVP</td>
<td>16,752 38.9 %</td>
<td>3,119 69.4 %</td>
</tr>
<tr>
<td>d4t+3TC+EFV</td>
<td>5,608 13.0 %</td>
<td>438 9.7 %</td>
</tr>
<tr>
<td>AZT+3TC+NVP</td>
<td>11,456 26.6 %</td>
<td>402 8.9 %</td>
</tr>
<tr>
<td>AZT+3TC+EFV</td>
<td>4,406 10.2 %</td>
<td>138 3.1 %</td>
</tr>
<tr>
<td>PI-based regimens</td>
<td>1,799 4.2 %</td>
<td>384 8.5 %</td>
</tr>
<tr>
<td>Other regimens</td>
<td>3,085 7.2 %</td>
<td>16 0.4 %</td>
</tr>
</tbody>
</table>

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

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

In Q4 2011, there were 1,362 new OI patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,275 new adult patients on OI, 1,041 (81.6%) were screened for TB Symptom during the quarter. Of the 397 patients suspect TB infected was creened for TB, 183 were detected as TB Pulmonary and TB Extra-pulmonary, among 183 TB Diagnosed detected 160 were TB treatment. The number of TB screened among new OI patients were decreased than Q3 2011.

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

- **Isoniazid Prevention Therapy (IPT)**
  During the fourth quarter of 2011 there’re remain three sites implemented TST are at Battambang PH, Serei Sophorn RH and Mongkul Borei RH, by the way the other three sites dropped TST and implemented non-TST normally are Kampong Cham PH, Thbong Khmom RH and Smapov Meas RH. A total of 945 new Pre-ART patients registered at 35 sites implementing the Three "I" Strategy (3 TST sites=103 new patients and 33 Non-TST sites = 842 new patients). Of these, new Pre-ART patients, 848 patients was screen for TB Symptom and 530 not found any TB symptom, so there are 196 patients started IPT (TST sites=8 patients and non-TST=188 patients), and 320 active patients on Pre-ART started IPT (TST sites =12 patients, and non-TST sites=308) among all active patients adult on Pre-ART = 6,357.

- **Pre-ART (OI)**
  There’re 1,275 of new adult Pre-ART patients registered at OI/ART sites. Of these 1,275 received TB symptom screening that identified that 397 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 397 patients with screened positive for TB symptoms, 183 were diagnosed to have TB (BK+/-, EP), 160 started TB treatment, and 196 started IPT as they did not present TB symptom and put on IPT. There were 168 active patients on Pre-ART diagnosed with TB (BK+/EP), of which 154 patients started TB treatment, 148 TB-HIV patients started cotrimoxazole prophylaxis and 320 patients started on IPT during this quarter.
This quarter 1,143 new ART patients registered at OI-ART sites. Of these, 93 were diagnosed with TB (BK+/- EP), 58 patients started TB treatment. Of the 207 of active patients on ART who were diagnosed as having TB (BK+/-, EP), 103 started TB treatment and 132 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

**Pregnancy and abortion**

This quarter there're 709 new Pre-ART female patients registered at OI/ART sites, among these new female 79 became pregnant. Of all 4,006 active female patients on Pre-ART until this last quarter, 116 got pregnant and 36 of them started ARV prophylaxis. Three women were reported to have spontaneous abortion, and other five women were reported to have induced abortion during this quarter.

There're 658 new ART female patients registered at OI/ART sites, among these new female 48 became pregnant. Of all 22,554 active female patients on ART in this quarter 265 of them got pregnant. Two women were reported to have spontaneous abortion, and other five women were reported to have induced abortion during this quarter.

### 2.3. Linked Response

**68 Reporting LR ODs, October to December 2011**

In October 2011, of the 68 ODs implementing the Linked Response Approach, 68 ODs had reported data. From October to December 2011, of a total of 72,361 first ANC attendees at Linked Response sites and outreach services, 60,483 (83.58%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 12,490 (17.26%) husbands/partners accepted testing. Among the 53,033 pregnant women who received an HIV test, 95 (0.17%) was HIV positive.

A total of 156 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between October and December 2011. Of these mothers, 141 (90.38%) accessed ARV drugs: 102 (65.38%) received ART and 39 (25%) received ARV prophylaxis. Of 159 infants born to HIV-infected mothers at PMTCT maternity sites, 148 (93.08%) received NVP, 94 (59.11%) received Cotrimoxazole and 83 exposed infants received DNA-PCR1 tests before 2 months and 31 after 2 months of age, 3 was DNA-PCR1 positive and 7 exposed infants was died.

### 2.1.3. Community-based services

As reported in 4th quarter 2011, there are 354 HBC teams covered over 881 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 32,080 PLHA (Annex: HBC indicator 2), which 7,256 were registered in Pre-ART (OI) and other 24,824 were registered in ART.

III. FINANCIAL REPORT:

During this period, more than 66% of total budget in 4\textsuperscript{th} Quarterly activity plan of 2011 were spent on key activities of prevention, care, support and treatment programme for HIV/AIDS patients. The expenditure was also included expenditures for logistic management to procure for health products and medical equipments (OI/ARV drugs, reagents and consumables) (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 (Kampot Thom, Kampot, Kandal, Prey Veng, Svay Rieng, Pursat, Oddor Meancheay, Stung Treng, Preah Sihanouk and Takeo), and 4 provinces (Battambang, Banteay Meancheay, Pailin and Pursat) funded by US-CDC. Any activity plans of the rest of provinces funded by GFATM-HIV-SSF.

This Report presented quarter expenditures in description of both the proportion of planned budget disbursed and achievement of activities as planned. The figure in expenditure columns below is shown only expenditures recorded from the NCHADS accounting system as allowable reconciled expenditure against advances. It includes the ten main funding sources of NCHADS programme: GFATM (R5 and HIV-SSF), CDC, CHAI, UNSW/CTAP, CIPRA, ITM, and AHF.

<table>
<thead>
<tr>
<th>Sources</th>
<th>Annual Plan</th>
<th>Q4 Plan</th>
<th>Q4 Act</th>
<th>Q4 %</th>
<th>A %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCHADS-GFATM</td>
<td>$18,406,927</td>
<td>$15,024,677</td>
<td>$9,747,184</td>
<td>65%</td>
<td>105%</td>
</tr>
<tr>
<td>Source</td>
<td>Year 1</td>
<td>Year 2</td>
<td>Year 3</td>
<td>Change</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>------------</td>
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<tr>
<td>GFATM-R5-NCHADS</td>
<td>$ 38,840</td>
<td>$ -</td>
<td>$ -</td>
<td>221%</td>
<td></td>
</tr>
<tr>
<td>US-CDC</td>
<td>$ 501,868</td>
<td>$ 253,600</td>
<td>$ 221,521</td>
<td>87%</td>
<td>153%</td>
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<tr>
<td>AHF</td>
<td>$ 122,312</td>
<td>$ 30,538</td>
<td>$ 33,932</td>
<td>111%</td>
<td>97%</td>
</tr>
<tr>
<td>WHO</td>
<td>$ 50,000</td>
<td>$ 20,000</td>
<td>$ 28,026</td>
<td>140%</td>
<td>130%</td>
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<tr>
<td>ITM DGDC</td>
<td>$ 85,128</td>
<td>$ 21,282</td>
<td>$ 22,593</td>
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<td>84%</td>
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<tr>
<td>CHAI</td>
<td>$ 299,623</td>
<td>$ 41,346</td>
<td>$ 43,837</td>
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<td>58%</td>
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<tr>
<td>UNSW(CTAP)</td>
<td>$ 35,000</td>
<td>$ 10,000</td>
<td>$ 10,022</td>
<td>100%</td>
<td>90%</td>
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<tr>
<td>CIPRA</td>
<td>$ 30,000</td>
<td>$ 10,000</td>
<td>$ 12,561</td>
<td>126%</td>
<td>389%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$ 19,809,152</strong></td>
<td><strong>$15,411,443</strong></td>
<td><strong>$10,107,115</strong></td>
<td><strong>66%</strong></td>
<td><strong>104%</strong></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 fourth 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.