

Report mission

Follow-up of the Linked Response Project Kirivong operational district ITM, NCHADS – December 6 - 17, 2008 Dr Thérèse Delvaux

Background on the “Linked Response”

The main objectives of the Linked Response (LR) are:

- 1) To contribute to the strengthening of Cambodia's overall health care system;
- 2) To strengthen existing reproductive health services;
- 3) To increase access to HIV prevention education, testing, care and treatment. (See SOPs on Linked Response, NCHADS, February 2008).

A total of 5 operational districts (ODs) have been chosen for a demonstration project in which NCHADS, NMCHC, ITM, WHO/UNICEF and Clinton Foundation (CHAI) will collaborate on the implementation of the Linked Response: One OD in Takeo province (Kirivong OD) and 4 ODs in Prey Veng province (Neak Loeung; Kampong Trabek; Preah Sdach and Mesang).

ITM and WHO are in charge of Kirivong OD (population: 220,428 in 2007; 223,091 in 2008), which includes a total of 20 health centres (HC) and one referral hospital (RH) while CHAI support the five ODs in Prey Veng province.

Objectives of the mission

The main objective of the mission is **to give support to prepare and attend** the first Steering Committee Meeting of the Linked Response approach together with NCHADS, WHO, CHAI and OD's teams.

The specific objectives were to:

- 1) Revise with NCHADS and OD's teams the presentations being prepared for the meeting; Give particular support and feed-back to the OD's teams regarding data collection and presentation;
- 2) Attend the meeting on 12 December 2008; Share experiences and management modalities with partners of the LR; Discuss about the next steps of the LR in 2009;
- 3) Meet with other organisations involved (now or in the future) in the implementation of the LR (UNFPA; FHI, RHAC) and in the implementation or the support of safe abortion services (RHAC and RMMP).

Mission report

1. Preparation of the meeting

The mission included a number of work sessions at NCHADS with colleagues and partners on presentation of the data for the 5 ODs where LR was implemented (see calendar of the mission in Annex 1 at the end of the report).

2. First steering committee meeting of the Linked Response

The meeting took place at Sunway Hotel in Phnom Penh from 8:00 AM to 5:00 PM on **Friday 12 December 2008** (see programme of the meeting in Annex 2). A total of 115 people attended the meeting, including 81 people from the ODs and Health Centers, 20 NCHADS staff and 14 people from national and international organisations.

LR implementation process in Kirivong OD:

Before the LR was launched, HIV care services were available at the district referral hospital (since 2004). HIV testing and counselling (VCCT) services were available at two sites (Chann Chum Health Centre at Kirivong (KRV) referral hospital (RH) and Romenh HC, set up in 2005 and 2007, respectively) and prevention of mother-to-child HIV transmission (PMTCT) services were only available at one site (RH since September 2007)(see Map1).

Within the LR approach, 4 additional VCCT-PMTCT sites were made operational and PMTCT services included to a former VCCT site (Romenh HC), leading to a total of 6 sites providing the full package of VCCT-PMTCT activities, i.e. HIV counselling and testing, and PMTCT ARV prophylaxis. In the LR concept, VCCT-PMTCT sites are called “**sub-satellites**”. The “**satellite**” is in theory represented by the OD Referral Hospital. In Kirivong, the satellite site also includes OI/ART services (and could also be called a “**Hub**” where HIV positive women and their exposed infants, once they have been identified through PMTCT, are referred to for clinical check-up.. Thus, in Kirivong OD, there is a total of one Satellite-Hub site, 5 sub-satellite sites and 14 Linked Health centres. The LR approach establishes strong referral and follow up linkages between sub-satellites and 14 health centres under the coverage of KRV OD, this gives the opportunity to the population living in the OD to better access VCCT-PMTCT, OI/ART care and treatment services.

In summary:

- A situation analysis workshop was held from 3 to 6 March 2008 in Kirivong OD. The goal of the workshop was to analyze the current situation (using the project cycle management approach) in terms of RH/HIV services and set up target for the district for the next three years. The facilitators were members from NCHADS, ITM, PHD and OD Coordinators.
- Training sessions were conducted by NCHADS and NMCH facilitators from 21 to 26 April 2008 (6 days) for a total of 21 staff i.e. 5 HCs staff and Home-based care (HBC) teams).
- A small laboratory room to accommodate HIV testing was set up in each new site.
- Antiretroviral prophylaxis (Nevirapine and AZT) were also made available at the 6 PMTCT sites.

First results of the LR project

Data are presented in the following figures and tables:

Figure 1 shows (in absolute numbers) an overview of PMTCT activities from the start (with one PMTCT site) in September 2007 until November 2008, after 6 months of the LR implementation (with a total of 6 PMTCT sites).

Table 1 presents the full set of data including, numerators and denominators for selected indicators before and after linked response approach, over the whole years 2007 and 2008 (up till November, in 2008).

While in 2007, 3 HIV positive women were identified through ANC screening, 8 HIV positive women were detected in 2008 (Table 2). Three women living with HIV/AIDS (PLWHA) and who became pregnant were identified in 2003 and 4 in 2008 (Table 3).

Table 4 shows the follow-up of HIV positive women in 2007 and 2008. These data are yet preliminary but basically, a bigger number of HIV positive pregnant women were identified in 2008 and a bigger proportion of HIV positive women were likely to be tested for CD4 cell count in 2008 (10/12 (83%) vs. 4/6 (66%). Infant follow-up shows that the majority of infants received formula feeding (through the NGO MSF operating in Takeo province) and that all children tested for HIV so far (n=6) were HIV negative (Table 5). Table 6 show abortion services and manual vacuum aspiration use in two sites were safe abortion services where put in place in March-April 2008.

Figure 2 shows the percentage of pregnant women (PW) tested for HIV over the target population of PW in the whole district before and after the Linked Response was launched in

2007 and 2008. Figure 3 shows antenatal care coverage as well as percentages of health facility deliveries and birth spacing/ family planning in the district before and after LR in 2007 and 2008.

In summary, our findings at the end of the first year of the LR approach demonstration project (6 months after the Linked Response was effectively launched) show that HIV testing among pregnant women sharply increased. HIV testing among partners of pregnant women also substantially increased. Antenatal care coverage showed an increasing trend while health facility deliveries and family planning current users or contraceptive prevalence did not show any change so far.

A major achievement of the LR approach is also capacity building at the OD level since most of the figures presented by Kirivong OD at the Steering Committee meeting were done by the OD staff itself.

The next steps of the LR approach are the following:

- 1) Improve the coverage and the quality of ANC (not only increase ANC1 coverage but also adequate coverage (in Cambodia 3 ANC visit)
- 2) Improve coverage of deliveries assisted by trained personnel and at health facility (especially in Prey Veng province where the rates are much lower than in Kirivong)
- 3) Sustain HIV testing rates with strengthened community participation not only through home-based care teams but also involving Village Health Support Groups (VHSG). (Dr. Mean Chhi Vun presented the plan to increase (where no home-based care teams) village health workers from 2 to 4 and give them some financial support. This has to be well conceived and prepared since currently some TB projects have shown good results with these health workers although they do not perceive any money.
- 4) Improve data monitoring and particularly follow-up of HIV positive women and infants which shows to be challenging. *NB: Within the LR project, harmonize as much as possible data collection tools and indicators between CHAI and ITM/WHO project.*
- 5) Strengthen birth spacing – family planning services.

Table 1

RESULTS for first 6 months Linked Response (LR), Kirivong OD, Cambodia
Selected indicators, before- after LR 2007- 2008

1st PMTCt site 2007

Yet to be filled in

TABLES for (whole) year 2007 - 2008

LR lauched 2008

ANC1

Target population PW per month, **2007**

#ANC1

%

Jan	Feb	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
522	522	522	522	522	522	522	522	522	522	522	522	6260
408	325	259	321	371	354	351	424	378	420	336	277	4224
78%	62%	50%	62%	71%	68%	67%	81%	72%	81%	64%	53%	67%

Target population PW per month, **2008**

#ANC1

%

528	528	528	528	528	528	528	528	528	528	528	528	6336
339	393	315	300	373	446	457	317	364	449	439		4192
64%	74%	60%	57%	71%	84%	87%	60%	69%	85%	83%	0%	66%

Adjusted for 11 months 2008

72,2%

1st PMTCt site 2007

LR lauched 2008

HIV testing

Target population PW per month, **2007**

Women tested for HIV, 2007

%

Jan	Feb	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
522	522	522	522	522	522	522	522	522	522	522	522	6260
0	0	0	0	0	0	0	0	61	69	20	35	185
0%	0%	0%	0%	0%	0%	0%	0%	12%	13%	4%	7%	3%

Target population PW per month, **2008**

Women tested for HIV, 2008

528	528	528	528	528	528	528	528	528	528	528	528	6336
70	134	102	67	101	465	813	372	307	362	354		3147
13%	25%	19%	13%	19%	88%	154%	70%	58%	69%	67%	0%	49,7%

Adjusted 11 months 2008

54,2%

1st PMTCt site 2007

LR lauched 2008

Health facility Deliveries

Target population PW per month, **2007**

Women delivered in health facilities

%

Target population PW per month, **2008**

Women delivered in health facilities

%

Jan	Feb	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
522	522	522	522	522	522	522	522	522	522	522	522	6260
352	335	303	388	305	329	217	254	287	276	324	341	3711
67%	64%	58%	74%	58%	63%	42%	49%	55%	53%	62%	65%	59%
528	528	528	528	528	528	528	528	528	528	528	528	6336
327	371	300	300	292	296	264	294	338	311	330		3423
62%	70%	57%	57%	55%	56%	50%	56%	64%	59%	63%	0%	54%

Adjusted
11
months
2008
58,9%

1st PMTCt site 2007

LR lauched 2008

Partner testing

ANC1 women , **2007**

partners tested for HIV, 2007

%

ANC1 women , **2008**

partners tested for HIV,2008

%

Jan	Feb	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
408	325	259	321	371	354	351	424	378	420	336	277	4224
0	0	0	0	0	0	0	0	9	7	4	9	29
0%	0%	0%	0%	0%	0%	0%	0%	2%	2%	1%	3%	1%
339	393	315	300	373	446	457	317	364	449	439		4192
10	10	8	8	8	121	138	89	93	65			550
3%	3%	3%	3%	2%	27%	30%	28%	26%	14%			13%

Adjusted
11
months
2008
13,1%

Table 2. Number and % of pregnant women tested HIV+

Month		01	02	03	04	05	06	07	08	09	10	11	12	Total
2007	#PW Tested	0	0	0	0	0	0	0	0	61	69	20	35	185
	# of HIV+	0	0	0	0	0	0	0	0	1	1	1	0	3
2008	#PW Tested	70	134	102	67	101	465	813	372	307	362	354		3147
	# of HIV+	0	0	0	0	1	3	1	0	1	1	1		8

Table 3. Number of PLWHA identified who became pregnant

	01	02	03	04	05	06	07	08	09	10	11	12	Total
2007	0	0	0	0	0	0	1	0	1	1	0	0	3
2008	0	0	0	0	0	0	1	2	0	1	0	0	4

Table 4. Follow-up of HIV positive women, Kirivong 2007- 2008 (To be re-checked)

	PW HIV+ identified	Tested CD4 cells	Received ARV prophylaxis	On ART	Other outcome, comment
2007	06	04	03	02	1 data not available
2008	12	10	05	05	01 for Abortion 01 out service
Total	18	14	08	7	

Table 5. Infant follow-up among HIV positive women, Kirivong OD, 2007, 2008

	Infant feeding	Tested PCR	Result	Not yet tested	Other, comment
2007	00 BF	0			
	02 FF	02	(-)02	0	
2008	01 BF	0			
	09 FF	08	(-)04	01	04 Waiting For result

Figure 2. HIV testing among pregnant women, Kirivong OD, before-after LR 2007-2008

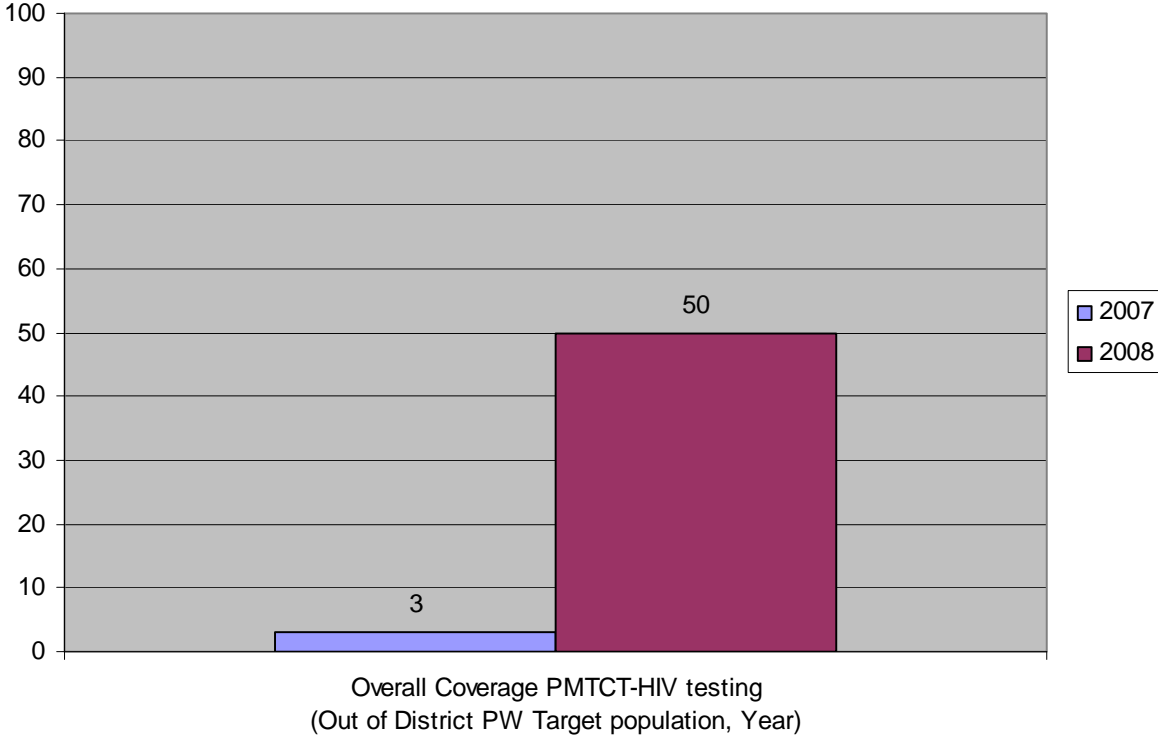
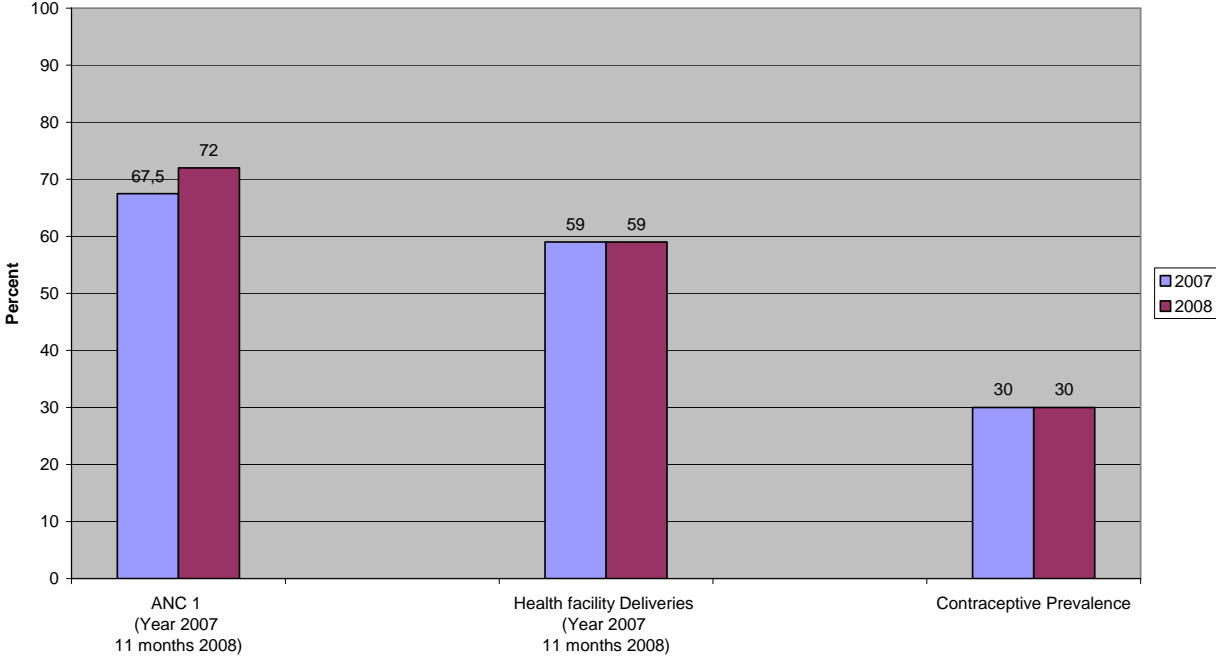


Figure 3. Antenatal, delivery care and birth spacing, Kirivong OD, before-after LR 2007-2008

Preliminary data Kirivong OD RH, Pre-Post LR



Annex 1. Calendar of the mission – ITM - NCHADS, Dr T. Delvaux 6-17 September, 2008

Saturday 6 December	Flight Brussels – BKK- Phnom Penh
Sunday 7 December	Arrival in Phnom Penh
Monday 8 December	Meeting at NCHADS Dr Bora, Dr Sovanarith, Maggie Di Chiarro, Zachary Katz and Alicia Brown (Clinton Foundation) and Ms Divine <ul style="list-style-type: none"> • Update on the programme of the meeting • Invited partners • Review of the general presentation on the LR
Tuesday 9 December	Meeting at NCHADS Dr Bora, Dr Sovanarith, Maggie Di Chiarro, (Clinton Foundation) <ul style="list-style-type: none"> • Discussion on selected indicators and figures to be included in each district presentation Meeting with Nicole Seguy (WHO) at NCHADS Meeting at UNFPA with Dr Chung Vandara
Wednesday 10 December	Revision of Kirivong OD presentation and data Meeting with Dr Swaraj (RMMP, Safe abortion services)
Thursday 11 December	Meeting at RHAC with Dr Vutiny Meeting at NCHADS with Dr Mean Chhi Vun Finalisation of presentations
Friday 12 December	First Steering Committee Meeting Sunway Hotel
Saturday 13 December	Meeting with FHI (Drs Laurent Ferradini and Ngak Song)
Wednesday 17 December	Monitoring and Evaluation meeting at NCHADS Meeting with Dr Ouk Vichea Flight PP- BKK- Brussels

Annex 2. Programme of the LR meeting, 12 December 2008.

**NCHADS - ITM DGDC/ WHO/ CHAI
HIV Prevention and Reproductive Health (Cambodia)**

**First Steering Committee Meeting of the Linked Response Approach
in Takeo and Prey Veng provinces
12 December 2008 at Sunway Hotel, Phnom Penh**

7:30-8:00	Arrival of Participants and registration
8:00-8:45	Welcome remarks by Mr. Zachary Katz , Country Director of Clinton Foundation-Cambodia Welcome remarks by Dr. Nicole Seguy , WHO HIV/AIDS consultant - Cambodia Welcome remarks by Mr. Tony Lisle , UNAIDS Country Coordinator. Welcome remarks by Dr. Therese Delvaux , HIV/STI Epidemiology and Control Unit of Institute of Tropical Medicine in Belgium Opening remarks by HE Dr. Mean Chhi Vun , Director of NCHADS, Advisor to Minister of Health, and chair the meeting
8:45-9:00	Objectives of the meeting <i>Dr. Samrith Sovannarith</i>
9:00-9:30	Overview of the implementation of the Linked Response approach in Cambodia: Neak Loeung Cluster in Prey Veng and Kirivong Operational District in Takeo <i>Dr. Samrith Sovannarith and Dr. Ngov Bora</i>
9:30-9:45	General Discussion and questions-answers from the floor
9:45-10:00	Coffee break
10:00-10:25	Progress report: implementation of the Linked Response approach in Neak Loeung Cluster, Prey Veng province, in Neak Loeung, Mesang, Preah Sdach, and Kampong Trabek ODs from 1 st April 2008 to 30 th September 2008. <i>Dr. Long Noeurn</i> , Neak Loeung Cluster Coordinator and/or <i>Dr. Ouk Sun Deth</i> , HIV/AIDS OD Coordinator
10:25-10:45	General Discussion and questions-answers from the floor Neak Loeung Cluster
10:45-11:00	Coordination, Challenges and Suggestions of MCH at Neak Loeung OD, Presented by <i>Ms.Som Samphos</i> , MCH Coordinator in Neak Loeung

OD

