

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**FOURTH QUARTERLY COMPREHENSIVE REPORT, 2008
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**



**MINISTRY OF HEALTH
NATIONAL CENTER FOR HIV/AIDS, DERMATOLOGY AND STD**

ACKNOWLEDGEMENTS

On behalf of National Center for HIV/AIDS Dermatology and STD, I would like to acknowledge the hard work of all staff and partners in the implementation of HIV/AIDS Prevention and Care Programme in line with to Strategic Plan For HIV/AIDS and STI Prevention and Care 2008-2010 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.

Phnom Penh, 25th February 2009

Deputy Director



Dr. LY PENH SUN

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NATIONAL CENTER FOR HIV/AIDS DERMATOLOGY AND STDs

ACTIVITIES PROGRESS REPORT

OCTOBER TO DECEMBER 2008



I. Introduction:

The NCHADS Annual Comprehensive Work Plan and budget plan including PBSI in 2008 has been developed based on Strategic Plan for implementation of HIV/AIDS Prevention and Care in Health Sector 2008 to 2010. With approval, it has the total budget of \$11,539,074 that is consisting of 20 different funding sources to implement HIV/AIDS and STI program at national and provincial levels. **The budget is allocated** 7% for prevention programs, 56% for continuum of care for HIV/AIDS patients (including reagents, OI/ARV drugs, consumables, etc), 9% for strategy information (surveillance, research and data management), 20% for programme management (planning, monitoring and reporting, and administration and finance and PBSI), and other 8% supports the running cost at provincial level. Based on this work-plan, the quarterly activity work-plans and budget plan are developed respectively.

This report described the achievement of main activities on HIV/AIDS and STI program in period of July to September 2008, that were carried out by NCHADS Units and provinces. During this period, more than 70% of total budget in 4th quarterly activity plan of 2008 were spent on key activities for prevention, care and support for HIV/AIDS patients. Some funding sources have not been spent due to delay of funding disbursement and approval procedures of some funding sources. Therefore, some activities have not been implementing as panned at national and provincial level.

In addition, there are only 6 provinces including Kampong Cham, Phnom Penh, Pailin, Pursat, Sihanouk Ville and Takeo that are granted by GFATM-R4, have done with the routine activities of the outreach program and 100% Condom Use Program for entertainment sex workers, and some main STI activities. Also, the part of CoC activities for care and support for HIV/AIDS patients that are funded by AHF, have been implemented at 9 ODs in 8 provinces (Kampong Thom, Kampot, Kandal, Prey Veng, Pursat, Oddor Mean Chey, Stung Treng and Takeo), and 4 provinces funded by US-CDC. The following descriptions are the detailed report of activities in each component that have been done during this quarter at national and provincial level.

II. Programme Implementation:

The 4th quarterly work-plan 2008 has been made and approved. During this period, most activities have been achieved to reach some parts of the targets and the objective are set in 2008, with the available funding sources from GFATM R4 and R5, CHAI, AHF, ITM, AusAid, WHO, US-CDC, FHI and UNAIDS/PAF.

1. PREVENTION PACKAGE:

a. Behavioral Chang Communication (BCC):

NATIONAL LEVEL:

- Supervision visits to monitor and provide technical supports on OPC program were conducted by BCC officers in Pailin, Takeo, Pursat, Kampong Cham, Sihanouk Ville, and Phnom Penh.
- Chief of BCC Unit attended the Study Visit on implementation of Harm Reduction in Taiwan.

PROVINCIAL LEVEL

- In collaboration with partners, PHD, ODs and local authority, some provinces organized the World AIDS Day such as in Svay Rieng (OD Chipou, OD Svay Rieng, and OD Romeas Hek), Banteay Meanchey (Poi Pet, Malay, Preahnetpreah, Thmarpuok, and Mongkulborey), Kampong Thom (Provincial Town and Stung district), Stung Treng and Oddor Meanchey province.
- Mapping and listing the entertainment workers for 100% CUP (Battambang)
- Supervision on outreach program at OD level in KCM, PNP, SHV, TKV and PST, were conducted. The PWG/OPC, PST/OPC meeting and meeting with owners of entertainment sex workers were regular organized (Table 1 and 2)
- CUCC and CUWG meetings were regularly organized in order to monitor the implementation of 100% CUP (Table 3).
- CUWG members conducted supervision trips to the brothels.
- Condoms have been distributed during outreach visits, at STD clinics and at VCCT centers (Table 3).

Table1: Summary of PWG/OPC, PST/OPC and Owner meeting by provinces

Provinces	PWG/OPC meetings		PST/OP meetings		Owner meetings	
	# of	# of	# of	# of	# of	# of
	meeting	participants	meeting	participants	meeting	participants
1 KCM	0	0	2	18p	4	75p
2 PNP	1	32p	2	44p	4	200p

3	PLN	1	10p	3	24p	1	25p
4	PST	3	30p	3	22p	1	52p
5	SHV	1	8p	2	16p	1	76p
6	TKV	0	0	3	21p	2	60p
7	SVR					1	52p

Table 2 : Summary of Refresher training for PST/OP:

	Provinces	Participants
1	Kampong Cham	9p
2	Takeo	23p
3	Pursat	13p
4	Sihanouk Ville	8p

Table 3 : Summary of 100% CUP activities by provinces

Provinces	# of CUGW meeting (participants)	# of CUCC meeting (participants)	# of Condom distributed
1 KCM	2 (28p)	0	20,000
2 PNP	1 (36p)	0	15,000
3 PLN	2(16p)	1 (10p)	50,000
4 PST	3 (21p)	1 (10p)	15,000
5 SHV	3(45p)	1 (14p)	NA
6 TKV	3(18p)	0	15,000

b. Sexual Transmit Infection/ Reproductive Tract Infection:

NATIONAL LEVEL:

i. Technical Working Group Meeting:

STD officers of NCHADS conducted monthly TWG meetings to discuss on quality improvement for STI Clinics.

ii. Training and Workshop:

Trainings and workshops were organized during this period including:

- One 2-day Coordination meeting on Strenthening use of STI services for MSM, which was held in Siemreap Town.
- Facilitated in Training on Syphilis testing for ANC in Takeo, Prey Veng.
- Dr. Phal Sano attended the International workshop on dissemination the result of Reproductive survey at Sunway Hotel which organized by WHO.

- Data of STI cases, and serological and bacteriological testing from National STI Clinic are summarized at Table 4, 5 and 6.

Table 4: CONSULTATION AND TREATMENT

Disease	Dermatology		STD		Surgery	
	Male	Female	Male	Female	Male	Female
Month						
October	833	1240	39	40	4	8
November	718	898	21	35	4	7
December	815	1132	39	47	12	20

Table 5: Serological testing

Test	RPR		TPPA		HBs-Ag		HBs-Ab		HCV-Ab		HIV-Ab	
	Total	+	Total	+	Total	+	Total	+	Total	+	Total	+
Month												
October	45	1	45	3	53	6	51	16	54	3	61	1
November	71	4	67	5	72	6	72	13	70	2	95	17
December	40	0	41	1	68	10	68	15	67	3	52	3

Table 6 : Bacteriological testing

Method	Gram Stain			Wet mount		
	GNID	PMNs >10	# of test	Yeast	Trichomonas	# of test
Months						
October	2	6	12	3	0	11
November	2	5	22	0	0	10
December	1	9	24	4	0	17

iii. Monitoring and Supervision

- STI Unit and clinicians and lab technicians from National STD clinic conducted supervision visits to monitor and provide technical support to STD clinics in Takeo, Kampot, Kratie, Phnom Penh, Sihanouk Ville, Koh Kong, Prey Veng, Svay Rieng, Oddormeanchey, Siem Reap, Preah Vihear and Banteay Meanchey (Reports in file).

PROVINCIAL LEVEL:

Mobile STI clinic was provided every month to sex workers in Pursat. The following tables (7, 8 and 9) are summarizing activities that have done at provincial and district levels.

Table 7 : Summary of Refresher training for HC staff:

	Provinces	Participants
1	Takeo	38p
2	Pailin	12p

Table 8 : STI Coordination meeting (Quarterly coordination meetings with STI clinics, ODs, HCs and PAO staff)

	Provinces	Participants
1	Phnom Penh	43p
2	Pursat	12p
3	Pailin	10p
4	Takeo	34p

Table 9 : Supervision trips to OD and HCs

No	Province	# Supervisions from PAO to OD(sites)	# Supervisions from OD to HCs (sites)
1	KCM	10trips (10 ODs)	32trips (32 sites)
2	PLN		4trips (4 sites)
3	PST	2trips (2 ODs)	6trips (13 sites)
4	PNP	5trips (5 ODs)	8 trips (8sites)
5	SHV	NA	NA
6	TKV	4trips (4 ODs)	18 trips (12sites)

2. CARE PACKAGE:

a. Health Facility and Home Based Care:

NATIONAL LEVEL:

i Prepare the GUIDELINE and training material

- Sub-TWG for Health Facility Based Care Meetings was conducted to revise the Pediatric OI Guidelines.

ii Training-Workshops

- The 3rd Network Meeting for Pediatricians on OI/ART Management and Counselors were conducted at National Pediatric RH, which supported by GFATM-R4.

- In-services training on OI/ART management for clinicians in Strung Treng and Pursat province, which supported by AHF.
- Refresher training for Linked Response for HBC team members and HC staff in OD Neak Loeung and Prey Veng, which supported by CHAI.
- Attended the Quarterly coordination meeting for Linked Response in OD Kirivong, which supported by WHO.
- The 3rd Regional Counselors network meetings were conducted in 3 different places which supported by GFATM-R4:
 - Battambang (43p from Battambang RH, Thmarkol, Mong Ressa, Military No 5, Mongkul Borey, Serey Sorphorn, Poi Pet, Siem Reap, Sotnikum, and Kralanh RH);
 - Sihanouk Ville (38p from Donkeo, Kirivong, Ang Rokar, Kampot, Kampong Trach, Chey Chumneah, Koh Thom, Koh Kong, Sre Ambel, Sihanouk ville and Kampong Speu RH).
 - Kampong Thom (42p from Kampong Thom RH, Kampong Cham RH, Memut RH, Tbong Khmum RH, Stung Treng RH, Siem Reap RH)

These meetings provided an opportunity for HIV/AIDS care counselor 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.

iii. Mentoring and supervision:

- 8 Supervision trips for provide technical support to new OI/ART sites for children were conducted in Kirivong OD/Takeo, Memut RH, Tbong Khmum, Kampong Cham RH, Kratie RH, Stung Treng RH, Koh Thom RH, Takhmao RH.

PROVINCIAL LEVEL:

- Monthly CoC coordination committee meetings and MMM Adult and Children) activities were conducted and summarizing in Table 10.
- 30 participants from OD, PMTCTs, and representative from US-CDC were attending the technical meeting (Banteay Meanchey).
- One 5 day training for 22 PMTCT counselors on HIV/AIDS counselor (Banteay Meanchey).
- 83 participants from TB program, VCCT, PAO, PHD, RHs, HCs and NGOs were attending quarterly coordination meeting (Banteay Meanchey).
- Refresher Training on HIV/AIDS Prevention to OI/ART team and RH staff (Table 11).

- Home based care network meetings were organized in order to identify issues and solve problems (Table 12).

Table 10: CoC CC meeting and MMM Activities

	# of MMM meeting	# of PLHA attended	# of CoC meeting	# of participants	# of OIs team meeting	# of participants	# of Clinician Network meeting	# of participants
1 BMC	6	785p	4	122p	1	12p	1	25p
2 STG			3	66p	3	36p		
3 KTM	3	223p	3	111p	2	37p		
4 PLN	3	280p			3	36p		
5 SHV	2	159	2	49p				
6 TKV			2	36p	1	12p		
7 KPT	4	473	3	69p	3	45p	1	29p
8 OMC			2	20p			2	40p
9 BTB	1	85	1	35p				

Table 11 : Summary of Refresher on HIV/ AIDS Prevention:

	Provinces	Participants
1	Oddor Meanchey	25p
2	Kampong Thom	29p
3	Stung Treng	15p

Table 12: Home-based care activities

		# network meeting	# participants	# of supervision	# Sites visits
1	BMC			8	8
2	PLN	1	28p	2	2
3	PST			12	12
4	SRP	1	30p		

b. VCCT:

NATIONAL LEVEL:

i. Workshop/Training:

- Facilitated in Refresher training on HIV/AIDS Counseling for HBC team members, HC staff for implemented the linked Response in Neak Loeung and Prey Veng.

- One 5-day Initial training on HIV/AIDS Counseling funded by GFATM-R4 for 27p from 25 VCCTs and one 5-day Initial training on Laboratory for HIV testing funded by GFATM-R4 for 20p from from 20 VCCTs were organized (Reports in file).
- One 2-day refresher training on Lab testing for CD4 count with 17 lab technicians from Takeo, Kampong Cham, Battambang and NIPH.
- Chief of VCCT Unit attended the Meeting on Quality Control in Hanoi, Viet Nam, that supported by WHO.

ii. Monitoring and Supervision:

- 10 supervision trips conducted to monitor VCCT activities in Banteay Meanchey, Pailin, Oddor Meanchey, Battambang, Siem Reap, Kampong Chhnaing, Kampong Cham, Kandal, Rattanakiri, Mondulkiri, and. The purpose of the supervision was in control of VCCT materials such as register book, appointment cards, referral cards; control of processing pre and post test counseling and lab activities (Rapid test); and control of managing stock of reagents and consumables, and storage of blood samples.

PROVINCIAL LEVEL:

Table 13: VCCT activities

		# network meeting	# participants	# of supervision	# Sites visits
1	SHV	1	24p		
2	KTM			6	6

3. SURVEILLANCE & RESEARCH PACKAGE

a. Surveillance:

- i SSS 2008:
 - Mapping and listing the entertainment services and workers in Banteay Meanchey, Battambang, Sihanouk Ville, Siem Reap, Phnom Penh, Kampong Cham province.
- ii Primary HIV Drug Resistance through Threshold Survey
 - Supervision trips on Data collection for Primary HIV Drug Resistance for new HIV infected through Threshold Survey were conducted at 5 VCCT sites in Phnom Penh (National STD clinic, HC 7 Makara, Clinic RHAC Tek Thla, Clinic RHAC Tuol Sangke and HC Chamkarmon).

iii Early warning Indicator study:

- One day training on data collection for Early Warning indicator study at Sunway Hotel.
- Supervision trips on data collection for Early warning indicator study in OI/ART sites in Kampong Thom RH, Svay Rieng RH, Serey Sophorn RH, Poi Pet RH, Battambang RH, Military RH, Koh Thom RH, and Social Health Clinic.

iv Other:

- In collaboration with National Authority for Combating Drugs and WHO, the result of HIV Prevalence and Behavior among Drug Use for year 2007 was disseminated in public forum, with participated from PHD, PAO from 24 provinces, and partners (*The report is in Annex 3*).

b. Research:

- Launching the CQI in Battambang and Pursat province.
- Supervision trips to OI/ART sites in Pursat and Battambang to monitor the key indicators of CQI.
- Organized the 2nd Symposium on HIV/AIDS Care at Phnom Penh Hotel, This Symposium aimed to share experiences among people working in the field, and to build capacity for delivering HIV/AIDS Prevention and Care across Cambodia at all levels (the clinical, nursing, Laboratory and home based care).

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

- 4th Quarterly Work-plans 2008 for implementation of HIV/AIDS prevention and care for NCHADS and provinces were compiled and approved.

ii Meeting/Workshop:

- Meeting between PR/NCHADS team with GFATM Fund Portfolio Manager and his team to finalize check of documents and to prepare the documents for signing PGA with GFATM.
- The Program Grant Agreement of Phase I of GFATM Round 7 Grant was signed between the GF/Geneva, the Chairman of CCC, PR/NCHADS Director and the Representative of Civil Society on **18 October 2008**.
- PR/NCHADS organized the meeting with all SRs to prepare MoA with PR/NCHADS.
- One 3-days workshop on Develop Annual Comprehensive Work Plan for

year 2009 in Siem Reap with 16 provinces and partners such as UNICEF, KHANA, FHI, RACHA, AHF, . This workshop was funded by UNICEF and FHI.

iii Monitoring Activities:

- The NCHADS 3rd Quarterly Report 2008 was finalized and posted it to NCHADS' web site.
- 2 supervision trips were conducted in Takeo and Siem Reap.

b. Data Management:

- Backlog data entry for STI, OI/ART and VCCT.
- Analyzed and reported the Comprehensive patients monitoring for 3rd quarter 2008
- Conducted supervisions and site trainings on data management for OI/ART in Pursat, Takeo, Koh Kong, Sihanouk Ville, Kampong Speu, Kampong Cham, Banteay Meanchey (Mungkulborey and Poi Pet RH), Svay Rieng, Siem Reap, Kampong Thom, and Kandal.
- Refresher training on Data Management in Sihanouk Ville.
- Chief of unit attended workshop on Health Informatics in Bangkok, Thailand.

c. Logistic Management:

- One 2-day of workshop on Logistic Management and supervision for Dispense and ODs was conducted, with 23 participants, funded by GFATM-R4.
- Training on Need Estimation of OI/ARV Drug for Adults, Pediatric and PMTCT with 27 participants.
- Workshop on how to fill in the report form, request form in Prey Veng with 53p from HCs, ODs and RHs.
- Prepared list for distribute of the drugs, reagents and consumables according to the CMS schedule.

III. Outcome of service deliveries:

1. HIV/AIDS prevention activities

In quarter 4 -2008, there were a total of 32 Family Health Clinics (specialized government STI clinics) covering 21 of the 24 Cambodia provinces and cities (except Kandal, Mundulkiri province and Kep city). There are also 22 NGOs STI clinics (RHAC=17 clinics, Marie Stopes=3 clinics, MEC=1 clinic and PSF=1 clinic).

Of the 32 family health clinics 29 (96%) are upgraded with laboratory support to perform RPR testing and basic microscopy (Annex: STI indicator 1). Of those, 23 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, 222 health centers in 74 OD/24 provinces provide STI services using the syndromic approach. At these HCs, in quarter 4 2008, 996 consultations for male patients and 6,716 for female patients were reported to the data management unit of NCHADS. Of 802 male STI/RTI Syndromes reported, 740 (92.3%) were urethral discharges; 43 (5.4%) were Genital ulcers and 19 (2.4%) were Genital warts. Of 5,611 female STI/RTI Syndromes reported, 2,703 (48.2 %) were treated for vaginitis; 2,639 (47.0%) were treated for cervicitis and vaginitis; 245 (4.4%) were PID and 18 (0.3%) were Genital ulcers. A total of 856 male partners and 1,472 female partners of STI patients were notified and treated for STI.

In quarter 4, 2008, 49,566 consultations were provided at the total of 51 specialized STI clinics (32 government and 19 NGO STI clinics) [4,649 consultations were provided to male patients, 822 to MSM, 34,651 to low-risk women and 9,444 to brothel based sex workers (BSWs) and entertainment workers (EWs) (3,577 for BSWs ; 5,867 for EWs) of which 6,394 were monthly follow-up visits] (Figure 1).

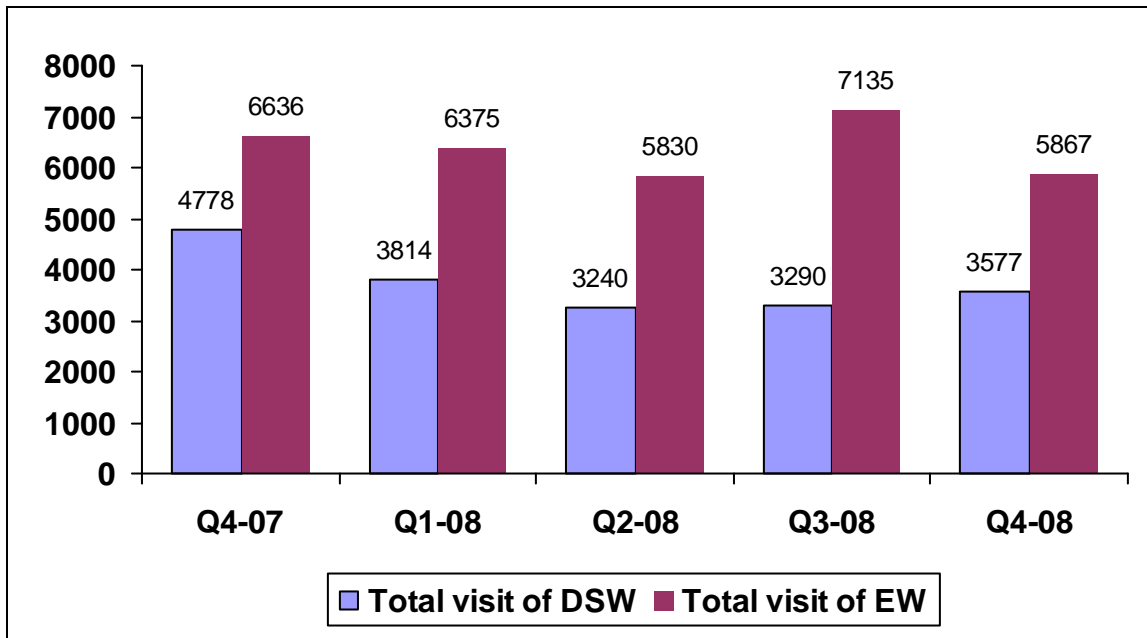


Figure 1: BSW and EW attendance to Family Health Clinics, from Q4 2007 to Q4- 2008

*The reports from Marie Stopes clinics are not available.

The RHAC clinics attract mostly low risk women whereas the 32 government STI clinics are used mostly by brothel based sex workers and entertainment workers. Most MSM visited MEC clinic in Phnom Penh city.

At the 51 specialized STI clinics, of 3,042 male STI syndromes reported in quarter 4 2008, 2,758 (90.7%) were urethral discharges; 21 (0.7%) were anal discharges, 183 (6.0%) were Ano-genital ulcers, 76 (2.5%) were Ano-genital warts and 1 (0.03%) were inguinal bubo. Of the 166 STI syndromes reported among MSM, 105 (63.3%) were urethral discharges, 17 (10.2%) were anal discharges and 34 (20.5%) were ano-genital ulcers.

At the 51 specialized STI clinics, of 33,252 STI syndromes reported among low-risk women, 27,208 (81.8%) were treated for vaginitis, 5,593 (16.8%) were treated for cervicitis and vaginitis, 144 (0.4%) were PID, 221 (0.7%) were ano-genital ulcers and 86 (0.3%) were ano-genital warts.

In quarter 4 -2008, of the 1,603 BSWs who attended specialized clinics for their first visit, 678 (42.3%) were diagnosed with a STI, including 340 (21.2%) with cervicitis. Among 1,974 BSWs who attended specialized clinics for monthly follow-up visits, 744 (37.7%) were diagnosed with a STI, including 399 (20.2%) with cervicitis (Annex: STI indicator 2). In quarter 4 -2008, of the 2,325 EWs who attended specialized clinics for their first visit, 1,812 (78.0%) were diagnosed with a STI, including 858 (37.0%) with cervicitis. Of the 3,542 EWs who attended specialized clinics for monthly follow-up visits, 1,120 (31.6%) were diagnosed with a STI, including 487 (13.7%) with cervicitis.

Of a total of 908 RPR tests were conducted in quarter 4 2008 at the 32 government specialized STI clinics, PSF and MEC clinics, 16 (1.8%) were positive.

In quarter 4 2008, specialized STI clinics have referred 1,616 patients to VCCT, 41 of HIV/AIDS patients (PLHA) to OI/ART services, 106 to ANC and 76 to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services, 97 patients from VCCT, 26 of patients from OI/ART services, 66 from ANC and 25 from Family Health Planning services.

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

2.1. Availability of services

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 5 years, from 12 sites in 2000 to 212 sites by the end of Q4 2008 (Annex: VCCT indicator 1) (Figure 2).

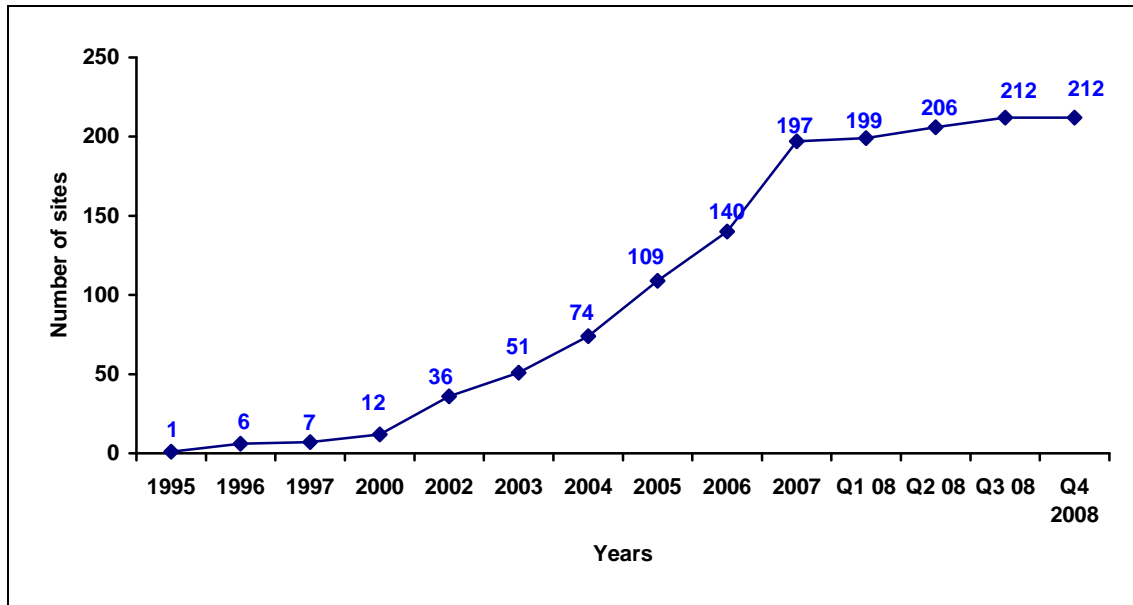


Figure 2: Trend in number of VCCT sites from 1995 to Q4-2008

In Q4 2008, there are 212 VCCT sites, 190 are supported directly by the Government and 22 by NGOs (RHAC, Marie Stope, MEC and Center of Hope).

Provider initiated HIV testing and counseling (PITC) was started in 2006. Health care workers propose HIV testing to ANC attendees, STD patients, TB patients and patients with symptoms of HIV disease who access health facilities, give pre-test information and provide a referral card to access VCCT services or draw blood and send it to VCCT. The HIV test is conducted at VCCT sites as well as post-test counseling.

In Q4-2008, of 92,522 (including 21,736 ANC attendees from NMCH) VCCT clients 54,073 (58.4%) were self referred, 22,187 (24.0%) were referred by ANC services, 993 (1.1%) were referred by STD clinics, 5,078 (5.5%) were referred by TB program, 3,931 (4.2%) were referred by HBC, 3,461 (3.7%) were referred by general medicine, 189 (0.2%) were referred by Pediatric care, 1,452 (1.6%) were referred by Maternity services, 568 (0.6%) were referred by FP services and 590 (0.6%) were referred by other services (Figure 3).

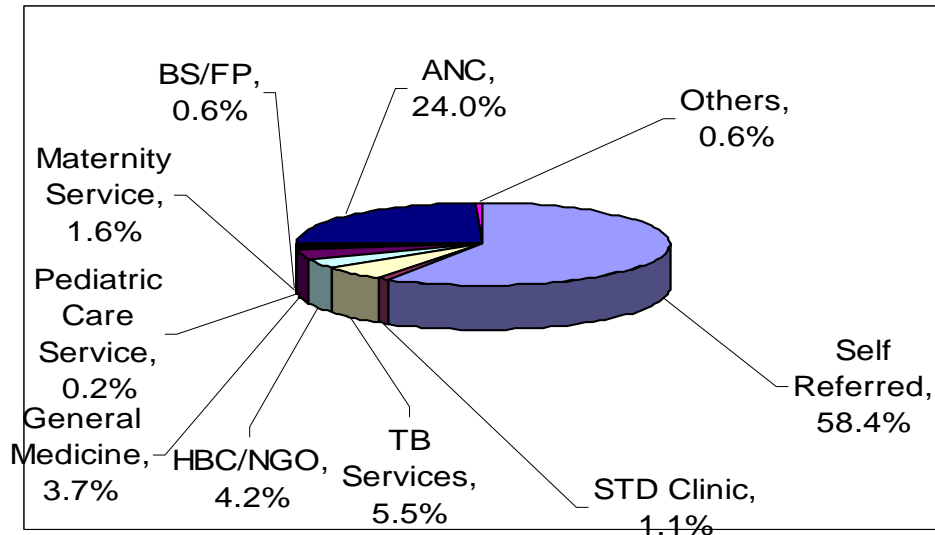


Figure 3: Trend in number of VCCT clients referred from other services in Q4-2008

A total of 88,432 clients have been tested for HIV in quarter 4 2008, including 70,518 VCCT clients, 3,789 TB patients, 18,334 pregnant women (14,602 at government facilities and 3,732 at RHAC clinics) and 3,590 male partners of pregnant women (3,312 at government facilities and 278 at RHAC clinics).

The figure 4 and Table 14 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 **70,518** VCCT clients and TB patients have been tested for HIV at VCCT sites in Q4-2008 (Figure 4).

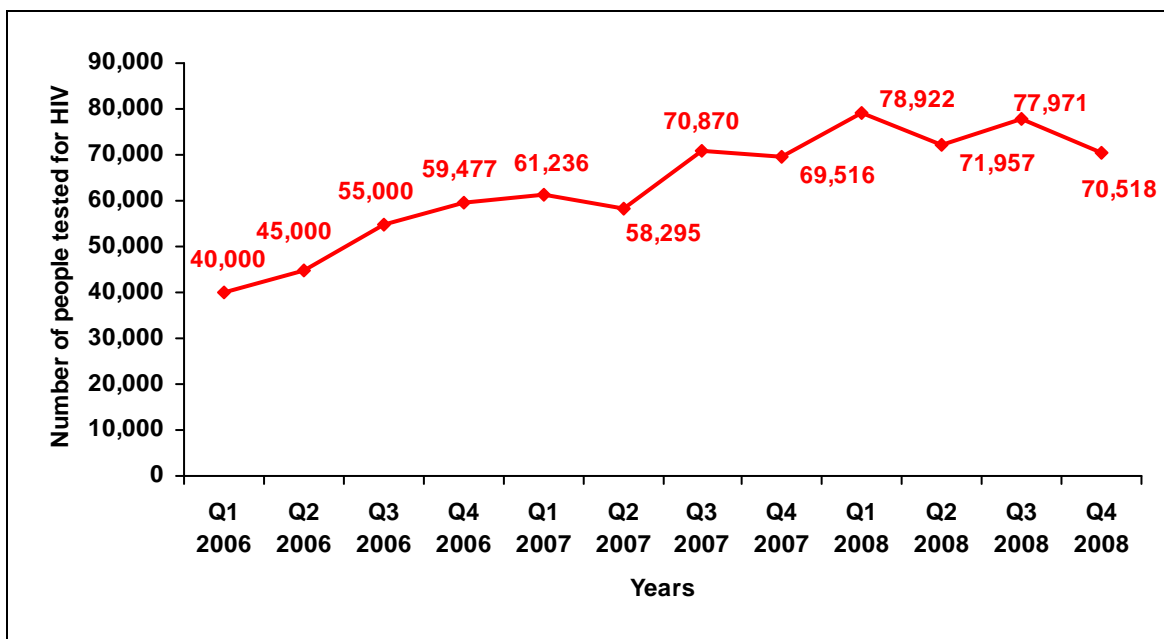


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q4- 2008

Of the total number of VCCT clients and TB patients tested in Q4-2008, 39,230 (55.6%) were female and 63,807 (90.5%) were aged 15-49 years (VCCT indicator 2) (Table 14).

	People tested for HIV N= 70,518 No. (%)	People tested HIV positive N=2594 No. (%)
Age		
≤14 years	2,494 (3.5%)	247 (9.5%)
15-49 years	63,807 (90.5%)	2208 (85.1%)
> 49 years	4,217 (6.0%)	139 (5.4%)
Sex		
Male	31,288 (44.4%)	1246 (48.0%)
Female	39,230 (55.6%)	1348 (52.0%)

Table 14: Characteristics of clients tested at VCCT sites, In Q4-2008

In Q4-2008, 98.9% (range: 85,5% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q4-2008, of 92,522 VCCT clients, 5,078 (5.5%) were referred from the TB program. Since January 2008, a total of 19,608 VCCT clients were referred from the TB program (Figure 5) (VCCT indicator 4). The number of patients referred by the TB program for HIV testing has increased steadily over time since 2006.

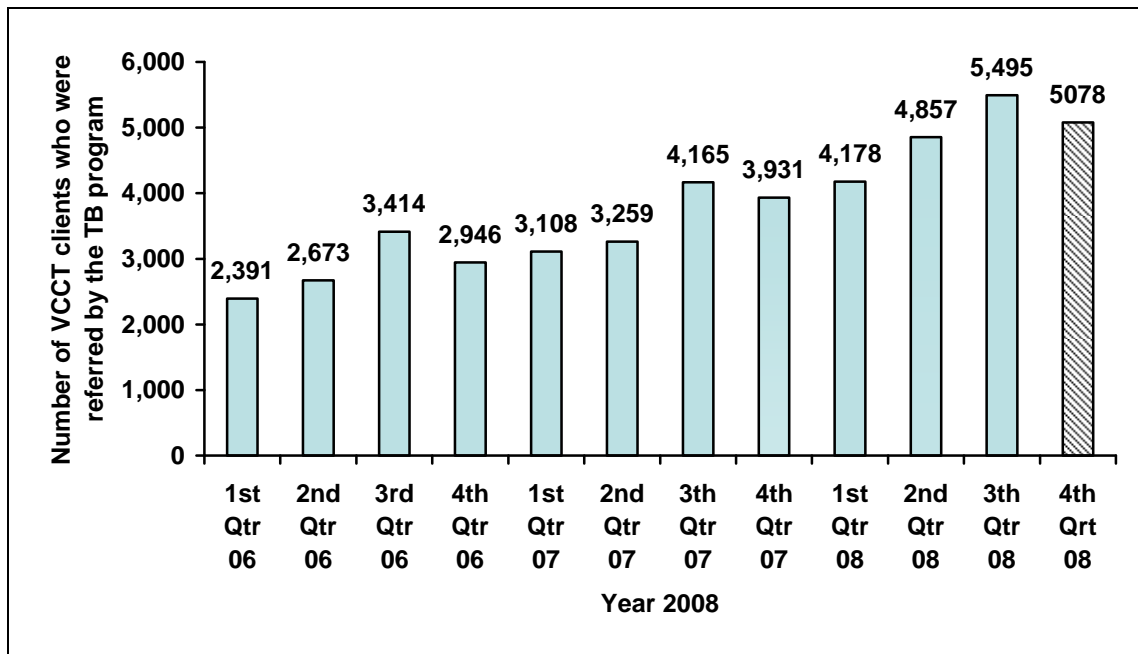


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2006 to Q4-2008

In Q4-2008, of the 70,518 VCCT clients and TB patients tested at VCCT sites nationwide, 2,594 (3.7%) were detected HIV positive at VCCT sites (Figure 6).

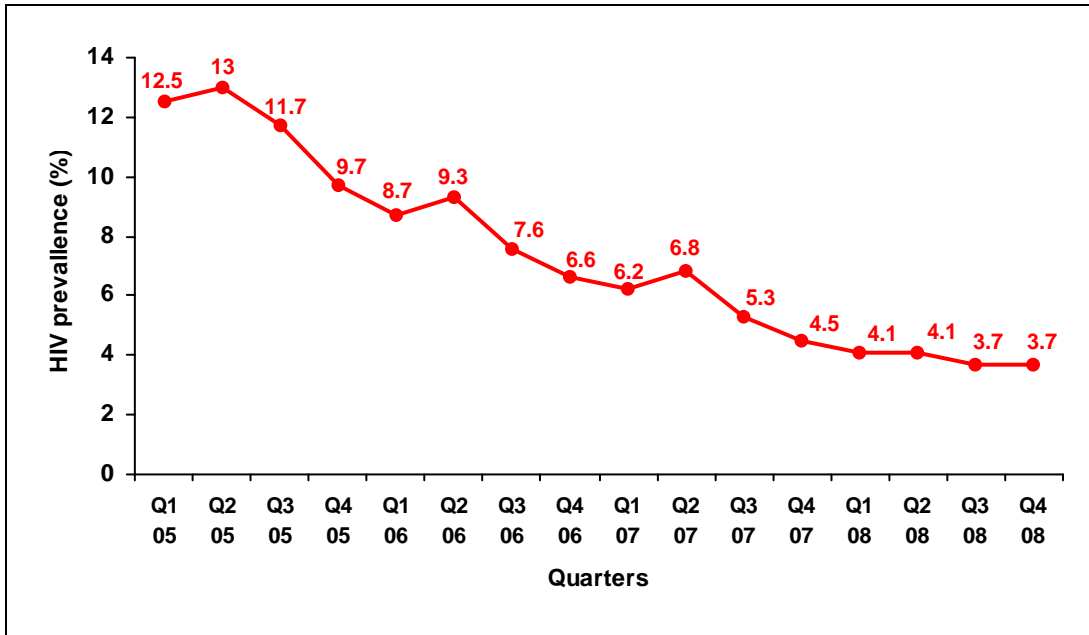


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q4-2008

2.1.2. OI and ART services

Today, 51 health facilities offer OI and ART services in 20 provinces. These 51 OI and ART services are supported by the government and by partner NGOs. Of the total 51 OI/ART sites, 27 sites provide pediatric care.

This Q4-2008, 39 ODs have at least one facility that provides ART services (Annex: HFBC indicator 1) (Figure 7).

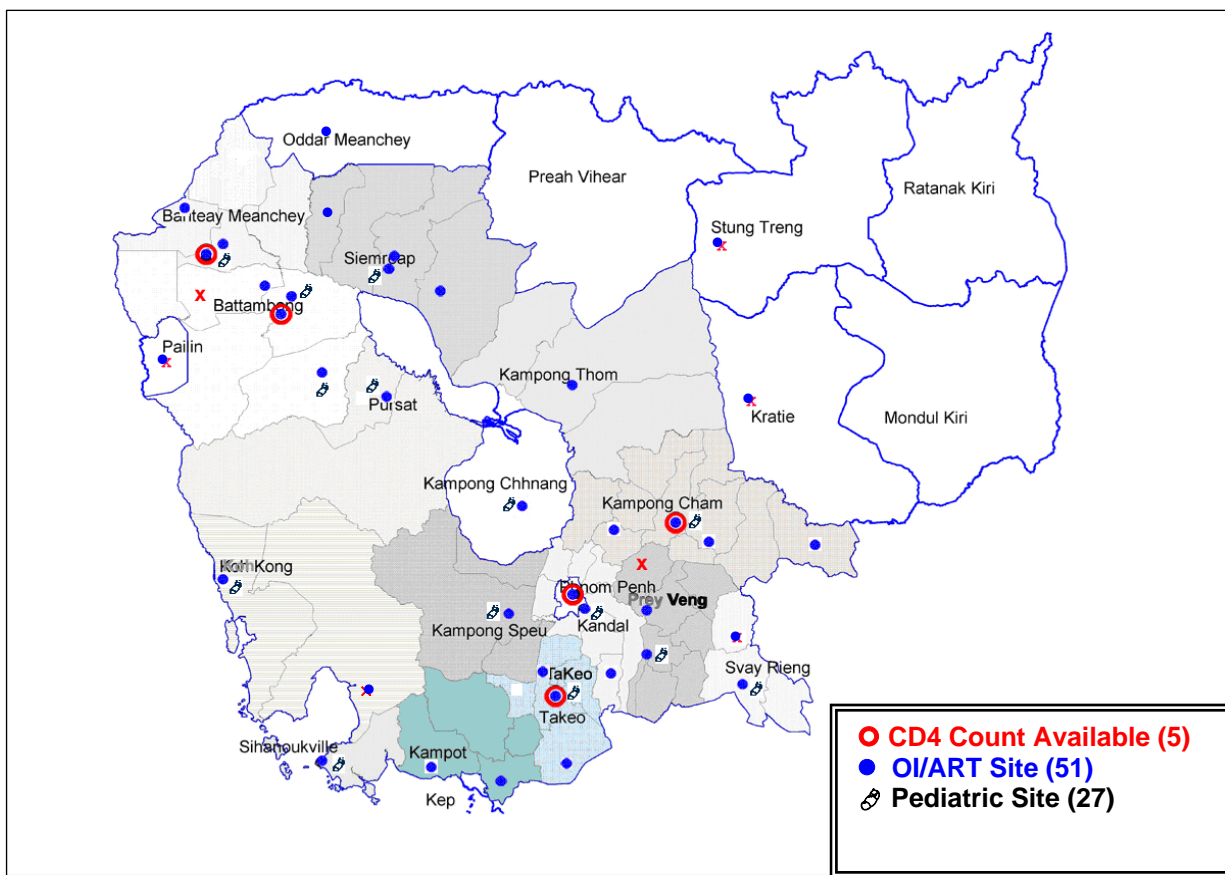


Figure 7: Location of facility-based OI/ART sites as of 31 December 2008

Laboratory Support

In Q4-2008, 17,714 CD4 counts have been conducted in the four regional laboratories with the leased FACScouts (Takeo, Kompong Cham, Battambang and at NIPH in Phnom Penh) (Figure 8). CD4 count is also available at Pasteur Institute in Phnom Penh are 581 tested in this Q4-2008. CD4 % testing for children is conducted at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH.

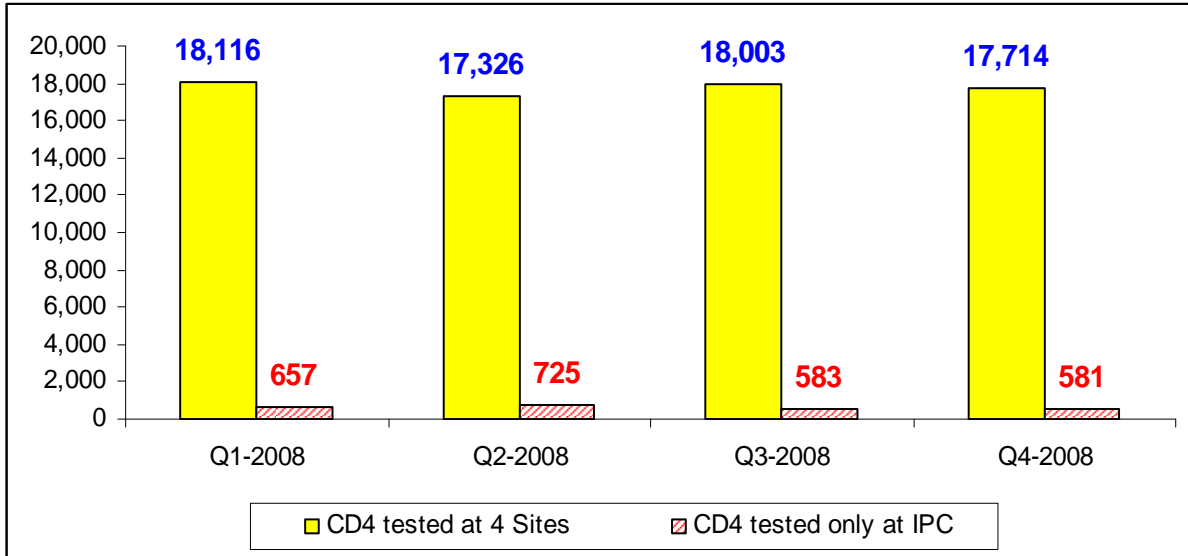


Figure 8 : Trend in the total number of CD4 tests conducted in Cambodia at 4 government sites and IPC from Q1-2008 to Q4-2008

In Q4-2008, 148 RNA viral load tests have been conducted at NIPH which tested for Social Health Clinic facility. 1,800 RNA viral load tests are also conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

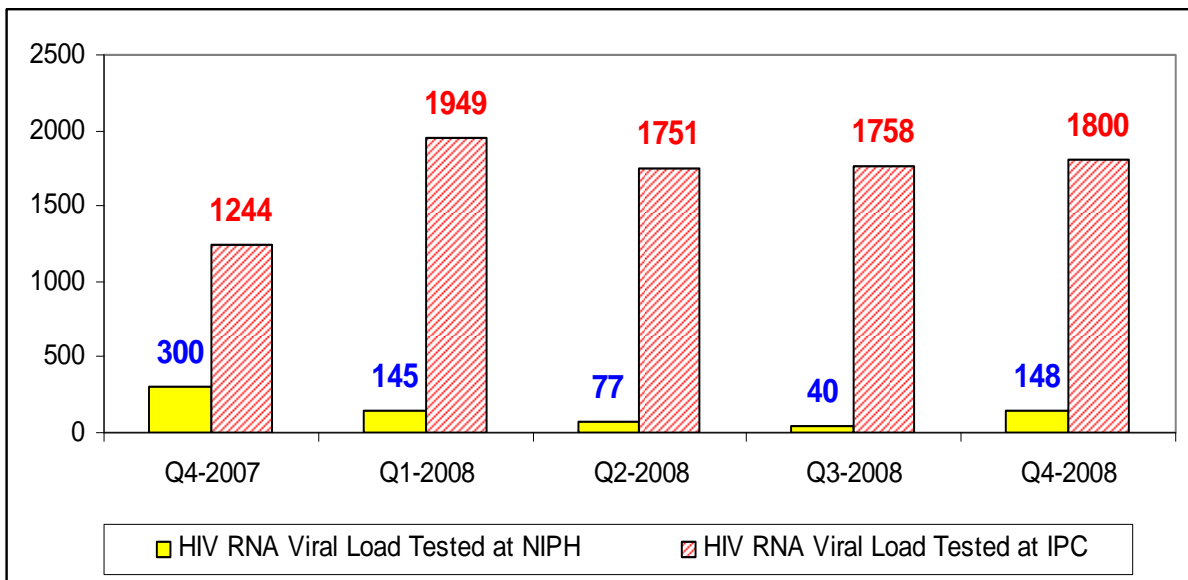


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2007 to Q4-2008

In Q4-2008, 152 DNA PCR tests have been conducted at NIPH which found 24 positives. And 133 DNA PRC tests are also conducted at Institute Pasteur of Cambodia (IPC) (Figure 10).

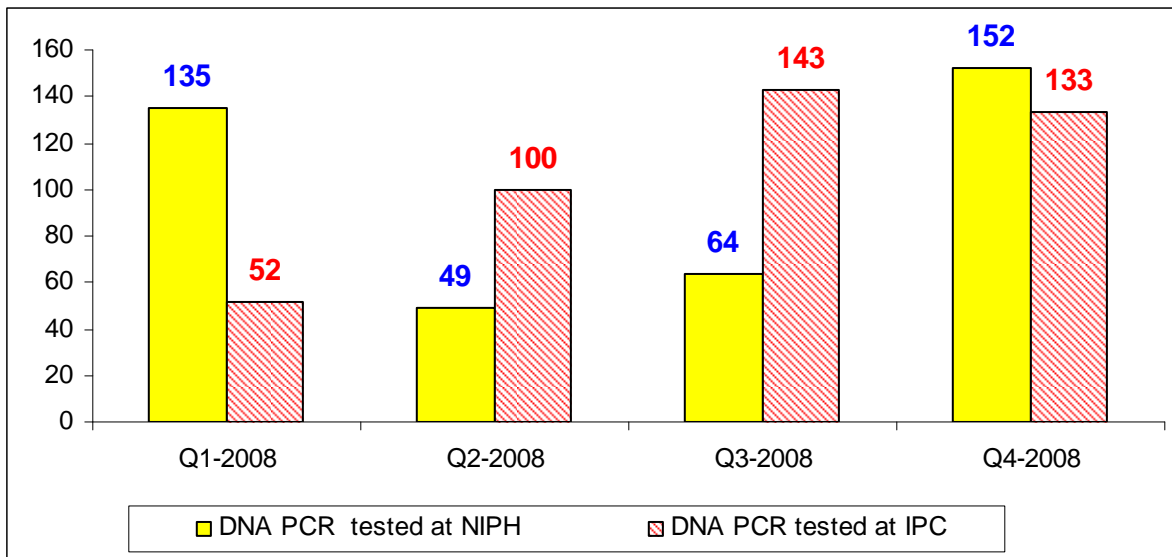


Figure 10: Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q4-2008

This Q4-2008 a total of 31,999 active patients, including 28,932 adults and 3,067 children were receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3). Of the 30,500 estimated adults in need of ART in 2008, 28,932 (90.91%) are actually on ART in December 2008. It is possible that the number of people in need of ART has been underestimated.

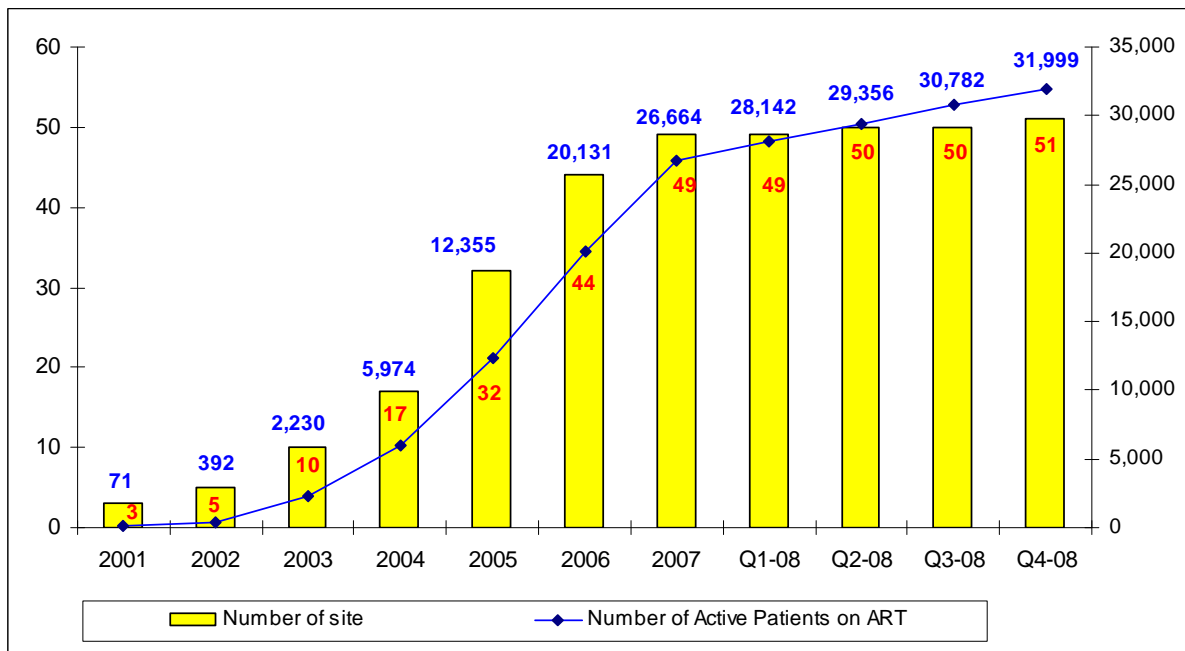


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q4-2008

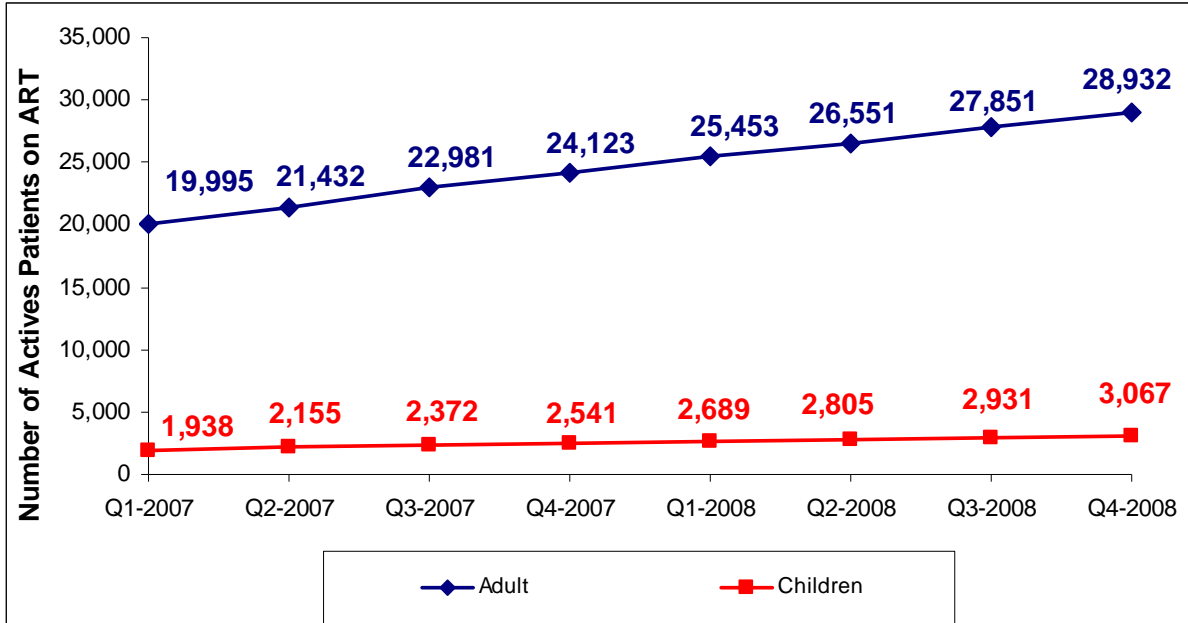


Figure 12: Trend in number of active adult and child patients from Q1 2007 to Q4-2008

In Q4-2008, adult female patients accounted for 51.82% of all active patients on ART. At OI/ART sites, a total of 2,437 new patients (including 307 children) started OI prophylaxis and management and 1,603 new patients (including 158 children) started on ART in Q4-2008 (Figure 13). The number of new OI patients has been stable since Q4 2007. However, the number of new ART patients has increased in Q3 2008 after the decline in the last 3 quarters.

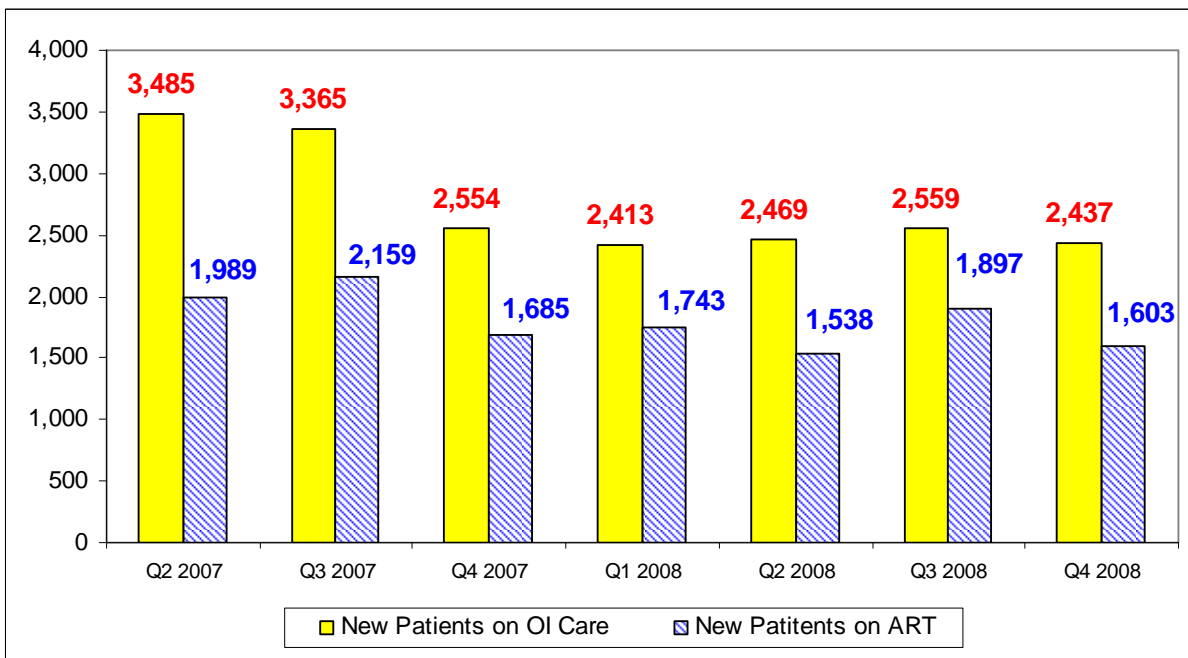


Figure 13: Trend in numbers of new patients on OI and ART from Q2-2007 to Q4-2008

There were a total of 8,880 active OI adult patients and 1,604 child OI patients not yet eligible for ART at the end of Q4-2008. Of those, 5,569 (63%) were female, representing mostly spouses of male patients started on OI/ART care some years ago.

A total of 2,062 OI adult patients and 259 child patients were eligible for ART but not yet on ART at the end of December 2008.

Patient mobility across services

In Q4-2008, a total of 1,150 ART patients were transferred out to new ART sites located closer to their home residence. At the end of Q4-2008, 10 ART sites have cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,578 active patients on ART.

Drug and logistic support

In Q4-2008, all ART sites reported the number of patients on each ART regimen. Most prescribed regimens were d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP, whereas 3.20 % of adults and 4.37 % of children were on PI-based regimens (Table 15).

ARV drug regimen Q4 - 2008	Adults N= 28,980* No. (%)		Children N= 3,339* No. (%)	
d4t+3TC+NVP	12,814	44.22 %	2,496	74.75 %
d4t+3TC+EFV	3,862	13.33 %	426	12.76 %
AZT+3TC+NVP	7,326	25.28 %	169	5.06 %
AZT+3TC+EFV	2,486	8.58 %	59	1.77 %
PI-based regimens	928	3.20 %	146	4.37 %
Other regimens	1,564	5.40 %	43	1.29 %

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

Table 15: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q3-2008

2.1.3. Community-based services

Home-based care (HBC)

In quarter 4 2008, the new format of home base care report was released. However, most of provinces still used the old format. There are 343 HBC teams in Cambodia (Annex: HBC indicator 1) (Figure 13). A total of 675 health centers and 1 health post are linked to HBC teams (Annex: HBC indicator 4) in 20 provinces within the CoC.

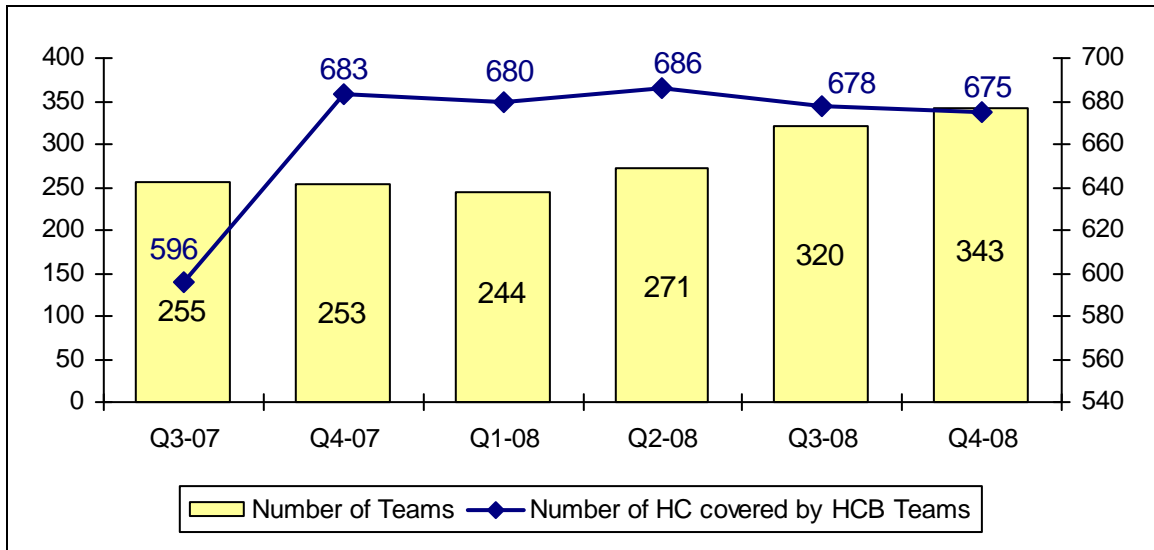


Figure 13: Trend in number of HBC teams form Q3-2007 to Q4-2008

These HBC teams are currently supporting a total of 27,280 PLHA (Annex: HBC indicator 2).

PLHA support groups (SG)

In quarter 4 - 2008, PLHA SG has been decreased. To date 912 PLHA SG are active in Cambodia. These PLHA support groups are currently established in 15 provinces only (source: CPN+ report). The number of active PLHA supported by these support was 36,588 in Q4-2008, the number of PLHAs reported by CPN+ is decreased in this quarter (Figure 14).

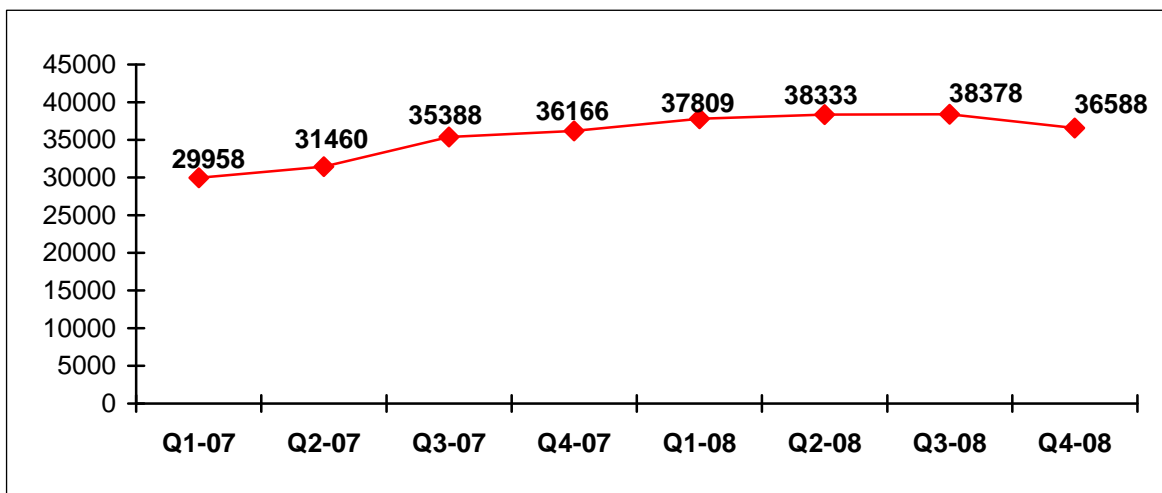


Figure 14: Trend in number of people supported by PLHA support groups from Q1 2007 to Q4 2008

2.2 PMTCT

2.2.1. Nationwide PMTCT Data provided by NMCHC

In December 2008, there were 66 of 76 ODs with at least one center providing PMTCT services (HFBC indicator 6).

From January to December 2008, of a total of 97,796 first ANC attendees at government ANC clinics with PMTCT services, 67,973 (69.5%) were tested for HIV. Amongst couples where the woman attended an ANC clinic with PMTCT services, 15,529 husbands/partners accepted testing (22.8% of pregnant women were tested with their husbands/partners). Among the 63,655 women who received the results of their HIV test at PMTCT services, 383 (0.6 %) were HIV positive and a further 363 known HIV-positive pregnant women were referred to PMTCT services.

A total of 633 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and December 2008. Of these mothers, 614 (94.2%) accessed ARV drugs: 186 (30.3%) received AZT during pregnancy (179 of them also received AZT + SD NVP during labour), 352 (57.3%) received HAART and 76 (12.4%) received ARV prophylaxis in labour alone. Of 635 infants born to HIV-infected mothers at PMTCT maternity sites from Jan to December 08, 622 (98.0%) received ARV prophylaxis, 482 received NVP and ZDV for 1 week and 137 for 4 weeks; 3 infants received single dose NVP alone. Of the HIV infected mothers who delivered at PMTCT maternity sites in 2008, 175 (28.0%) declared that they intended to use exclusive breastfeeding and 448 (71.9%) declared that they planned to use replacement feeding.

In 2008, of 600 HIV-exposed children tested for HIV, 32 (5.3%) were detected HIV-positive.

From January to December 2008, of an estimated 342,756 pregnant women nationwide, 103,768 (30.3%) were tested for HIV and received the test result (67,973 reported by NMCHC, 16,975 at RHAC clinics and 18,820 at Jayavaraman 7) (HFBC indicator 7). Of an estimated 2,879 (0.84% x 342,756) HIV-infected pregnant women, 777 (27%) received ARV prophylaxis at the government delivery health facilities (HFBC indicator 8).

NB: The population figures provided by the Ministry of Planning based on the last census are as follow:

Total Cambodia population in 2008 = 13,388,910 (from 2008 census)

Therefore, estimated number of pregnant women in 2008= 342,756 if Crude Birth Rate is 25.6 per 1,000 (CDHS 2005 chap 5 page 61)

Estimated 2008 HIV prevalence among ANC attendees (NCHADS) =0.84%

Estimated number of HIV-positive pregnant women in 2008 = 2,879

IV. Financial Report

This report shows the actual expenditures compared to the work plan approved in this quarter. In the expenditures columns, it is only expenditures recorded in the NCHADS accounts system. These include both actual expenditures incurred and recorded during this quarter and some committed from Q3, 2008.

During this Quarter, **\$ 1,132,067** was disbursed representing 82% of the Annual Work Plan and budget plan that are managed by NCHADS. This amount is 71% of budget in 4th Quarterly Work Plan 2008 that support for program implementation at both provincial and national levels.

Table 16: Summary Expenditures by sources

Sources	Annual Plan	Q4 Plan	Q4 Act	Q4 %	Annual %
DFID	\$ 1,779,939	\$ 368,097	\$ 15,136	4%	17%
GFATM (R4 and R5)	\$ 5,254,701	\$ 327,909	\$ 348,488	102%	98%
US-CDC	\$ 702,732	\$ 168,122	\$ 170,860	102%	55%
UNSW/CTAP	\$ 260,000	\$ 72,000	\$ 60,042	83%	77%
WHO and WHO/AusAIDS	\$ 482,994	\$ 226,073	\$ 158,083	70%	77%
FHI	\$ 41,447	\$ 14,716	\$ 18,498	126%	166%
CHAI	\$ 455,260	\$ 186,576	\$ 150,540	81%	91%
AHF	\$ 192,391	\$ 86,268	\$ 92,437	107%	131%
WB/MoH	\$ 500,000	\$ -	\$ -	0%	200%
AUSAID	\$ 187,559	\$ 53,000	\$ 15,806	30%	27%
Treat Asia	\$ 49,213		\$ -	0%	51%
UN-PAF	\$ 170,000	\$ 67,420	\$ 73,639	131%	87%
UNAIDS	\$ 17,278			0%	92%
CIPRA	\$ 167,581		\$ -	0%	42%
ITM	\$ 76,600	\$ 28,500	\$ 28,538	100%	100%
Grand Total	\$ 10,337,695	\$ 1,598,681	\$ 1,132,067	71%	82%

Table 17: Summary Expenditures by Components and sources

Project Components	DFID	GFATM (R4&5)	CDC	ITM	UNSW/CTAP	AusAID	CHAI	FHI	AHF	WHO & WHO/AusAID	UN/PAF	Grand Total
VAT Exp		\$ 225										\$ 225
IEC		\$ 38,705	\$ 5,830						\$ 4,966			\$ 49,501
Outreach		\$ 6,951										\$ 6,951
100% CUP		\$ 1,196										\$ 1,196
STD Management		\$ 3,666						\$ 5,364				\$ 9,030
Health Facility Based care		\$ 28,807	\$ 11,963				\$ 3,500	\$ 8,270	\$ 8,938			\$ 61,478
Home Based Care /Support Group		\$ 291	\$ 1,349				\$ 2,740		\$ 6,861	\$ 14,706		\$ 25,947
VCCT		\$ 4,112	\$ 17,036				\$ 9,715	\$ 3,930				\$ 34,792
CoC Referral Network		\$ 656	\$ 1,114				\$ 3,315		\$ 7,376			\$ 12,461
PMTCT			\$ 5,530									\$ 5,530
Surveillance			\$ 5,480							\$ 16,732		\$ 22,212
Research					\$60,042	\$15,806					\$ 5,650	\$ 81,498
Planning, Management & Monitoring		\$ 21,316	\$ 56,915	\$ 7,898			\$ 5,621	\$ 934	\$ 5,690			\$ 98,374
Data Management			\$ 2,685								\$25,406	\$ 28,091
Logistic Management		\$ 121,784	\$ 27,611	\$ 5,203			\$ 41,075		\$ 26,000		\$ 5,745	\$ 227,418
Admin & Finance	\$ 9,166	\$ 14,212	\$ 20,699	\$ 5,387			\$ 65,977		\$ 4,047		\$35,838	\$ 146,160

Renovation			\$ 9,508						\$ 1,499			\$ 11,007
Salary and Incentive	\$ 5,970	\$ 106,568	\$ 5,140	\$ 10,050			\$ 18,598		\$ 27,060	\$ 126,645	\$ 1,000	\$ 295,061
Total Expenditure	\$ 15,136	\$ 348,488	\$ 70,859	\$ 28,538	\$60,042	\$ 15,806	\$150,540	\$ 18,498	\$ 92,437	\$ 158,083	\$73,639	\$1,132,067

ANNEX: Monitoring and Evaluation indicators

	STI Indicators	Type	2008 target No. (%)	Q2, 2008 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 15%	19.4 %
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	24	23
3	Percentage of entertainment services workers who use STI services monthly	Output	DSW: 90% IDSW: 50%	DSW: 94% IDSW: N/A

	CoC Indicators	Type	2008 target No. (%)	Q2, 2008 score No. (%)
1	Total number of Operational Districts with a full Continuum of Care	Output	40	39
2	Number of CoC sites with ARV services	Output	50	50

	VCCT Indicators	Type	2008 target No. (%)	Q2, 2008 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	220	212
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing (UA 3, 4, 5, 9).	Outcome	320,000 (4.3%)	206,575 from Jan to September 2008

3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.1%
4	Number of VCCT clients that were referred from a TB programme	Output	18,000 at year end	14,530 from Jan to September 2008
5	Number and percentage of new TB patients tested for HIV (at targeted districts)	Output	70%	5,839/9,894 (59.0%)

	HFBC Indicators	Type	2008 target No. (%)	Q2, 2008 score No. (%)
1	Percentage of people on ART alive 12 months after initiation	Impact	>85%	
2	Number of targeted OD with at least one centre that provides public ART services (UA 23).	Output	38 A: 38 C:28	39 A: 39 C:27
3	Percentage of health facilities that use virological testing services (eg PCR) for infant diagnosis (UA 2).	Output	100%	100%
4	Percentage of health facilities with PEP services available (UA 17)	Output	100%	100%
5	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	<u>29,344 adults</u> <u>4,000 children</u> 33,344 total	<u>27,851 adults</u> <u>+2,931 children</u> <u>30,782 total</u>
6	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	64 (85%)	76 (100%)

7	Number and percentage of pregnant women who were tested for HIV and received their test result		40%	23.9%
8	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		30%	20.6%

Note: * For indicators number 7 of HFBC component, the values from NMCHC

	HBC Indicators	Type	2008 target No. (%)	Q2, 2008 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	320
2	Number of PLHA supported by HBC teams	Output	27,000	27,944
3	Number of TB patients referred by HBC to VCCT, tested and received results through post-test counseling	Output	10,000 at year end	3,937 from Jan to September 2008
4	Number and percentage of health centers with HBC team support	Output	720 (76%) of 942 HC	678