

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**FIRST QUARTERLY COMPREHENSIVE REPORT, 2009
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 June 2009



Dr. Mean Chhi Vun
Director of NCHADS

Contents

Introduction

I. Programme Management and Implementation

A. GFATM Round 7 Grant Management:

B. NCHADS Program Implementation:

1. Prevention Package

- a. Behaviour Change Communication (BCC)
- b. Sexual Transmit Infection/ Reproductive Tract Infection (STI/RTI):

2. Care Package

- a. Health Facility and Home Based Care
- b. VCCT
- c. Linked Response

3. Surveillance & Research Package

- a. Surveillance
- b. Research

4. Management Package

- a. Planning Monitoring & Evaluation
- b. Data Management
- c. Logistic Management

II. Results of Health Service Deliveries:

1. HIV/ AIDS Prevention activities

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

2.1. Availability of services

2.1.1. VCCT

2.1.2. OI and ART sites services

- Laboratory support
- Patient mobility across services
- Drug and Logistic Support

2.1.3. Community-based care services

- Home Based Care (HBC)
- PLHA Support Group

2.2. PMTCT

III. Financial Report

A. Summary Expenditures of all funding Sources managed by NCHADS

B. Summary of Expenditures of the GFATM Round 7 Grant Funds managed by PR/NCHADS

IV. Challenges and Constraints

V. Conclusion

VI. Annex:

1. Monitoring and Evaluation Indicators

2. Data Tables:

Table 1: STI/RTI Data

Table 2: OI/ART Data

Table 3: HBC Data

Table 4: VCCT Data

Table 5: Linked Response Data

Table 6: Scaling Up of Linked Response sites in 2009

National Center for HIV/AIDS Dermatology and STDs
NCHADS' Quarterly Comprehensive Report
January to March 2009



Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 1st quarter of year 2009. The report is intended to aggregate data and information collected from all OI/ART, VCCT, Family Health Clinics, HBC, and PMTCT sites from the whole country to be represented as the National Comprehensive Report for the health sector response to HIV/AIDS and STI in Cambodia. The following sections reported the main three program areas implemented for this period that are including: I) Programme management and implementation; II) Results from health service deliveries; and III) Financial Report for describe the financial disbursements against the first 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 2008-2010, which aligns with the Ministry of Health's overall Health Strategy Plan for Health Care in Cambodia 2008-2015, as well as to move towards to the universal access by 2010.

A. GFATM Round 7 Grant Management:

NCHADS was successfully elected by Country Coordination Committee (CCC) to be one of the Principal Recipient (PR) to manage HIV/AIDS Component under the Global Fund Round 7 Grant with the proposal title called "Scaling up Intervention for HIV Prevention, Care and Treatment, and Mitigation for Vulnerable and Marginalized Population at Risk in Cambodia". Under this Grant, there are 18 Sub-Recipients (SRs): 6 of them are new SRs and 12 others are existing SRs under the previous GFATM rounds managed by PR/MoH. The 18 SRs are including: CRS, CWPD, FI, MSC, NAA, WOMEN, CPN+, FHI, KHANA, MEDiCAM, MoSVY, NPH, NCHADS, RHAC, PSI, SEAD, SCA, and WVC. The Program Grant Agreement of Phase I of GFATM Round 7 Grant was signed between the Chairman of CCC of the GF in Geneva, PR/NCHADS Director, and the Representative of Civil Society on 18 October 2008. The PR/NCHADS has subsequently signed Memorandum of Agreement (MoA) for Phase 1 Grant with each SR on 02 January 2009. Regardless to this date of signing, to comply with the GFATM Implemented letter number 2 on 26 March 2009, the official program started dated was back to the 1st December 2008.

To ensure the harmonization and alignment of the GFATM Grant management in Cambodia, PR/NCHADS apply the same Guidelines (Financial Guideline, Procurement Guideline, and M&E Guideline) which currently used by PR/MoH, as well as to comply with other procedures for Grant Management in Cambodia, which required by GFATM . Based on these, the Orientation

Meeting on the implementation of Round 7 GFATM Grant was held on 22 and 23 January 2009, at NCHADS Meeting Room, which coordinated by the PR/NCHADS team and observed by Local Fund Agency (LFA) team. The SR's Management Team (Project Manager, Chief of M&E, Chief of Finance and Chief of Procurement) were invited to attend this meeting, which were around 80 participants.

Signing of Letter of Agreement (LoA) with all Provincial Health Department:

The provincial Annual Comprehensive work plan 2009 with micro-budgets were submitted by Provincial AIDS Office (PAO) managers of 24 provinces-cities to Planning, Monitoring and Reporting Unit and Finance Unit of NCHADS for reviewing, before submitted to NCHADS Director for approval. To ensure the management of funds allocated in NCHADS comprehensive work plan and the completion of activities approved in the provincial work plan in 2009, the LoA for HIV/AIDS Programme Management between the HIV/AIDS Management Team of 24 provinces-cities and NCHADS were signed. In addition, NGOs among those who are involved in members of technical working group on HIV/AIDS and STI prevention, care, support and treatment were signed LoA with NCHADS or provincial health departments in order to collaborate and coordinate the implementation of HIV/AIDS prevention and care program from period of 2009.

B. NCHADS Program Implementation:

Under the Ministry of Health, NCHADS also plays a role as implementing agency to provide technical support on HIV/AIDS and STI prevention, care, support and treatment program to all partners involved including provincial AIDS offices and NGOs. Within NCHADS Strategic Plan 2008-2010, there are main activities set in HIV/AIDS and STI components of the strategic plan that are implemented by NCHADS, provinces, and NGOs.

Planning and Monitoring Cycle in NCHADS:

In December 2008, a Workshop was organized by Planning, Monitoring and Reporting (PMR) Unit of NCHADS to review the achievements of program implementation in 2008 and to develop the Annual Comprehensive Work Plan in 2009 that was aligned to the Strategic Plan for implementation of HIV/AIDS Prevention and Care in Health Sector 2008 to 2010. There were about 100 participants from 16 provinces and NGOs partners participated in the workshop. The result of the workshop obtained the final draft of Annual Operational Comprehensive Plan (AOCP) for NCHADS Programme in 2009, which incorporated with many of the inputs and expected outputs from partners working in coordination with PHD/PAOs at provincial and national levels. This AOCP was also firmly grounded on the Ministry of Health Annual Operational Plan 2009, prepared for the HSSP. Finally, the NCHADS Annual Comprehensive Work Plan and budget plan including incentives for staff for 2009 has been approved. It has the total budget of \$13,421,391 that is consisting of 14 different funding sources to implement HIV/AIDS and STI program at national and provincial levels. Based on this work-plan, the quarterly activity work-plans and budget plan are developed respectively.

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):

According to Cambodia's present situation regarding an application of Human Trafficking Law in 2008, which has shown a tremendous increase in the number of women moving from brothel sex establishments to non-brothel sex establishments due to almost brothers have been closed. With this situation, the HIV epidemic is changed in the nature of transactional sex (brothel sex work) over the past five years to non-brothel works, which has a direct impact on the existing intervention of 100% condom use programme (CUP) that is specifically implemented the outreach programme among brothel sex establishments. In order to identify the programmatic solutions for the Most At Risk target population to reach Cambodia's universal access and to strengthen and continuing the implementation of outreach program related to reduce HIV transmission among high risk groups at the operational district levels, BCC Unit of NCHADS in collaboration with partners conducted the series of meetings to revise and develop a new model (the standard operating procedures: SOP) of a Continuum of Prevention to Care and Treatment Approach for Female Entertainment Workers in Cambodia. This new SOP has been clearly restructured in management, coordination and implementation approach. This SOP will be finalized and disseminated in May 2009.

Provincial Level:

As the programme implementation under the Round 7 GFATM grant started up, the process of signing Letter of Agreement (LoA) with 18 Provincial Health Departments and initial disbursement of Grant fund was delayed. According to the new SOP for a Continuum of Prevention to Care and Treatment Approach for Female Entertainment Workers in Cambodia was not finalized, some activities have been postponed especially the activities related to 100% CUP.

Based on the reports from 6 provinces funded by GFATM-R4, only some activities were done in the first three months of 2009, including:

- Entertainment Sex services in Pailin have been mapped for 2009 through coordination meetings with partners who are working for outreach program and peer education to entertainment workers.
- One 3-day Refresher training in outreach and peer education program among ESWs, was organized by Municipal AIDS Office in Phnom Penh. There were 28 PST/OP staff from 4 ODs and NGOs participated.
- Supervision on outreach program at OD level in SHV, PST, PNP, PLN, KDL by PST/OP staff, were conducted.
- PWG/OPC, PST/OPC meeting and meeting with owners of entertainment sex workers were regularly organized (Table 1)
- CUCC and CUWG meeting, and supervision trips to the brothels were done only in January 2009 before the law of Human Trafficking was declared.

Table 1: Summary of PWG/OPC, PST/OPC and Owner meeting by provinces

Provinces	PWG/OPC meetings		PST/OP meetings		Owner meetings	
	# of meeting	# of participants	# of meeting	# of participants	# of meeting	# of participants
1 PNP	1	32p	3	66p	3	150p
2 PLN	1	11p	1	8p	1	27p

3	PST	1	10p	3	21p	1	37p
4	SHV	1	8p	2	16p	2	110p
5	TKV	2	20p	2	14p	3	105p
6	KDL					1	42p

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 develop the check list for assessing the quality of STI clinics and reviewing the criteria of the Syphilis diagnosis based on the serologic tests (RPR, TPPA and Bioline).

ii. Trainings and Workshops:

Trainings and workshops were organized during this period including:

- In collaboration with Logistic Management Unit, STI/RTI Unit conducted for 2 days of Coordination Meeting on Management and Supply of STI Drug and Reagents in order to strengthen the STI/RTI services at Special STI clinics in provinces. This meeting was funded by GFATM-R5, and organized in Battambang with 101 participants from PAO Manager or PAO assistance who responsible for STI/RTI, OD officers who responsible for Logistic Management of 21 provinces-cities, and representative from CMS. The meeting provided an opportunity for PAO Managers, STD clinics, OD officers who are responsible for Logistic Management, NCHADS and CMS to share information and lesson learned in each other, and discuss issues during program implementation last year. This meeting proceed by the presentation and discussion such as:
 - o Situation of STI/RTI clinic and the result of these services
 - o System for drug and commodity supply and management of CMS to Operational District and for the additional request.
- Three 5-day Trainings on STI/RTI case management with laboratory support were organized with 49 participants from STI clinics attending, funded by FHI.
- Two 2-day Trainings on STI/RTI case management and supply were organized, at National Center for Health Promotion.
- Data of STI cases and serological and bacteriological testing from National STI Clinic are summarized in Table 2, 3 and 4.

Table 2: Consultation and treatment

Disease	Dermatology		STD		Surgery	
	Male	Female	Male	Female	Male	Female
Month						
January	966	1099	45	29	10	0
February	928	1159	35	53	12	2
March	960	1324	32	39	15	3

Table 3: Serological testing

Test	RPR		TPPA		HBs-Ag		HBs-Ab		HCV-Ab		HIV-Ab	
	Total	+	Total	+	Total	+	Total	+	Total	+	Total	+
Month												
January	35	0	33	2	57	6	58	16	56	1	53	3
February	36	1	34	1	64	3	63	12	65	0	74	10
March	28	1	25	0	53	10	56	30	51	3	54	3

Table 4: Bacteriological testing

Method	Gram Stain			Wet mount		
	GNID	PMNs >10	# of test	Yeast	Trichomonas	# of test
Months						
January	2	8	20	3	0	14
February	0	3	18	2	0	8
March	1	2	10	2	0	2

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, Kratie, Koh Kong, Takeo, Kampong Speu, Svay Rieng, Pailin, Kampong Cham, Tbong Khmum, and Memut (Reports in file).

PROVINCIAL LEVEL:

- Mobile STI clinic was provided every month to sex workers in Pursat. The following tables (5) are summarizing activities that have done at provincial and district levels.

Table 5: STI/RTI Refresher Training and STI/RTI Coordination meeting

		Refresher Training	Coordination meeting
1	Phnom Penh	29p	33p
2	Pursat	27p	12p
3	Sihanouk Ville	8p	12p
4	Pailin	12p	

2. Care Package:

a. Health Facility and Home Based Care:

NATIONAL LEVEL:

i. SOP or Guidelines developed:

Developed the SOP for implementing Pediatric mmm activities in Cambodia:

Mondol Mith Chuoy Mith (MMM) was identified as one of the strategies to provide opportunity for PLHA to get access to health care, to share experience and support each others, and to reduce stigma and discrimination. With improvements of health care services

and strengthened partnerships at the OD level, there is a need for expanding the roles of MMM based in the referral hospitals to cover a wider range of services including pediatric HIV/AIDS care. With recent scaling-up of pediatric HIV/AIDS care, there is a need to establish a small Mondol Mith Chuoy Mith (mmm) for children. Some provincial hospitals and referral hospitals have been provided mmm activities by government, and local and international NGOs. However, each organization uses a different approach to implement mmm activities. For this reason, there is a need to provide the standard SOP for implementing this activity. Therefore, NCHADS in collaboration with partners developed this SOP for providing guidance to public health care providers and other concerned stakeholders who are implementing mmm activities in Cambodia.

The final draft of SOP for Implementation of Pediatric mmm was finalized during the coordination meeting with partners held on 20th March 2009 at National Pediatric Hospital, and supported by Clinton Foundation. There were 31 participants who are working for Pediatric AIDS Care, clinicians, counselors from NGOs (Marynoll, UNICEF, FHI, US-CDC, NHCC, CARE, MAGNA, Komar Angkor and World Vision) and from RHs (National Pediatric Hospital, Social Health Clinic, Sereysophorn RH of Banteay Meanchey, Battambang RH of Battambang province, Donkeo RH of Takeo, Chey Chumneah RH of Kandal, and Kampong Cham RH), were attended the meeting.

ii. Training/ Workshop:

- 5th Batch of the Training course on Pediatric Counseling on OI/ARV was conducted with 31 nurses from Samrong RH, Svay Rieng RH, Cheung Prey RH, Memut RH, Tbong Khmum RH, Battambang RH, Thmarkol RH, Pailin RH, Kampong Trach RH, Stung Treng RH, Komar Angkor RH, Sotnikum RH, Kralanh RH, Kirivong RH, Chey Chum Neah RH, Sreambel RH, National Pediatric Hospital, Khmer Soviet RH, and Social Health Clinic that funded by GFATM-R4 (Reports in file).
- 2 sessions of Regional Pediatrician Network meeting on OI/ART Management were conducted at National Pediatric Hospital, funded by GFATM-R4. This meeting provided an opportunity for HIV/AIDS care Pediatricians from OI/ART sites to gain new knowledge, to share experiences from treatment sites across the regions, to discuss challenging cases observed and treated, and to raise quality improvement issues (Reports in file).
- 3 sessions of Regional Home Based Care Network meeting were conducted in 3 different places (Preah Sihanouk, Kampong Cham, and Kampong Speu province), funded by GFATM-R4. The objectives of these meetings were to review the implementation, to share experiences among HBC teams and to discuss on other issues or challenges faced during the implementation (Reports in file).

iii. Supervision :

- Joint supervision trips conducted to monitor on CoC and HBC activities in Kampong Speu, Preah Sihanouk, Oddor Meanchey, Kampong Cham, Kratie, Prey Veng, Svay Rieng, Koh Kong, Siem Reap, Pailin, Battambang and Takeo. The purposes of the supervision were to review on the activities in OI/ART sites, HBC team, provide technical support and the coordination between community and Health facilities (Reports in file).

PROVINCIAL LEVEL:

- Monthly CoC coordination committee meetings and MMM activities were conducted and summarized in Table 6.
- Clinician meeting was conducted in Kampot with 28p.

Table 6: CoC CC meetings and MMM Activities

	# of MMM/mmm meeting	# of PLHA attended	# of CoC meeting	# of participants	# of OIs team meeting	# of participants
1 BMC	2	181p	1	22p	1	12p
2 KTM	3	205p	3	108p		
3 PLN	3	280p	3	58p		
4 SHV			2	46p		
5 KDL	3	30p	3	66p		
6 KPT	3	537p	3	69p	3	45p

b. VCCT:**i. Workshop/Training:**

- One 5-day initial training on HIV/AIDS Counseling for 24 Counselors from VCCT/HCs in Phnom Penh (Meanchey, Tuol Svay Prey, Chak Angre, Tekla, and Tuol Kok), Prey Veng (Cheung Phnum and Kampong Leav), Svay Rieng (Bavet, Krolkor, Chantrey, Chipou, and PAO), Sdao HC/Battambang, Kirivong HC/Takeo, Bakan HC/Pursat, RH of Military No. 4/Siem Reap, Smachmeanchey RH/Koh kong, supported by GFATM-R4 (Reports in file).
- One 5-day initial training on Laboratory for HIV testing for 29p lab technicians from VCCT/HCs in Kampong Leav/ Prey Veng, Kampong Cham Province (Cheung Prey, Prey Chhor, Ponhear Krek, Memut), Banteay Meanchey (Svay Chek, Sreah Chik, Kob, Phnum Toch, Sreah raing, O Prasat, Banteay Chmar, Boeung Trakuon, Malay HC), Svay Rieng (Krol Kor, Nhor, Chantrey, and Bavet HC), RH of Military No. 4/Siem Reap, and Ang Roka / Takeo, which supported by GFATM-R4 (Reports in file).
- One 3-day training to Use of CD4 FASCount was conducted for 10 lab technicians from Banteay Meanchey, Prey Veng, and Phnom Penh, supported by CHAI (Reports in file). After completion of the training, 3 new CD 4 FASCount Machines were integrated into the laboratory services in Sisophone HC in Banteay Meanchey province, in Neak Loearng RH in Prey Veng Province, and another one in Phnom Penh. This come up with the total of 7 CD4 leasing FASCount Machines from Becton Dickinson Company branch in Singapor, and they are placed strategically to provide CD 4 testing services to all OI/ART sites in the country. They are located in the following laboratory facilities: 2 machines located in Phnom Penh, 1 machine in Takeo, 1 machine in Kampong Cham, 1 in Battambang, 1 in Prey Veng, and 1 in Banteay Mean Chey province.

ii. Monitoring and Supervision:

- 7 supervision trips conducted to monitor on the VCCT activities in Banteay Meanchey, Oddor Meanchey, Kampong Cham, Siem Reap, Pailin, Battambang and Takeo. The

purpose of the supervision were to review the VCCT activities such as: register book, appointment cards, referral cards, process of pre and post test counseling, lab activities (Rapid test), blood samples, use and stock of reagents and consumables.

c. Linked Response programme:

Since mid 2008, NCHADS and NMCHC in collaboration with partners and with technical and financial support from CHAI, ITM-Belgium and WHO, 2 provinces were selected to implement the linked Response Approach in five ODs (OD Neak Loeung, Kampong Trabek, Preah Sdech and Mesang of Prey Veng and OD Kirivong of Takeo province) covering 68 HCs. As a primary result of these pilot sites, there has been an increase the coverage of HIV testing among pregnant women who has access to ANC at health facilities an increase in access of prophylaxis treatment for both mothers and their exposed infants and strengthening the coordination mechanism at OD level that facilitates collaboration between health facilities and HBC teams etc. Based on these experiences, the Ministry of Health has strengthened and expanded the linked response approach up to 312 health centres, in 21 operational districts by end of 2009. *(Please see the detail data from the Linked Response sites and Scaling up sites in Annex 3)*

3. Surveillance & Research package:

a. Surveillance:

i HSS Round 10:

The protocol, Specimen collection form and field Guideline for HSS round 10 were developed, reviewed, and finalized.

Listing and Mapping the target groups (Brothel and non brothel based sex workers, Police and Pregnant women at ANC clinics) for HSS Round 10 in Provinces (Preah vihear, Oddor Meanchey, Stung Treng, Rattanakiti, Banteay Meanchey, Battambang, Koh Kong, Pailin, Kampong Chnaing, Pursat, Kampot, Siem Reap, Kratie, and Prey Veng).

ii Surveillance of primary HIV Drug Resistance transmission through threshold survey of recently infected people:

This survey was started in June 2008 in Phnom Penh, where ART has been provided for about 6 years ago. This study aims to assess the proportion of people who have been infected with HIV strain resistant to any drug in the standard first line regimen and to assess whether standard first line regimen will continue to be effective. The specimens have been collected from 5 VCCTs in Phnom Penh (National STD clinic, 7 Makara HC, clinic RHAC (Tek Tla & Tuol Sanke) and Chamkarmorn HC), with 34 HIV positive specimens out of 60 need specimen at the end of this quarter.

iii Monitoring of HIV Drug Resistance Early Warning Indicators : 7 Early Warning Indicators for HIV Drug Resistance were defined to collect from all OI/ART sites:

1. Percentage of quarters in which there were no ARV drug stock out.
2. Percentage of quarters no expired ARV drug was found at ART site
3. Percentage of ARV drugs are in storage conditions
4. Percentage of patients started on standard recommended first line ART regimen
5. Percentage of patients still on first line ART regimen 12 months after ART initiation

6. Percentage of patients lost to follow up at 12 months after ART initiation
7. Proportion of patients who kept all appointments (ART database) used as a proxy for adherence to ART

Since 2008, the EWI survey has been continued to collect from 16 OI/ART sites and the finding results from these sites will be disseminated to OI/ART staff and discussed with NGOs who supported OI/ART sites in April 2009, and preparing for expand to another 23 OI/ART sites.

b. Research:

- i. Continuum Quality Improvement (CQI) for HIV Care:

NCHADS has started launching the Continuum Quality Improvement (CQI) for HIV Care project in 2 provinces (Battambang and Pursat) in late December 2008, and in Banteay Meanchey in January 2009. The project aims to improve the quality of care and treatment services to PLHA in Cambodia. Core indicators below are defined to monitor for CQI:

1. The mortality indicators:
 - Percentage of patients under ART who died
 - Percentage of patients under ART who were lost to follow-up
 - Percentage of patients under OI who died or were lost to follow-up
2. Case-finding and prevention indicators
 - Percentage of new OI patients with an initial CD4 count of >250 (Pre-OI)
 - Percentage of new TB patients who receive HIV testing and counseling (TB)
 - Percentage of ANC1 patients who receive HIV testing and counseling (PMTCT)
 - Percentage of known HIV+ pregnant women who receive prophylaxis and follow-up (pre-OI)
3. Quality of service indicators
 - Percentage of patients on ART who kept all appointments in the last quarter (Post-ART)
 - Percentage of patients with CD4 counts <250 or WHO stage 4 who start ART after 60 days (Pre-ART)
 - Percentage of patients with CD4 count less than 200 and 100 receiving prophylaxis with Cotrimoxazol (CXT) and Fluconazole respectively
 - Percentage of patients newly registered at the OI/ART site who were screened for TB (Pre-ART)

For implementing the CQI, Research team, OI/ART team, counselors, PLHAs, and partners discussed and analyzed the problems based on 3 criteria in different 10 key indicators: importance, urgency and feasibility. After discussion, the 3 sites (Sampov Meas RH/ Pursat, Sereysophon RH/ Banteay Meanchey and Battambang RH) were selected 2 core indicators such as “Percentage of patients on ART who kept all appointments in the last quarter (post-ART) or Percentage of late visit beyond drug buffer by quarter” and “Percentage of patient with CD4 less than 250 or WHO stage 4 who start ART after than 60days (Pre-ART)” to monitor and follow up during 6 months of quality of health care services.

To follow up the progress of CQI Implementation, Research Unit conducted the coordination meeting with OI/ART team, relevant units of NCHADS, and partners in 3 province (Pursat, Battambang, and Banteay Meanchey). The meetings also aimed to review the work plan, challenges or issues faced during CQI implemented, and find appropriate solution.

- ii. Other Research/study Programme to support the optimal use of Antiretroviral Therapy such as Qualitative study of ARV adherence, Cohort Study of ARV adherence, Immune Restoration Disease (IDR), PREDICT, were continuing activities from last year.

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

Coordinated to develop an annual and 1st quarterly comprehensive work-plan 2009 for NCHADS and 24 provinces that were included the detail activity plans, expected outputs and allocated available funds from all funding sources.

ii Coordination Meeting:

Coordination meeting with Logistic Management Unit, Procurement and relevant's NCHADS Units were conducted every 2 weeks. The main objectives of the meeting are to quantify of the forecasting need of OI/ARV drugs, reagents, consumables for VCCTs, CD4, and STI clinics in 2009, to update the current stocks of these health products and commodity at NCHADS and CMS, and to monitor and follow up the supply management to avoid stock out at the services delivery levels.

iii Monitoring Activities:

Developed the NCHADS Annual Comprehensive Report 2008, which is available at NCHADS' website at www.nchads.org. The report was also distributed to MoH, NAA, donors and other partners. The report was summary the key achievements in 2008, feedback, and lessons learn to provide the strategically thinking and decision making of NCHADS and Provincial Health Department management leaders, health care professional, and stakeholders to develop strategies, SOPs, and set new targets for 2009.

PROVINCIAL LEVEL:

- Provincial AIDS Office of 24 provinces-cities developed the Annual and 1st Quarterly Operational Comprehensive Plan for year 2009 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.
- Conducted the monitoring trip to ODs on HIV/AIDS programme Management.

b. Data Management:

- Backlog data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for year 2008.
- Conducted supervision to province on data management, checked and entering OI/ART data in Svay Rieng, Kandal, Preah Sihanouk, Battambang, Kampong Cham.

- The Initial Training for new IT staff for 9 provinces was conducted, and the activities will be started in Q2.

c. Logistic Management:

- Three sessions of 2-day workshop on the use of the report form, request form for VCCTs, OI/ART and STI, organized with 123 participants from 24 provinces, and funded by GFATM-R4.
- One 5-day Refresher Training on Management of OI/ARV drug for 15p from 14 provinces.
- Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities

In quarter 1 -2009, there were a total of 53 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mondulkiri province and Kep city and 22 *NGO 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. Of those, 23 labs are functioning (Annex: STI indicator 2). 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 1 2009, 1,171 consultations for male patients and 6,038 for female patients were reported to the data management unit of NCHADS. Of 1,017 male patients who had STI/RTI syndromes reported, 872 of those (85.7%) were urethral discharges; 81 (8.0%) were Genital ulcers and 64 (6.3%) were Genital warts. Of 5,439 female patients who had STI/RTI Syndromes reported, 2,640 of those (48.5 %) were vaginitis, 2,519 (46.3%) were cervicitis and vaginitis; 244 (4.5%) were PID, and 31 (0.6%) were Genital ulcers. A total of 700 male partners and 917 female partners of STI patients were notified and treated for STI.

In 1st quarter, 2009, 48,597 consultations were provided at a total of 51 specialized STI clinics (32 government and 19 *NGO STI clinics). Among those consultations, 4,671 consultations were provided to male patients, 1,122 to MSM, 33,587 to low-risk women, and 9,217 to brothel based sex workers (BSWs) and entertainment workers (EWs) (2,980 for BSWs; 6,237 for EWs) of which 5,184 were monthly follow-up visits] (Figure 1).

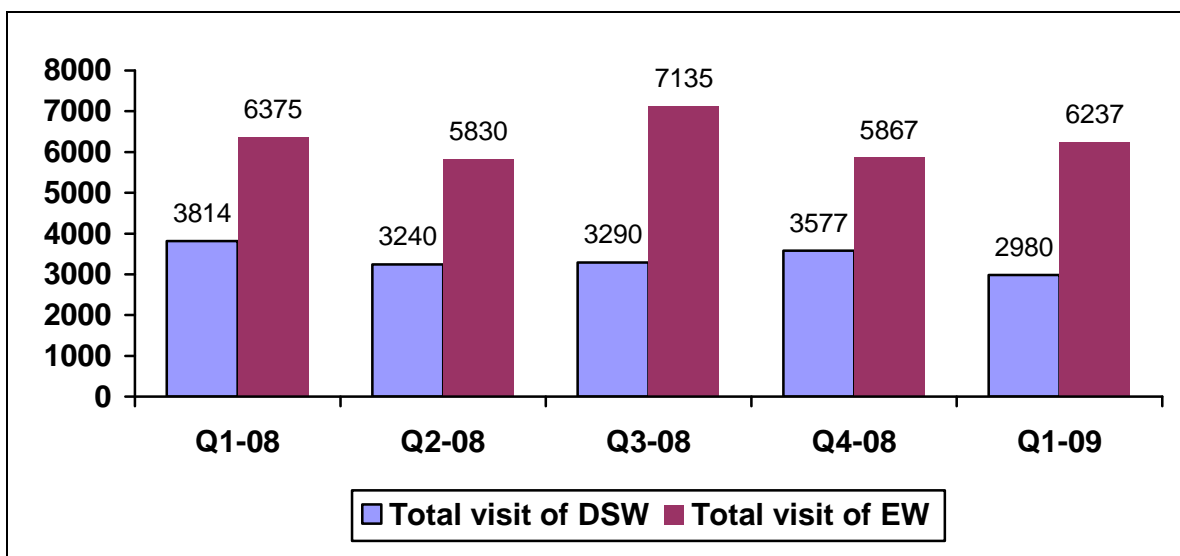


Figure 1: BSW and EW attendance to Family Health Clinics, from Q1 2008 to Q1- 2009

*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 population visited MEC clinic in Phnom Penh city.

At the 51 specialized STI clinics, among of 3,328 male patients who had STI syndromes reported in this quarter, 2,904 (87.1%) were urethral discharges, 46 (1.4%) were anal discharges, 257 (7.7%) were Ano-genital ulcers, 98 (2.9%) were Ano-genital warts, and 23 (0.7%) were inguinal bubo. Among the 282 MSM people had STI syndromes, 154 (54.6%) were urethral discharges, 34 (12.1%) were anal discharges, and 59 (20.9%) were ano-genital ulcers.

At the 51 specialized STI clinics, among of 33,587 low-risk women had STI syndromes reported that 27,747 (82.1%) were treated for vaginitis, 5,580(16.5%) were treated for cervicitis and vaginitis, 117 (0.3%) were PID, 241 (0.7%) were ano-genital ulcers, and 97 (0.3%) were ano-genital warts.

During the first quarter– of 2009, of the 1,164 BSWs who attended specialized clinics for their first visit, 995 (85.5%) were diagnosed with a STI, including 486 (41.8%) with cervicitis. Among of 1,816 BSWs who attended specialized clinics for monthly follow-up visits, 681 (37.5%) of those were diagnosed with a STI, including 405 (22.3%) with cervicitis (Annex: STI indicator 1). In quarter 1 - 2009, of the 2,869 EWs who attended specialized clinics for their first visit, 2,084 (72.6%) were diagnosed with a STI, including 929 (32.4%) with cervicitis. Of the 3,368 EWs who attended specialized clinics for monthly follow-up visits, 1,265 (37.6%) were diagnosed with a STI, including 530 (15.7%) with cervicitis.

Of a total of 1,399 RPR tests were conducted in 1st quarter 2009 at the 32 government specialized STI clinics, and PSF and MEC clinics, 14 (1.0%) were positive.

During this quarter, specialized STI clinics have referred 1,997 patients to VCCT, 34 of HIV/AIDS patients (PLHA) to OI/ART services, 79 pregnant women to ANC, and 42 women to Family

Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 104 patients from VCCT, 61 of patients from OI/ART services, 64 pregnant women from ANC and 46 women from Family Planning services.

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 9 years, from 12 sites in 2000 to 216 sites by the end of Q1 2009 (Annex: VCCT indicator 1) (Figure 2).

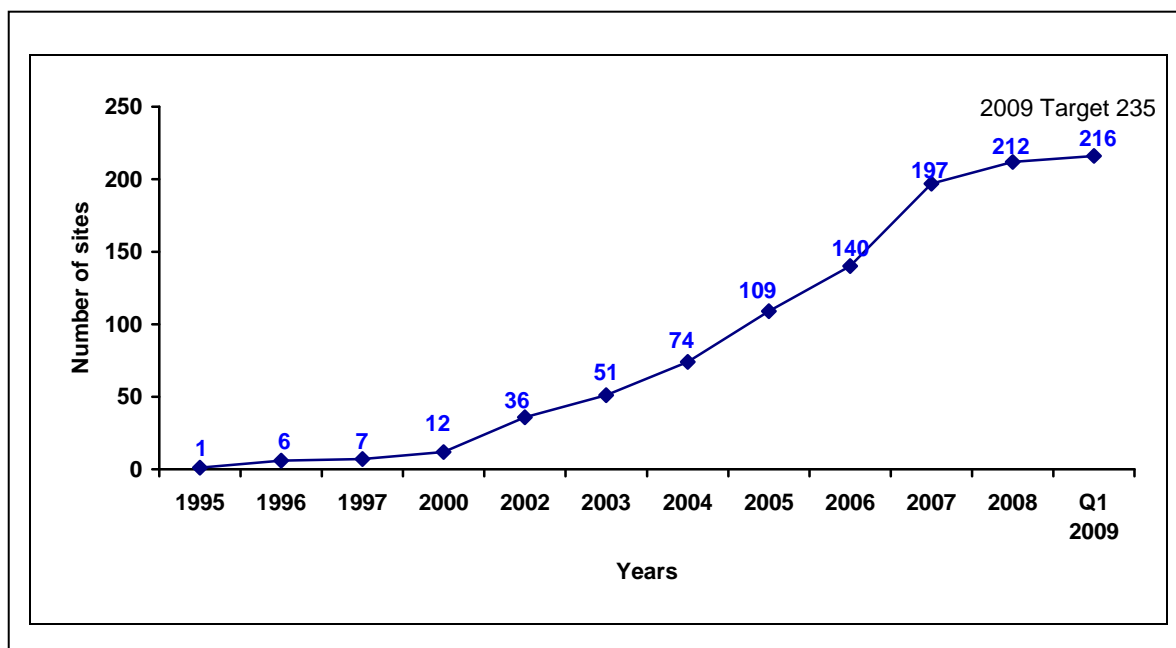


Figure 2: Trend in number of VCCT sites from 1995 to Q1-2009

A total of 4 new VCCT sites have been opened in Q1-2009 (Prek ChangKran HC, Kanh Chrach HC, Kdoeung Reay HC in Prey Veng Province, and 4th Region Hospital in Siem Reap Province). Of the current 216 VCCT sites, 194 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. Health care workers also give pre-test information to clients, and provide a referral card to access VCCT services, and or draw blood and send it to VCCT. The HIV test is conducted at VCCT sites as well as post-test counseling.

In Q1-2009, of 121,674 (including 38,312 ANC attendees from NMCH) VCCT clients, 59,962 (49.3%) were self referred, 39,741 (32.7%) were referred by ANC services, 1,068 (0.9%) were referred by STD clinics, 6,097 (5.0%) were referred by TB program, 4,333 (3.6%) were referred by HBC, 4,441 (3.6%) were referred by general medicine, 197 (0.2%) were referred by Pediatric care, 2,327 (1.9%) were referred by Maternity services, 332 (0.3%) were referred by FP services, and 3,176 (2.6%) were referred by other services (Figure 3).

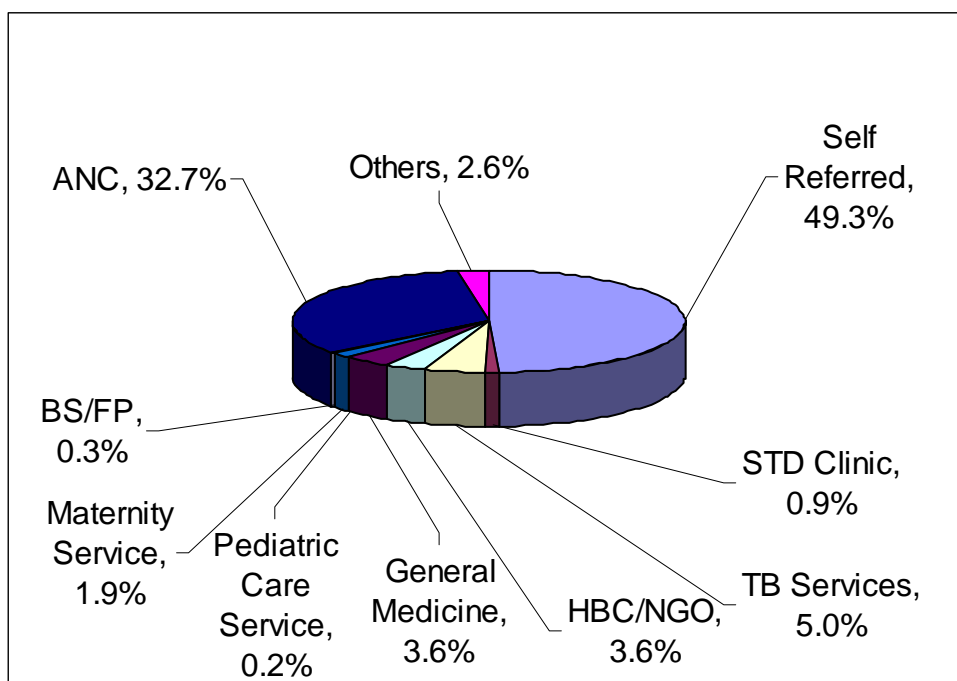


Figure 3: Trend in number of VCCT clients referred from other services in Q1-2009

A total of 110,264 clients have tested for HIV in first quarter of 2009 including 83,140 VCCT clients, 5,248 TB patients, 26,716 pregnant women (22,097 at government facilities and 4,619 at RHAC clinics) and 5,450 male partners of pregnant women (5,027 at government facilities and 423 at RHAC clinics).

The figure 4 and Table 1 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 83,140 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q1-2009 (Figure 4).

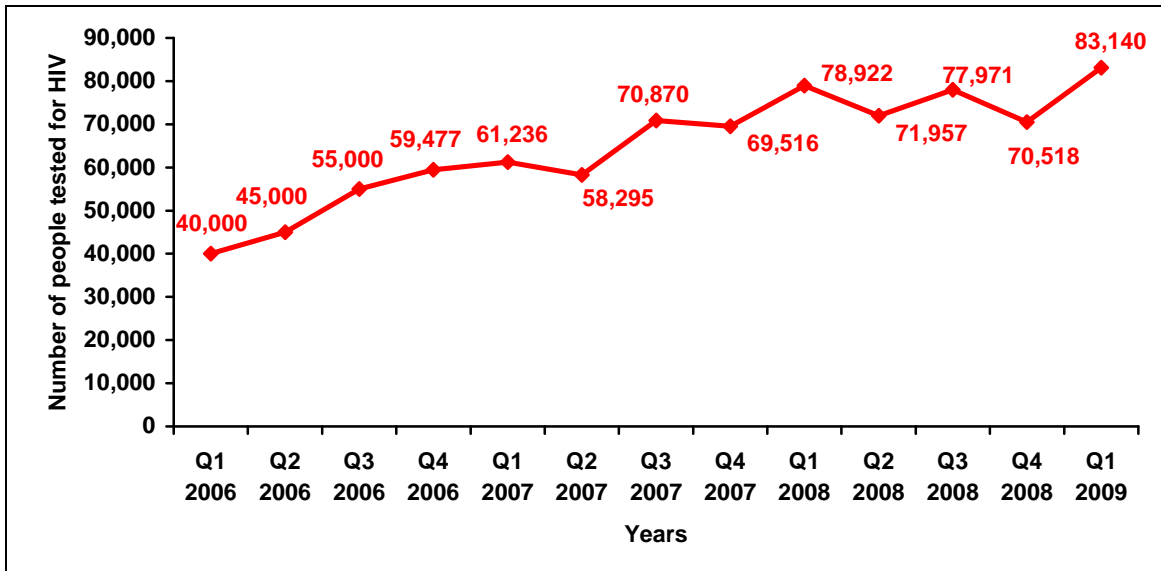


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q1- 2009

Of the total number of VCCT clients and TB patients tested in Q1-2009, 46,331 (55.7%) were female and 76,264 (91.7%) were aged 15-49 years (VCCT indicator 2) (Table 7).

	People tested for HIV N= 83,140 No. (%)	People tested HIV positive N=2484 No. (%)
Age		
≤14 years	2,321 (2.8%)	242 (9.7%)
15-49 years	76,264 (91.7%)	2,106 (84.8%)
> 49 years	4,555 (5.5%)	136 (5.5%)
Sex		
Male	36,809 (44.3%)	1,209 (48.7%)
Female	46,331 (55.7%)	1,275 (51.3%)

Table 7: Characteristics of clients tested at VCCT sites, In Q1-2009

In Q1-2009, 99.1% (range: 74,8% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q1-2009, of 121,674 VCCT clients, 6,097 (5.0%) were referred from the TB program. (Figure 5). The number of patients referred by the TB program for HIV testing has increased steadily over time since 2006.

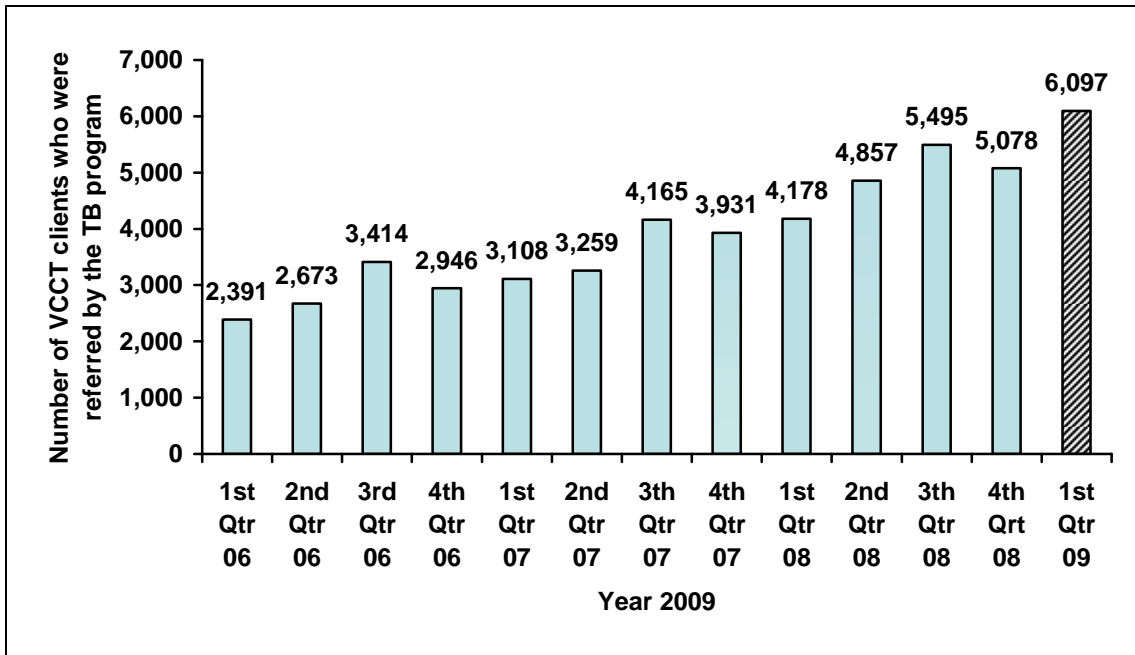


Figure 5: Trend in number of VCCT clients referred from TB program from Q1-2006 to Q1-2009

In Q1-2009, of the 83,140 VCCT clients and TB patients tested at VCCT sites nationwide, 2,484 (3.0%) were detected HIV positive at VCCT sites (Figure 6).

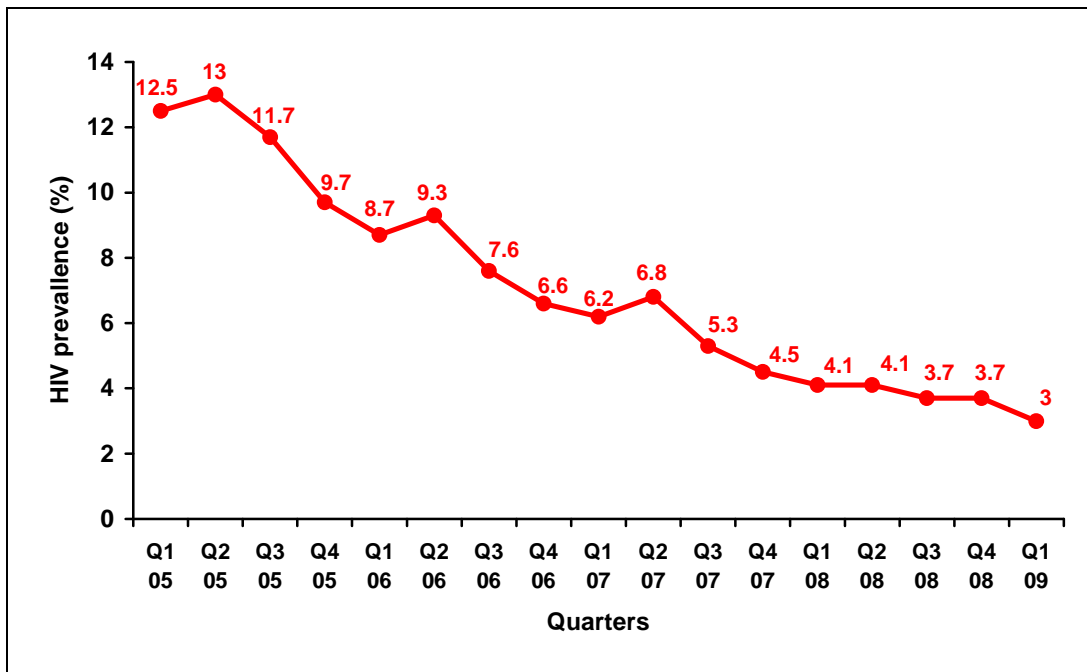


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q1-2009

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 NGOs. Of the total 51 OI/ART sites, there are 29 sites provide pediatric care.

This Q1-2009, 39 ODs have at least one facility that provides ART services (Annex: HFBC indicator 2). (Figure 7).

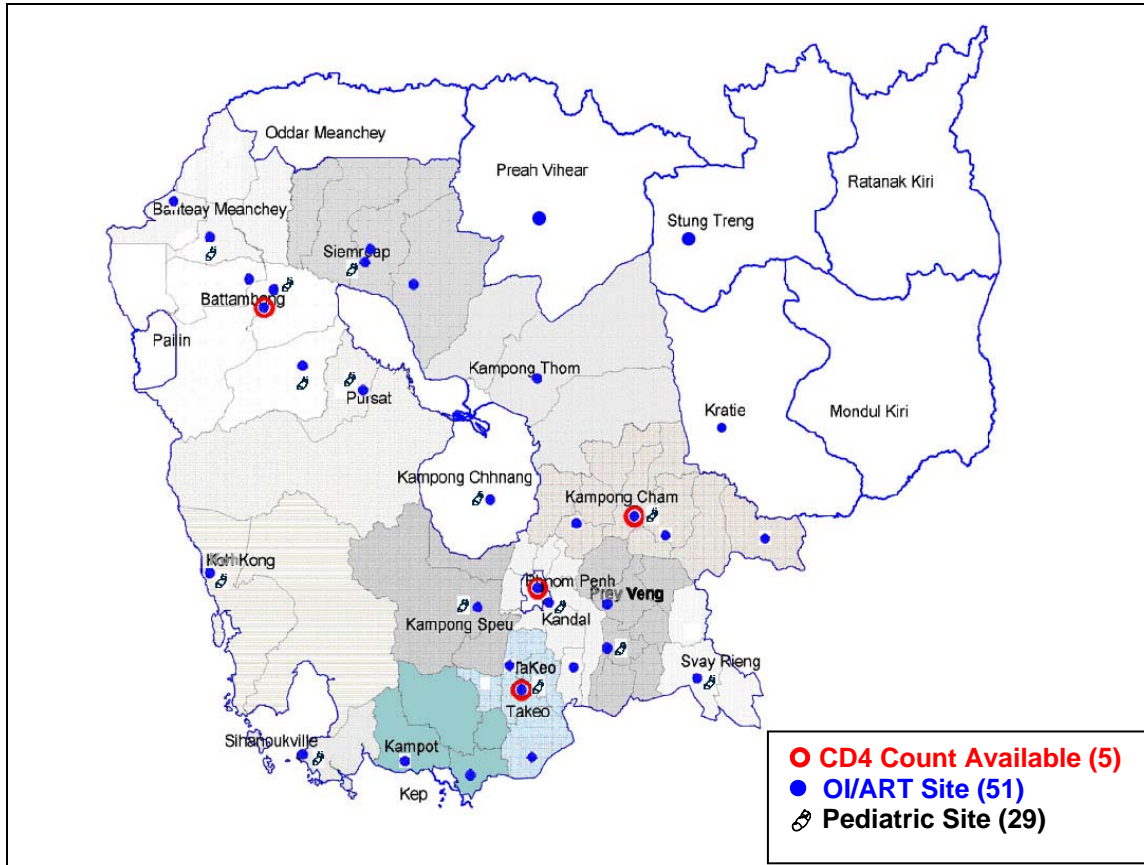


Figure 7: Location of facility-based OI/ART sites as of 31 April 2009

Laboratory Support

In Q1-2009, 16,461 CD4 tests have been conducted in the four regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang and at NIPH in Phnom Penh) (Figure 8). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 405 tests examined in this Q1-2009. CD4 % tests in percentage for children are performed at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH. The figure below is shown the trend of CD4 tests declined compared to each previous quarter in 2008 that are due to the shortage of reagents.

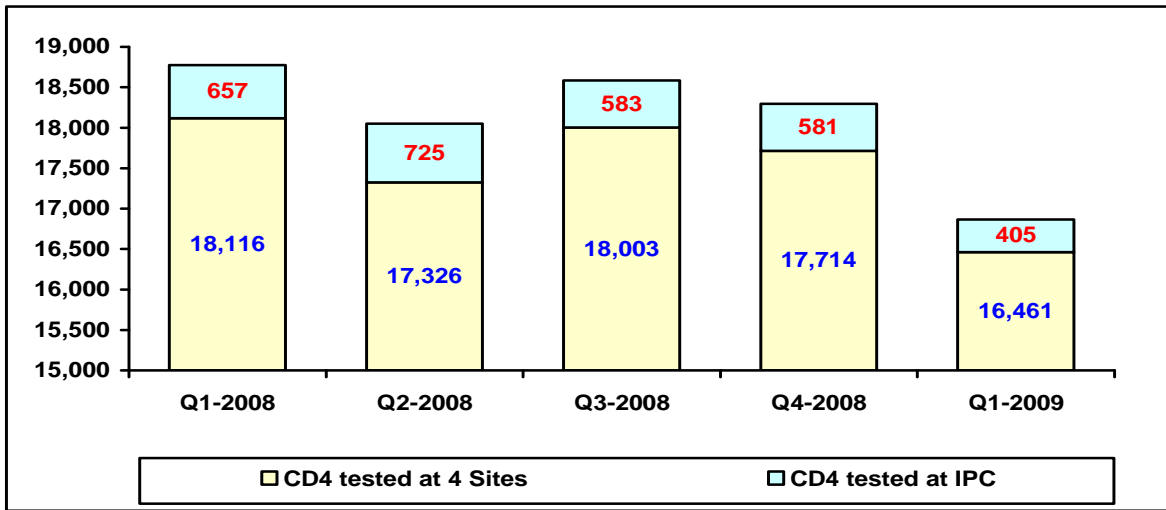


Figure 8 : Trend in the total number of CD4 tests conducted in Cambodia at 4 government sites and IPC from Q1-2008 to Q1-2009

In Q1-2009, there are no RNA viral load tests for patients in Social Health Clinic at NIPH due to the supply of reagents were not on time. However, 1,311 RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

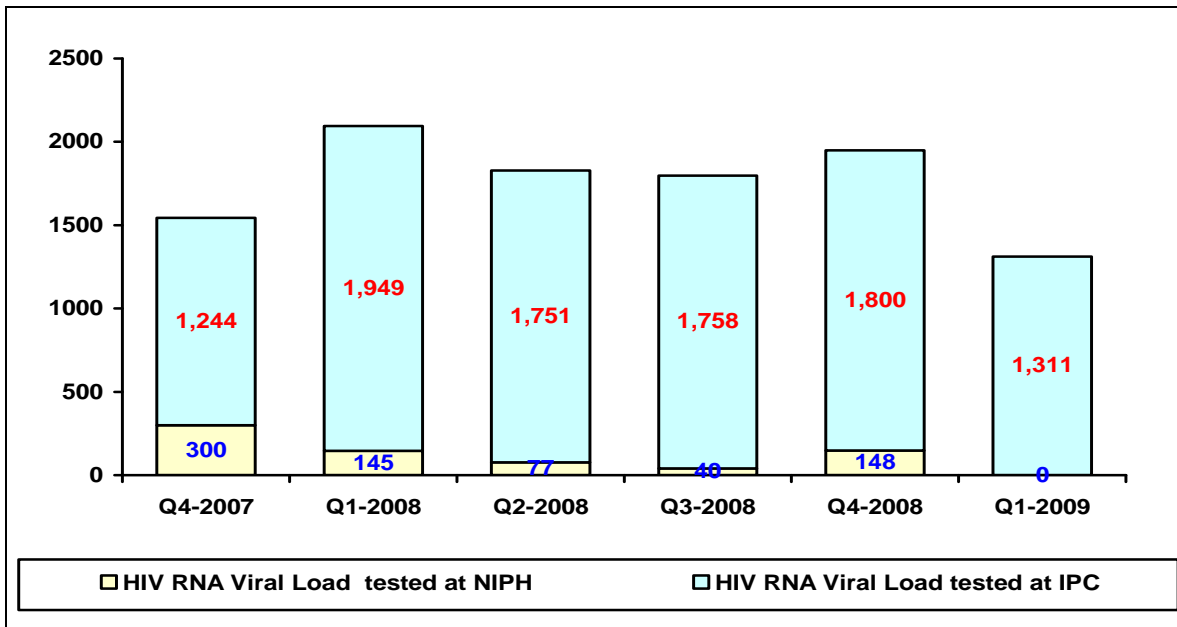


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2007 to Q1-2009

In Q1-2009, 135 DNA PCR tests have been conducted at NIPH which found 16 of those were positives, and other 219 DNA PRC tests were also conducted at Institute Pasteur of Cambodia (IPC)(Figure 10).

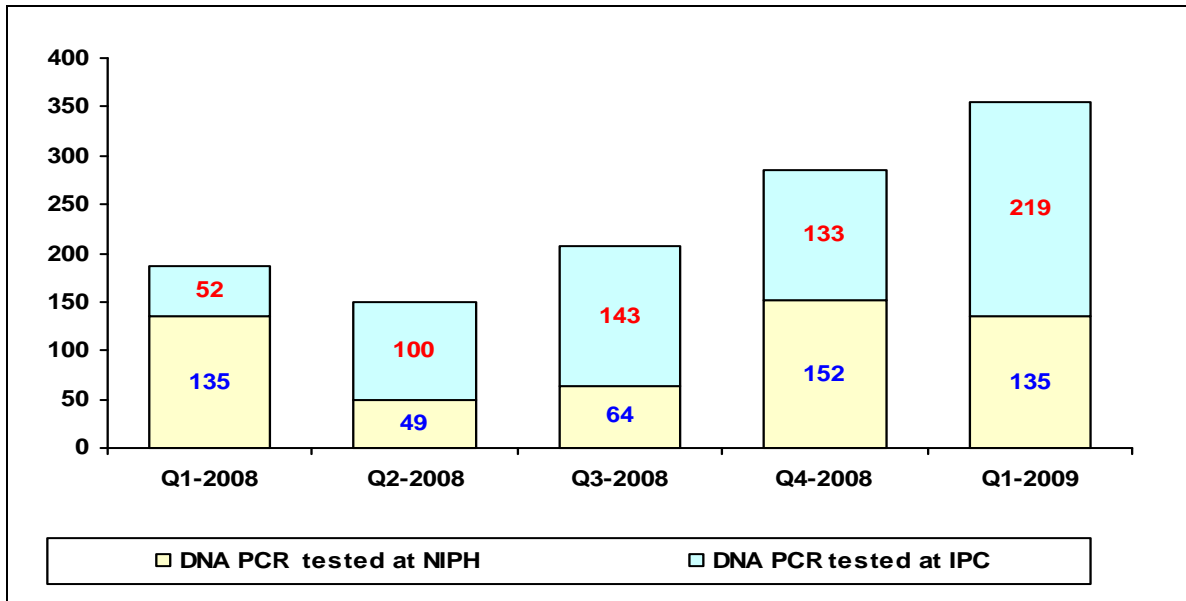


Figure 10: Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q1-2009

This Q1-2009, a total of 33,287 active patients including 30,080 adults and 3,207 children are receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3). According to Asian Epi-Model 2006-2012, the estimated need of HIV/AIDS patients on ART are projected about 35,644 patients in 2009. AIDS patients on ART as reported in March 2009, 84% of the estimated HIV/AIDS patients need ART.

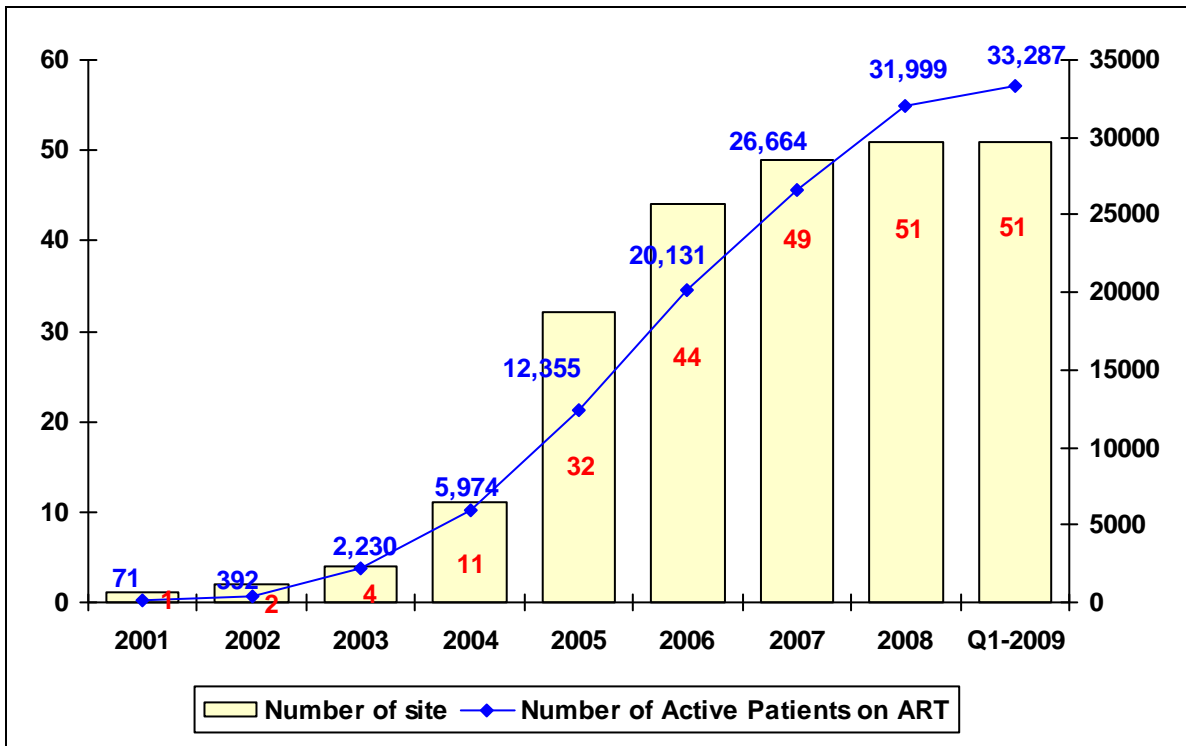


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q1-2009

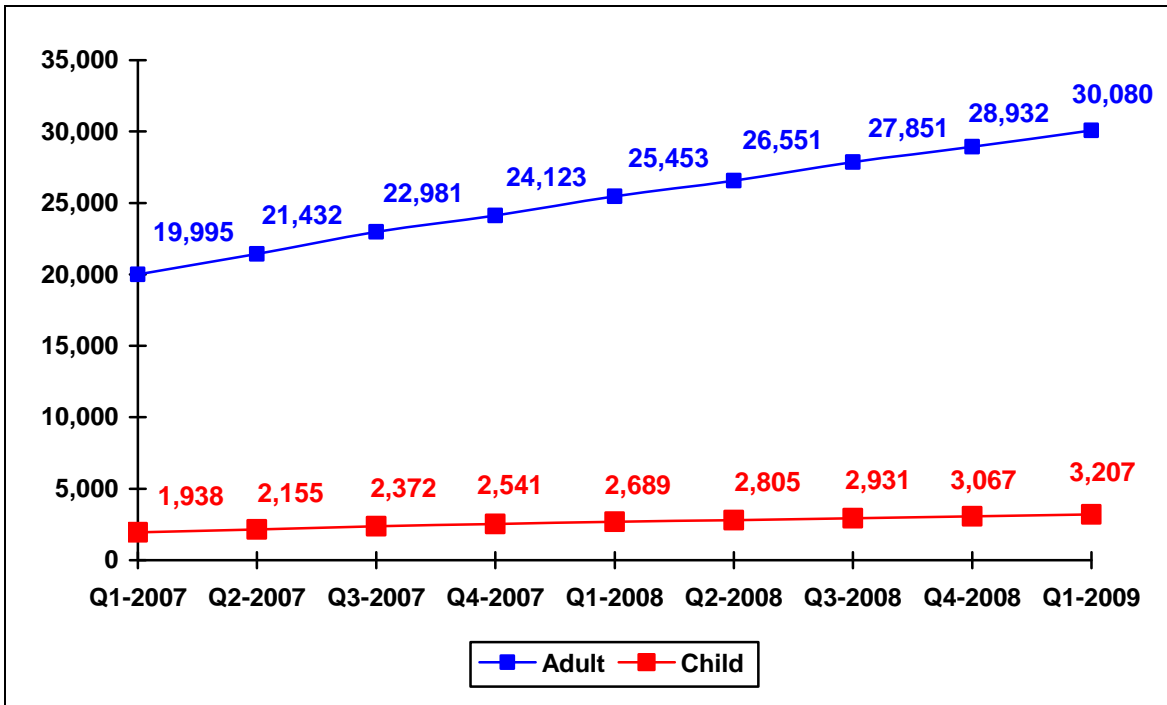


Figure 12: Trend in number of active adult and child patients from Q1 2007 to Q1-2009

In Q1-2009, female adult patients accounted for 52.0% (15,651) of all active patients on ART. At OI/ART sites, a total of 2,265 new patients (including 226 children) started OI prophylaxis and management and 1,634 new patients (including 164 children) started on ART in Q1-2009 (Figure 13). The number of new patients on OIs has been declined since Q4 2007. On the other hand, the numbers of new patients on ART were significantly decreased as from Q3 2008, and it is a slight increase in Q1 2009 if compared to the number reported in Q4 2008.

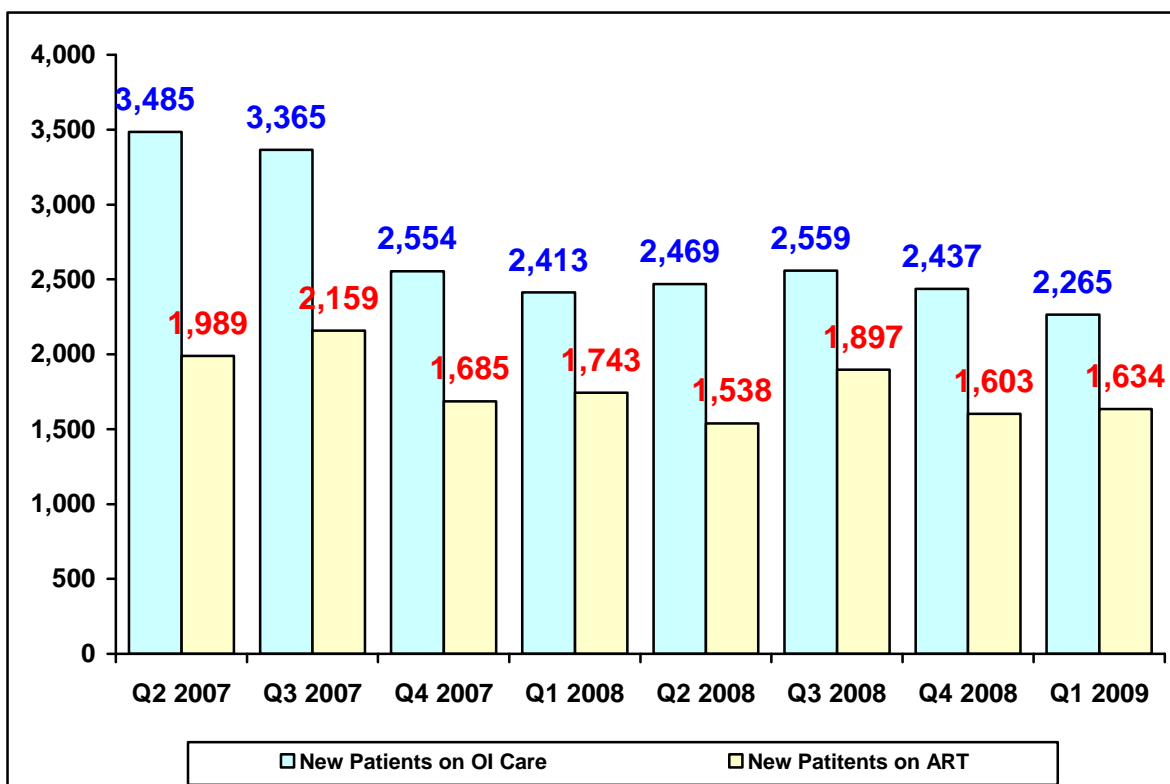


Figure 13: Trend in numbers of new patients on OI and ART from Q2-2007 to Q1-2009

There were a total of 9,338 active adult patients and 1,551 child patients with opportunistic infections who are not eligible for ART yet at the end of Q1-2009. Of those, 5,787 (62.0%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,569 adult patients and 283 child patients on OIs were eligible for ART at the end of April 2009.

Patient mobility across services

In Q1-2009, a total of 789 ART patients were transferred out to new ART sites located closer to their home residence. At the end of Q1-2009, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,572 active patients on ART.

Drug and logistic support

In Q1-2009, the number of patients on different ARV regimens has been reported from all ART sites. Most AIDS patients were prescribed for 1st line of ARV regimen, including d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP; whereas 3.9 % of adults and 4.6 % of children were on PI-based regimens (Table 8).

ARV drug regimen Q1 - 2009	Adults N= 29,021*		Children N= 3,287*	
	No.	(%)	No.	(%)
d4t+3TC+NVP	13,083	45.1 %	2,537	77.2 %
d4t+3TC+EFV	3,839	13.2 %	397	12.1 %
AZT+3TC+NVP	7,286	25.1 %	170	5.2 %
AZT+3TC+EFV	2,223	7.7 %	32	1.0 %
PI-based regimens	1,145	3.9 %	150	4.6 %
Other regimens	1,445	5.0 %	1	0.1 %

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

Table 8: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q1-2009

2.1.3. Community-based services

Home-based care (HBC)

As reported in 1st quarter 2009, There were 375 HBC teams covered 706 Health Centers in 71 operational districts (OD) in 20 provinces (Annex: HBC indicator 1) (Figure 13) within the CoC established in place (Annex: HBC indicator 4).

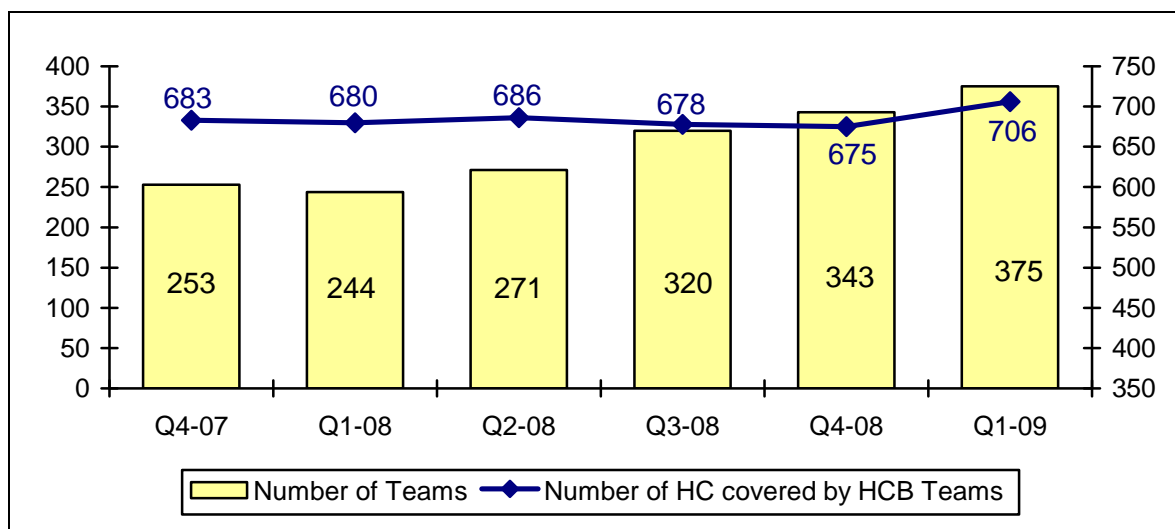


Figure 13: Trend in number of HBC teams form Q4-2007 to Q1-2009

These HBC teams are currently supporting for a total of 26,565 PLHA (Annex: HBC indicator 2), which 10,149 were registered in Pre-ART (OI) and other 16,416 were registered in ART.

PLHA support groups (SG)

In 1st quarter 2009, there are 951 PLHA support groups (PLHA SGs) are active in Cambodia. These PLHA SGs are currently established in 15 provinces and in Phnom Penh (source: CPN+ report). The number of active PLHA supported by these support was 36,969 in Q1-2009.

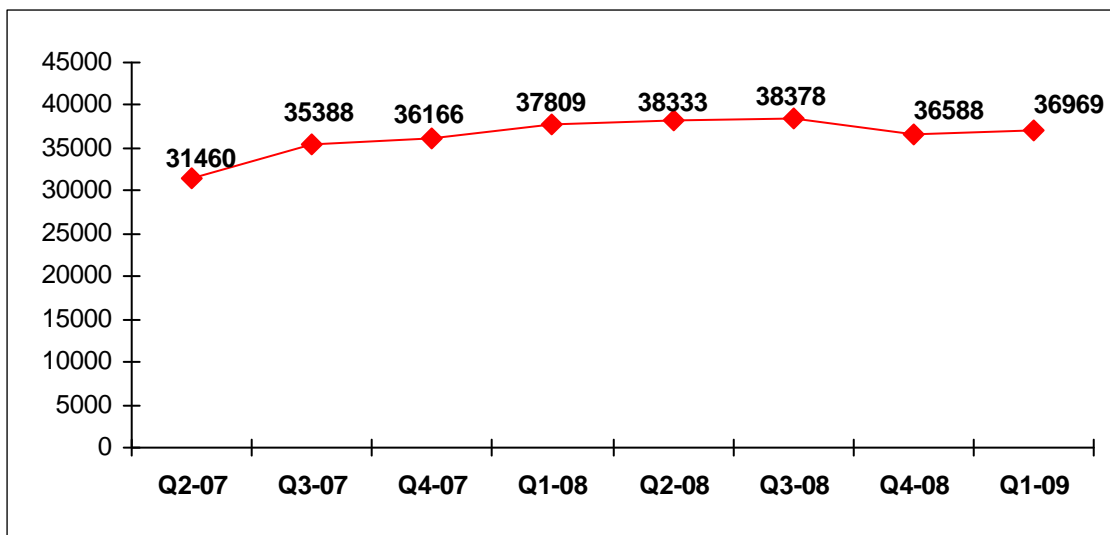


Figure 14: Trend in number of people supported by PLHA support groups from Q2 2007 to Q1 2009

2.2 PMTCT

Nationwide PMTCT Data provided by NMCHC

In Q1-2009, there were 68 of 76 ODs with at least one center providing PMTCT services (HFBC indicator 4).

From January to March 2009, of a total of 38,263 first ANC attendees were at government ANC clinics with PMTCT services, 23,311 (60.9%) of those were tested for HIV. Amongst couples where the woman attended an ANC clinic with PMTCT services, 5,172 husbands/partners accepted testing (22.2% of pregnant women were tested with their husbands/partners). Among the 22,097 women who received the results of their HIV test at PMTCT services, 111 (0.5 %) were HIV positive and a further 110 known HIV-positive pregnant women were referred to PMTCT services.

A total of 187 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and March 2009. Of these mothers, 137 (73.3%) accessed ARV drugs: 40 (21.4%) received AZT during pregnancy (57 of them also received AZT + SD NVP during labor), 113 (60.4%) received HAART and 13 (6.9%) received ARV prophylaxis in labor alone. Of 188 infants born to HIV-infected mothers at PMTCT maternity sites from January to March 2009, 183 (97.9%) received ARV prophylaxis, 143 received NVP and ZDV for 1 week and 39 for 4 weeks; 1 infants

received single dose NVP alone. Of the HIV infected mothers who delivered at PMTCT maternity sites in Q1-2009, 57 (30.3%) declared that they intended to use exclusive breastfeeding and 127 (67.6%) declared that they planned to use replacement feeding.

From January to March 2009, of an estimated 85,869 pregnant women nationwide, 32,436 (37.9%) were tested for HIV and received the test result (22,097 reported by NMCHC, 4505 at RHAC clinics and 5,834 at Jayavaraman 7) (HFBC indicator 5). Of an estimated 608 (0.71% of 85,869) HIV-infected pregnant women from January to March 2009, 174 (28.6%) received ARV prophylaxis at the government delivery health facilities (HFBC indicator 6).

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) = 0.71%

Estimated number of HIV-positive pregnant women in 2009 = 2,436

III. FINANCIAL REPORT:

A. Summary Expenditures of all funding sources managed by NCHADS:

During this period, more than 11% of total budget in 1st quarterly activity plan of 2009 were spent on key activities of prevention, care, support and treatment programme for HIV/AIDS patients. The expenditure was low due to the majority of the budget plan allocated for logistic management to procure for health products and medical equipments (OI/ARV drugs, reagents and consumables) were pending by the GFATM. If excluded budget for health products and medical equipments, the percentage of expenditure was around 44% (see table 9 and 10).

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 STI activities, CoC etc Some activities related to 100% Condom Use Program for entertainment sex workers were postponed due to waiting for development of new SOP for HIV/AIDS Prevention. Also, the part of continuum of care and support activities for HIV/AIDS patients funded by AHF which have been implemented at 10 ODs in 9 provinces (Kampong Thom, Kampot, Kandal, Prey Veng, Svay Rieng, Pursat, Oddor Meanchey, Stung Treng and Takeo). Any activity plans of the rest of provinces funded by GFATM-R7 were not yet implemented.

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 (R4, R5 and R7), CDC, CHAI, UNSW/CTAP, CIPRA, WB, ITM, AHF, UNAIDS and TREAT Asia. The figure of the FHI's funding source represents the only expenditures at national level and not included the expenditure of activity plans from provincial level.

Table 9: Summary of expenditures by sources managed by NCHADS:

Sources	Annual Plan	Q1 Plan	Q1 Exp	Q1 %	A %
GFATM-R7	\$ 5,636,198	\$ 895,620	\$ 81,378	9%	1.4%
GFATM-R4	\$ 5,477,331	\$ 5,276,833	\$ 227,789	4%	4%
GFATM-R5	\$ 190,039	\$ 145,622	\$ 149,063	102%	78%
US-CDC	\$ 849,724	\$ 147,275	\$ 92,691	63%	11%
UNSW/CTAP	\$ 260,000	\$ 65,000	\$ 48,908	75%	19%
WHO	\$ 113,465	\$ 38,400	\$ 37,075	97%	33%
FHI	\$ 22,300	\$ 13,992	\$ 11,403	81%	51%
CHAI	\$ 495,059	\$ 165,654	\$ 39,128	24%	8%
AHF	\$ 198,161	\$ 44,034	\$ 28,137	64%	14%
UNAIDS	\$ 24,294	\$ 7,147	\$ -	0%	0%
Treat Asia	\$ 40,000	\$ 10,000	\$ -	0%	0%
CIPRA	\$ 55,000	\$ 34,000	\$ 34,743	102%	63%
ITM DGDC	\$ 70,820	\$ 16,200	\$ 15,892	98%	22%
Grand Total	\$ 13,432,391	\$ 6,859,777	\$ 766,207	11%	6%
Sub Total for Logistic	\$ 7,673,851	\$ 5,524,879	\$ 176,844	3%	2%
Excluded the Budget's Logistic	\$ 5,758,540	\$ 1,334,898	\$ 589,363	44%	10%

Table 10: Summary of expenditures of Logistic Management managed by NCHADS:

	Year Plan	Q1 Plan	Expenditures	Quarterly %	Year %
GFATM-R7	\$ 2,117,455	\$ 171,225	\$ -	0%	0%
GFATM-R5	\$ 125,399	\$ 125,399	\$ 88,125.00	70%	70%
GFATM-R4	\$ 5,165,136	\$ 5,165,136	\$ 38,865.71	1%	1%
US-CDC	\$ 51,619	\$ 51,619	\$ 48,071.89	93%	93%
ITM	\$ 1,500	\$ 1,500	\$ 1,481.20	99%	99%
CHAI	\$ 35,250	\$ 10,000	\$ 300.00	3%	1%
UNICEF	\$ 157,700	\$ -	\$ -	0%	0%
Total	\$ 7,654,059	\$ 5,524,879	\$ 176,843.80	3%	2%

B. Summary Expenditures of the GFATM Round 7 Grant Funds managed by PR/NCHADS

During this reporting period, PR/NCHADS received the first installment of the Grant Funds from GFATM to NCHADS accounts with the total amount of USD 7,137,934 for the programme implementation for 6 months and 3 months buffer. Subsequently, after signing the Memorandum of Agreement with each SR under Round 7 on 2nd January 2009, and the preparation of programme star-up, PR/NCHADS was disbursed the total Grant for USD 3,286,122 to all SRs. However, the disbursement amount from PR/NCHADS to each SRs was based on each SR's capacity of financial management system, for those who have full capacity, full the Grant Funds amount of the first disbursement requests will be disbursed, for those who have limited capacity, PR/NCHADS was disbursed the Grant Funds in the CASH ADVANCED system with replenishment based on the request of the SR.

The detail amount of Grant Disbursed to each SR and its Expenditure figure can be seen in the table 11 and 12 below. Please note that the Grant Funds allocated for the Pharmaceutical and Health Products under GFATM-R7 for a total amount of USD 2,334,804 was not been transferred to PR/NCHADS' Account yet due to the pending approval of Procurement and Supply Management (PSM plan) for this category by the GFATM. PR/NCHADS has worked with PR/MoH and GFATM to clarify and address the issues to be approved by GFATM on time to avoid any delay or interruption of OI/ARV Drugs, Reagents, Consumables and other Commodities.

Table 11: Statement of Fund Receipts and Disbursement for 1st Quarter 2009 for GFATM-R7 Grant

No	PR/SRs name	First disbursement request	Pending on Category Health Product/Equipment	Actual Amount disbursed by the GF 7	Actual Disbursement for SR full capacity for 3quarters	Actual Disbursement for SR Cash Advance for Q1 - 2009	Fund Retained at PR NCHADS Account for SR-Cash advance	PR NCHADS Exp. for reporting period	Ending balance for current period
1	NAA	492,145.00	-	492,145.00		20,000.00	472,145.00		472,145.00
2	NPH	141,380.00	19,446.00	121,934.00		20,000.00	101,934.00		101,934.00
3	MoSVY	149,646.00	-	149,646.00		20,000.00	129,646.00		129,646.00
4	SCA - MoSvy	177,556.00	-	177,556.00	177,556.00	-	-		-
5	SCA	231,692.00	-	231,692.00	231,692.00	-	-		-
6	CWPD	277,469.00	3,000.00	274,469.00		20,000.00	254,469.00		254,469.00
7	CPN+	317,915.00	-	317,915.00		20,000.00	297,915.00		297,915.00
8	KHANA	738,437.00	21,600.00	716,837.00	716,837.00	-	-		-
9	WVC	159,798.00	-	159,798.00	159,798.00	-	-		-
10	MSC	238,348.00	37,242.00	201,106.00	201,106.00	-	-		-
11	CRS	227,877.00	6,561.00	221,316.00	221,316.00	-	-		-
12	SEAD	65,845.00	3,600.00	62,245.00	62,245.00	-	-		-
13	WOMEN	167,920.00	-	167,920.00	167,920.00	-	-		-
14	RHAC	321,167.00	187,988.00	133,179.00	133,179.00	-	-		-
15	PSI	340,366.00	44,800.00	295,566.00	295,566.00	-	-		-
16	MEDICAM	165,735.00	-	165,735.00	165,735.00	-	-		-
17	FI	230,467.00	5,860.00	224,607.00	224,607.00	-	-		-
18	FHI	442,990.00	19,425.00	423,565.00	423,565.00	-	-		-
19	NCHADS-PR	520,063.00		520,063.00		-	520,063.00	81,378.10	438,684.90
19	NCHADS-SR	4,047,712.00	1,985,282.00	2,062,430.00		-	2,062,430.00		2,062,430.00
19.a	NMCHC-NCHADS - SSR	18,210.00	-	18,210.00		5,000.00	13,210.00		13,210.00
Total		9,472,738.00	2,334,804.00	7,137,934.00	3,181,122.00	105,000.00	3,851,812.00	81,378.10	3,770,433.90

Table 12: Summary expenditures of SRs under GFATM-R7 for 1st Quarter 2009

No	PR/SR Name	Q1 Budget	Q1 Expenditures	Budget Balance	Achievement
1	NAA	\$ 183,575	\$ 11,422	\$ 172,153	6.22%
2	NPH	\$ 94,270	\$ 485	\$ 93,785	0.51%
3	MoSVY	\$ 45,782	\$ 9,352	\$ 36,430	20.43%
4	SCA - MoSvy	\$ 72,052		\$ 72,052	0.00%
5	SCA	\$ 93,370	\$ 615	\$ 92,755	0.66%
6	CWPD	\$ 91,223	\$ 1,999	\$ 89,224	2.19%
7	CPN+	\$ 148,379	\$ 5,811	\$ 142,568	3.92%
8	KHANA	\$ 322,287	\$ 100,998	\$ 221,288	31.34%
9	WVC	\$ 44,011	\$ 16,834	\$ 27,178	38.25%
10	MSC	\$ 141,677	\$ 21,235	\$ 120,442	14.99%
11	CRS	\$ 81,518	\$ 64,628	\$ 16,890	79.28%
12	SEAD	\$ 14,154	\$ 12,546	\$ 1,608	88.64%
13	WOMEN	\$ 64,440	\$ 46,514	\$ 17,926	72.18%
14	RHAC	\$ 35,383	\$ 29,662	\$ 5,721	83.83%
15	PSI	\$ 95,016	\$ 15,058	\$ 79,959	15.85%
16	MEDICAM	\$ 82,225	\$ 17,888	\$ 64,337	21.75%
17	FI	\$ 91,839	\$ 38,657	\$ 53,181	42.09%
18	FHI	\$ 166,370	\$ 13,075	\$ 153,295	7.86%
19	NCHADS	\$ 1,914,711	\$ 81,378	\$ 1,833,333	4.25%
Total		\$ 3,782,282	\$ 488,156	\$ 3,294,126	12.91%

IV. CHALLENGES AND CONSTRAINTS:

- Due to the implication of Anti-Human Trafficking Law in Cambodia, there is a direct impact on the intervention of 100% CUP, some brothels were closed, this in turn, cause the reduction in numbers of Sex Workers working in the brothel based, and are shifted from brothel-based to engage in others entertainment services, including karaoke, massage parlors, beer gardens etc. Therefore, it is difficult to identify and conduct the outreach visits to Brothel based Sex Workers (BSWs), the current intervention is focus on EWs.
- On the other hand, all the brothel based sex workers have to access to STI clinic for regular check up (very month) although they have had STI symptoms or asymptomatic as to comply with the 100% CUP. But due to changing of sex situation, brothel sex workers were not check up STI regularly, therefore the STI cases among brothel based sex worker and non brothel based sex workers were increased.

V. CONCLUSION AND RECOMMENDATION:

In overall, most of targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for Care and Treatment Component, set forth in the first quarter in 2009 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.

However, the Prevention component was faced some issues due to the movement of the brothel based sex workers to the other entertainment workers. This requires NCHADS to work collaboratively with all concerned partners to develop new Standard Operating Procedures of a Continuum of Prevention to Care and Treatment Approach for Female Entertainment Workers and possibly for other Most-at-Risk Population (MSM, DUs and IDUs) as well. This SOP is expected to finalize in quarter 2. In addition, there was some delay of funds disbursement to be implemented at the provincial level, due to shift of funding sources and the preparation of necessary legal paper work. It is expected that from quarter 2, the NCHADS programme will be fully implemented towards achieved the annual targets.

ANNEX 1 : Monitoring and Evaluation indicators

	STI Indicators	Type	2009 target No. (%)	Q1. 2009 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	22.3%
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	28	23
3	Percentage of entertainment services workers who use STI services monthly	Output	DSW: 95% IDSW: 50%	DSW: 68.5% IDSW: 83.4%

	CoC Indicators	Type	2009 target No. (%)	Q1. 2009 score No. (%)
1	Total number of Operational Districts with a full Continuum of Care	Output	43	39
2	Number of CoC sites with ARV services	Output	53	51

	VCCT Indicators	Type	2009 target No. (%)	Q1. 2009 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	235	216
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing (UA 3, 4, 5, 9).	Outcome	380,000 (5.0%)	76,264
3	Percentage of people HIV tested who received their result through post-test counseling	Output	98%	99.1%

	(UA 9).			
4	Number and percentage of HIV (+) Clients who were referred to OI/ ART sites	Output	80%	73%

	HFBC Indicators	Type	2009 target No. (%)	Q1. 2009 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	39 A: 39 C:29	39 A: 39 C:29
3	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	31,344 adults 4,300 children <hr/> 35,644 total	31,018 adults 3,366 children <hr/> 34,384 total
4	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	68 (90%)	68 (90%)
5	Number and percentage of pregnant women who were tested for HIV and received their test result		50%	37.9%
6	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		40%	28.6%
7	Number and percentage of individuals newly enrolled in HIV care who were screened* for TB at the first visit	Output	90%	n/a

Note: * For indicators number 4, 5 and 6 of HFBC component, the values from NMCHC

	HBC Indicators	Type	2009 target No. (%)	Q1. 2009 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	375
2	Number of PLHA supported by HBC teams	Output	28,000	26,565
3	Number and percentage of health centers with HBC team support	Output	750 (80%) of 942 HC	706

	Surveillance Indicators	Type	2009 target No. (%)	Q1. 2009 score No. (%)
1	Number of HSS conducted	Output	Round 10	Ongoing process of HSS Round 10

	Research Indicators	Type	2009 target No. (%)	Q1. 2009 score No. (%)
1	Number of Research conducted	Output	2	4

1. Predict study
2. IRD Study
3. Adherence study
4. Depression study

	PMR Indicators	Type	2009 target No. (%)	2009 score No. (%)
1	Percentage of major funding sources included in the Annual Comprehensive Work Plan	Output	90%	90%
2	No. of NGOs and partners with signed Letters of Agreement for annual work plans on HIV/AIDS & STI programme	Output	45	39
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	1

	DM Indicators	Type	2009 target No. (%)	Q1. 2009 score No. (%)
1	Number of provinces with data management units	Output	20	19