

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**SECOND 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, 26 September 2008

Deputy Director

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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

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
- 3. Report of Quarterly Meeting with SRs
- 4. Result of Monitoring of Early Warning Indicators

National Center for HIV/AIDS Dermatology and STDs
Quarterly Comprehensive Report on HIV/AIDS and STI
Second Quarter 2009



Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 2nd 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 second 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 the universal access by 2010.

A. GFATM Round 7 Grant Management:

Based on the Memorandum of Understanding (MoU) between PR/NCHADS and SRs under GFATM-R7, and for manage and implement grant smoothly PR/NCHADS conducted the Quarterly Coordination Meeting with all SRs under GFATM-R7 for HIV/AIDS component. This Quarterly meeting also is the tool for monitoring the progress and can help SRs to track their achievements against targets and identify issues and challenges for the implementation of the reporting period. Manager and key person who responsible for M&E, Finance and Procurement of each SRs were invited to participate and present their achievements in the 1st quarter 2009 in the Quarterly Meeting which was held at National Paediatric Hospital, from 20th -21st April 2009. The objectives of the meeting were to report on the programmatic progress, financial budget and expenditure, and review on the procurement status (*Please see the report in Annex 3*).

To ensure the preparation of 1st Semi-annual Report 2009 and 2nd Disbursement Request on time and to provide the information on Re-programming Procedure to the SRs. Base on these, PR/NCHADS conducted one day meeting with all SRs "To Prepare the Semi-annual Report, Disbursement Request and procedures for re-programming of the GFATM Round 7 Grant", was held on 26 June 2009, at Raffles Le Royal Hotel. The meeting was also to provide understand and address issues in the first quarterly reports identified by PR and by LFA, and to improve the quality

data of report especially for first semi-annual report. This meeting was 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 was around 80 participants". *(Please see the report in Annex 3).*

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.

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):

Two 3-days refresher training on HIV/AIDS/STI to build the capacity of Outreach Team and Peer Educator from 12 provinces such as Kandal, Kampot, Kampong Chhnaing, Pailin, Pursat, Kep, Rattanakiri, Prey Veng, Preah Vihear, Svay Rieng and Phnom Penh was conducted in Kampong Chhnaing and Takeo Province. In order to have a good collaboration and coordination between NGOs and Provincial AIDS Office, and STI clinics for continuing the implementation of outreach and Peer Education program to Most at Risk Population; Provincial AIDS Office Managers, STD clinic officers and representative of NGOs (RHAC, CWPD, Marie Stop Cambodia, KHANA, CCASVA, CARAM, SFODA, MHSS, FHI and PSF) who are working in the 12 province were invited to participate in training. The final draft of SOP on Continuum of Prevention to Care and Treatment Approach for Female Entertainment Workers in Cambodia was presented and discussed with the implementers during the training.

One Regional network meeting on Outreach and Peer Education Program was conducted in Koh Kong province. This meeting provided opportunity for participants to review their achievements, share experiences between NGOs and NGOs, discuss challenges during the implementation and find out the appropriate solution for the future.

Supervision visits to monitor and provide technical supports on OPC program were conducted by BCC officers in Prey Veng, Svay Rieng, Siem Reap, Koh Kong, Banteay Meanchey, Preah Sihanouk, Rattanakiri, Stung Treng, Kampong Thom and Kampot province.

Provincial Level:

Based on the reports from provinces, some activities were done in this period including:

- Refresher training on outreach and peer education program among EWs to PST/OPC members, were organized by Provincial AIDS Office.

Table 1 : Summary of Refresher Training for PST/OP, that were conducted by provinces during Q2. 2009

	Provinces	# of participants
1	Kratie	12p
2	Kampong Thom	21p
3	Banteay Meanchey	31p
4	Phnom Penh	28p
5	Pursat	25p
6	Prey Veng	11p
7	Svay Rieng	14p

- Supervision on outreach and PE program at OD level were conducted by PST/OP members, in Kratie, Kampong thom, Kandal, Prey Veng, Kampot, Phnom Penh, Pailin, Preah Sihanouk, Kampong Speu, and Pursat.
- PST/OPC meeting and meeting with owners of entertainment sex workers were regularly organized (Table 2)

Table 2: Summary of PST/OP and Owner meeting that were conducted by provinces during Q2.2009

Provinces	Owner meetings		PST/OP meetings	
	# of meeting	# of participants	# of meeting	# of participants
1 Kratie	1	38p	2	12p
2 Kampong Thom	1	65p	2	13p
3 Kandal	1	45p	3	17p
4 Kampot	1	28p	1	11p
5 Phnom Penh	2	50p	1	22p
6 Pailin	1	18p	3	8p
7 Preah Sihanouk	2	57p	3	12p
8 Kampong Speu	1	60p	1	9p
9 Banteay Meanchey	2	93p		
10 Svay Rieng	2	50p	2	9p
11 Prey Veng	3	64p	3	33p

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 for reviewing and preparing the documents for Training.

ii. Trainings and Workshops:

Trainings and workshops were organized during this period including:

- In collaboration with PHD/PAO, SIT/RTI Unit of NCHADS organized the Regional Network meeting for Health Care providers and Lab technician in Takeo province, with participated from STI Officer, Lab technician and STI Clinic. The purpose of this meeting were provide the opportunities for clinicians and lab technicians working at STD clinic from each region have shared experiences, knowledge, and challenging cases observed and treated during last year.

- One 3-day Refresher Trainings on STI/RTI case management for MSM was organized with 13 participants from STI clinics in Pnom Penh (Samdech Ov HC, Chamkar Mon HC, Don Penh HC, Tuol Svay Prey HC and Tuol Kok HC), STI clinic in Poi Pet/Banteay Meanchey, and 2p from Prek Leap Clinic/ PSF.
- Facilitated in Trainings on STI/RTI case management and Syphilis screening among pregnant women for Health Care providers from the HCs in Mesang OD, Preah Sdech OD in Prey Veng.
- Data of STI cases, serological and bacteriological testing from National STI Clinic are summarized in Table 3, 4 and 5.

Table 3: Consultation and treatment

Disease	Dermatology		STD		Surgery	
	Male	Female	Male	Female	Male	Female
Month						
April	880	1181	33	14	3	5
May	873	1264	35	47	5	7
June	932	1175	21	20	5	2

Table 4: Serological testing

Test	RPR		TPPA		HBs-Ag		HBs-Ab		HCV-Ab		HIV-Ab	
	Total	+	Total	+	Total	+	Total	+	Total	+	Total	+
Month												
April	21	2	19	2	32	2	32	15	28	1	33	1
May	50	2	44	3	61	4	60	17	60	2	55	3
June	26	0	23	1	38	18	38	18	38	0	41	6

Table 5: Bacteriological testing

Method	Gram Stain			Wet mount		
	GNID	PMNs >10	# of test	Yeast	Trichomonas	# of test
Months						
April	3	5	7	0	0	4
May	6	15	24	4	0	11
June	4	4	8	0	0	0

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 Preah Sihanouk, Prey Veng, Koh Kong, Oddor Meanchey, Kampong Cham, Svay Rieng, Preah Vihear, Siem Reap and Takeo (Reports in file).

PROVINCIAL LEVEL:

- Mobile STI clinic were provided every month for Entertainment workers at districts in Krakor/ Pursat, Baray Santok/ Kampong Thom, Mebon and Svay Antor/Prey Veng, Chhouk/ Kampot Phnom Sruoch and Korng Pisey/ Kampong Speu, and Bavet/ Svay Rieng. The following tables (6 and 7) are summarizing activities that have done at provincial and district levels.

Table 6: Summary of STI/RTI Refresher Training and STI/RTI Coordination meeting that were conducted by province during Q2, 2009

		Refresher Training (# of participants)	Coordination meeting (# of participants)
1	Kratie	20p	14p
2	Prey Veng	44p	31p
3	Kampong Thom		15p
4	Pursat	23p	
5	Sihanouk Ville		18p
6	Phnom Penh	29p	43p
7	Kep	10p	
8	Kampong Speu	36p	18p
9	Svay Rieng	21p	20p
10	Banteay Meanchey	37p	
11	Siem Reap		61p

Table 7: Summary of Supervision on STI/RTI that were conducted by provinces during Q2.2009

Provinces	Supervision from PAO to ODs and STD clinics		Supervision from ODs to HCs	
	# of trips	# of sites	# of trips	# of sites
1 Kratie	3	3	6	6
2 Kampong Thom	3	3	6	6
3 Kandal	6	8	25	25
4 Kampot	7	4	12	12
5 Phnom Penh	5	5	8	8
6 Pailin			4	4

2. Care Package:

a. Health Facility and Home Based Care:

NATIONAL LEVEL:

i. Training/ Workshop:

- Continuing the 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).

- 3 sessions of Regional Clinician Network meeting on OI/ART Management were conducted in 3 different provinces, funded by GFATM-R4. This meeting provided an opportunity for HIV/AIDS care Clinicians 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 Counseling Network meeting for adult OI/ART team were conducted in 3 different places (Kampot, Kampong Thom, and Battambang province), funded by GFATM-R4. The objectives of these meetings were to share experiences among counselors and to discuss on other issues or challenges faced during the implementation (Reports in file).
- ii. 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, MMM meeting and OI/ART meeting were conducted regularly and summarized in Table 8.
- Quarterly meeting for PMTCT was conducted with 44p from all PMTCT sites in Banteay Meanchey.
- The supervision to review the activities of HBC was conducted by CoC coordinator in Banteay Meanchey and Preah Sihanouk.

Table 8: Summary of CoC and MMM meetings that were conducted by provinces, in Q2, 2009

	# of MMM/mmm meeting	# of PLHA attended the MMM meeting	# of CoC meeting	# of participants	# of OIs team meeting	# of participants
1 BMC	8	889p	2	60p	1	12p
2 KTM	3	205p	3	120p	2	38p
3 PLN	1	80p	3	58p	1	10p
4 SHV			2	46p		
5 KDL	3	312p	3	90p		
6 KPT	2	263p	3	93p	2	43p

b. VCCT:

i. Workshop/Training:

- Three 5-day initial training on HIV/AIDS Counseling for Linked Response Approach for 57 Counselors from HCs in Kampong Cham, Kampong Speu, Takeo, Pursat, Siem Reap, Battambang, Pailin province at National Center for Health Promotion (Reports in file).
- One 5-day initial training on Laboratory for HIV testing, Syphilis Screening for 27p lab technicians from Kampong Cham, Kampong Speu and Takeo province (Reports in file).
- Two 2-day Regional Counseling Meeting to share experiences. These meetings provided opportunity for participants to share experiences and discuss challenges during the implementation.

ii. Monitoring and Supervision:

- 7 supervision trips conducted to monitor on the VCCT activities in Preah Sihanouk, Kampot, Banteay Meanchey, Oddor Meanchey, Kampong Cham, Siem Reap, Pailin, Battambang, Kampong Thom, Kandal 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 2)*

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 (Kampong Cham, Kampong Speu, Svay Rieng, Preah Sihanouk, Kandal, and Phnom Penh).

- 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 prevalence of transmitted HIV DR to each drug in the standard first line regimen is classified as;

- **Low if <5%:** people infected with resistant strain to all relevant ARV drug or drug class.
- **Moderate if 5 – 15%:** Need to strengthen program functions and review ART program through monitoring of Early Warning Indicator.
- **High if >15%:** Need to change the standard first line regimen

Since this study started, 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 39 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 (Cheung Prey RH, Kampot RH, Kampong Trach RH, Kampong Chnaing RH, Kampong Speu RH, Neak Loeung RH, Koh Thom RH, Kampong Thom RH, Poi Pet RH, Serey Sorphon RH, Battambang Military RH, Thmarkol RH, Sihanouk RH, Sot Nikum RH, Svay Rieng RH and Social Health Clinic); the finding results from these sites were disseminated to OI/ART Team and discussed with NGOs who supported OI/ART sites in April 2009. (*Please see the presentation in Annex 4*).

Surveillance Unit is continuing to collect the data for EWI from 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)
 - Percentage of patients on ART who are still on first line regimens after 12 or 24 months (post-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 provinces (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 the 2nd 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 1st Quarterly Comprehensive Report 2009, which is available at NCHADS' website at www.nchads.org. The report was also distributed to MoH, NAA, donors and other partners.

PROVINCIAL LEVEL:

- Provincial AIDS Office of 24 provinces-cities developed the 2nd 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 Sot Nikum, and Siem Reap.
- The Refresher Training for Provincial Data Management Officers for 11 provinces was conducted in Siem Reap.
- Provincial Data Management Officers conducted the supervision to check and review the data at the sites such as OI/ART sites, VCCT sites and STI every quarter.

c. Logistic Management:

- 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 2 -2009, there were a total of 54 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri 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, 32 (100%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 30 labs are functioning (Annex: STI indicator 2). For STI clinics which laboratory test not yet functioning, the STI syndromic approach still use for the management of STIs.

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 2 2009, 1,049 consultations for male patients and 7,735 for female patients were reported to the data management unit of NCHADS. Of 916 male patients who having STI/RTI syndromes reported, 872 of those (95.2%) suffered from urethral discharges; 43 (4.7%) from Genital ulcers and 1 (0.1%) from Genital warts respectively. Of 6,894 female patients who having STI/RTI Syndromes reported, 3,517 of those (51.0 %) suffered from vaginitis, 2,871 (41.6%) from cervicitis and vaginitis; 473 (6.9%) from PID, and 32 (0.5%) from Genital ulcers respectively. A total of 917 male partners and 986 female partners of STI patients were notified and treated for STI.

In 2nd quarter, 2009, 47,208 consultations were provided at a total of 51 specialized STI clinics (32 government and 19 *NGO STI clinics). Among those consultations, 4,446 consultations were provided to male patients, 1,226 to MSM , 33,042 to low-risk women, and 8,494 to brothel entertainment workers (BEWs) and non-brothel entertainment workers (NBEWs) (2,885 for BEWs; 5,609 for NBEWs) of which 4,614 were monthly follow-up visits] (Figure 1).

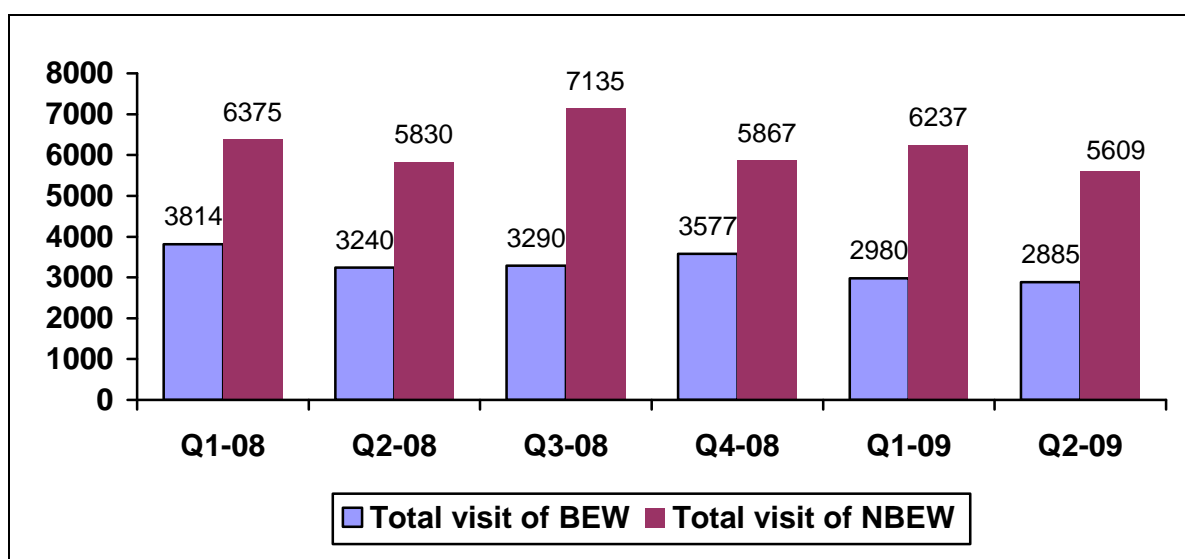


Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2008 to Q2- 2009

*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 entertainment workers and non-brothel entertainment workers. Most MSM population visited MEC clinic in Phnom Penh city.

At the 51 specialized STI clinics, among the 3,025 male patients who having STI syndromes reported in this quarter, 2,744 (90.7%) got urethral discharges, 14 (0.5%) got anal discharges, 171 (5.7%) got Ano-genital ulcers, 83 (2.7%) got Ano-genital warts, and 8 (0.3%) were inguinal bubo.

Among the 221 MSM people having STI syndromes, 148 (64.1%) suffered from urethral discharges, 17 (7.4%) from anal discharges, and 32 (13.9%) from ano-genital ulcers respectively.

At the 51 specialized STI clinics, among the 33,042 low-risk women having STI syndromes reported that 29,165 (82.7%) were treated for vaginitis, 5,667(16.1%) were treated for cervicitis and vaginitis, 109 (0.3%) were PID, 233 (0.7%) were ano-genital ulcers, and 103 (0.3%) were ano-genital warts.

During the second quarter– of 2009, of the 1,183 BEWs who attended specialized clinics for their first visit, 974 (82.3%) were diagnosed with a STI, including 482 (40.7%) with cervicitis. Among the 1,702 BEWs who attended specialized clinics for monthly follow-up visits, 563 (33.1%) of those were diagnosed with a STI, including 186 (10.9%) with cervicitis (Annex: STI indicator 1). In quarter 2 -2009, of the 2,697 NBEWs who attended specialized clinics for their first visit, 1,976 (73.3%) were diagnosed with a STI, including 847 (31.4%) with cervicitis. Of the 2,912 NBEWs who attended specialized clinics for monthly follow-up visits, 1,212 (41.6%) were diagnosed with a STI, including 551 (18.9%) with cervicitis.

Of a total of 811 RPR tests were conducted in 2nd quarter 2009 at the 32 government specialized STI clinics, and PSF and MEC clinics, 9 (1.1%) were positive.

During this quarter, specialized STI clinics have referred 1,916 patients to VCCT, 18 of HIV/AIDS patients (PLHA) to OI/ART services, 67 pregnant women to ANC, and 49 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 207 patients from VCCT, 68 of patients from OI/ART services, 77 pregnant women from ANC and 37 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 220 sites by the end of Q2 2009 (Annex: VCCT indicator 1) (Figure 2).

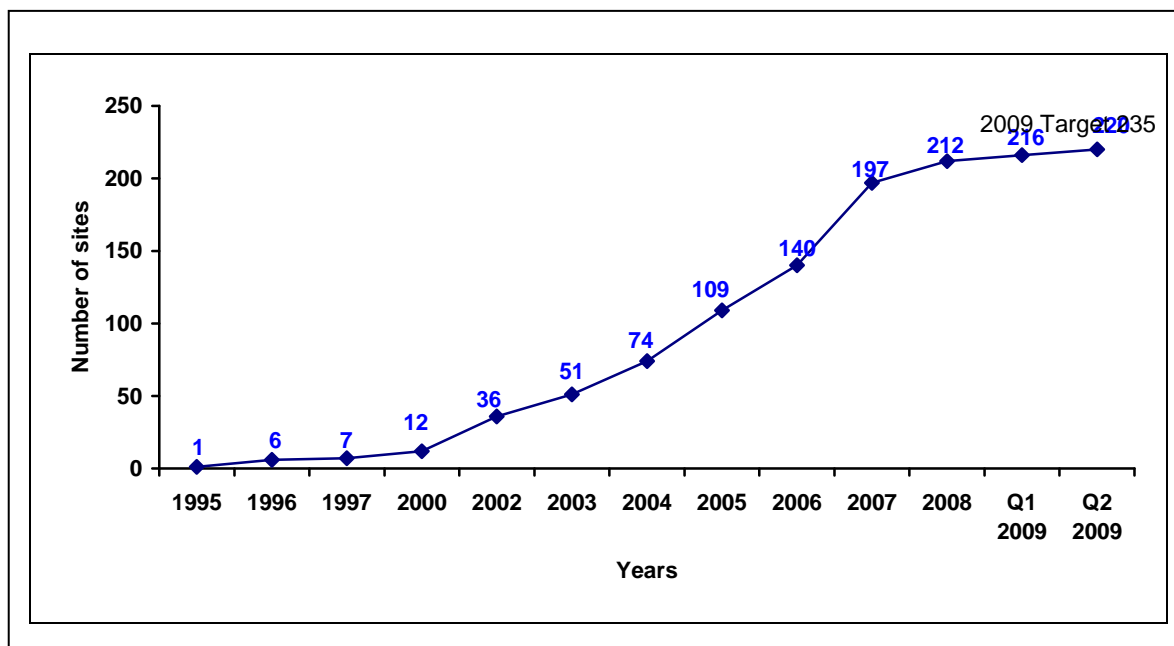


Figure 2: Trend in number of VCCT sites from 1995 to Q2-2009

A total of 4 new VCCT sites have been opened in Q2-2009 (Chob HC, Srolob HC in Kampong Cham, Trorpaing Anderk HC in Takeo and Roveang RH in Preah Vihear Province). Of the current 220 VCCT sites, 198 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 Q2-2009, of 111,465 (including 27,800 ANC attendees from NMCH) VCCT clients 56,502 (50.7%) were self referred, 30,400 (27.3%) were referred by ANC services, 1,330 (1.2%) were referred by STD clinics, 5,694 (5.1%) were referred by TB program, 5,428 (4.9%) were referred by HBC/NGO, 5,102 (4.6%) were referred by general medicine, 277 (0.2%) were referred by Pediatric care, 2,064 (1.9%) were referred by Maternity services, 555 (0.5%) were referred by BS/FP services and 4,113 (3.7%) were referred by other services (Figure 3).

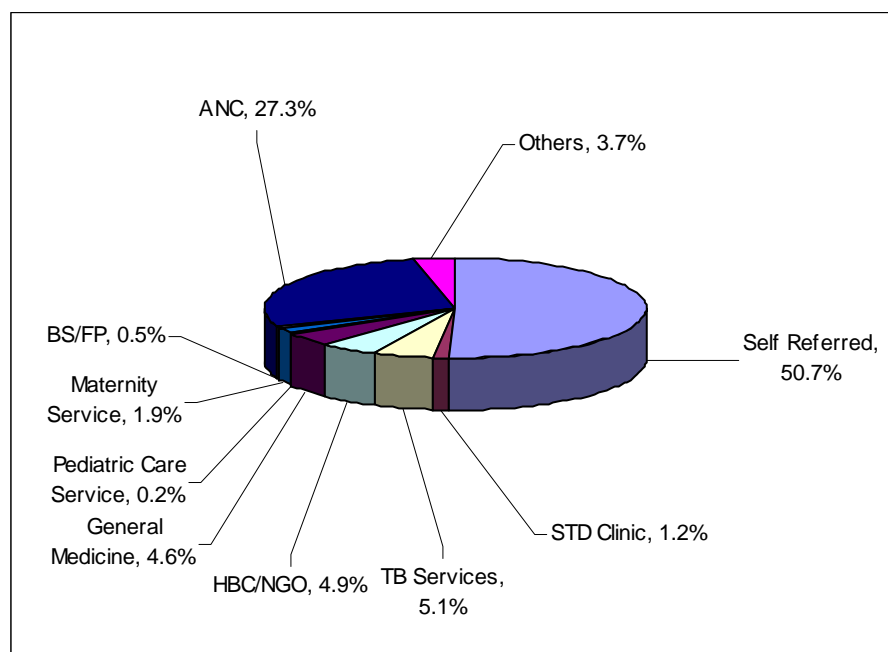


Figure 3: Trend in number of VCCT clients referred from other services in Q2-2009

A total of 109,821 clients have been tested for HIV in quarter 2-2009, including 83,493 VCCT clients, 4,834 TB patients, 25,415 pregnant women (21,378 at government facilities and 4,037 at RHAC clinics) and 5,317 male partners of pregnant women (4,950 at government facilities and 367 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 83,493 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q2-2009 (Figure 4).

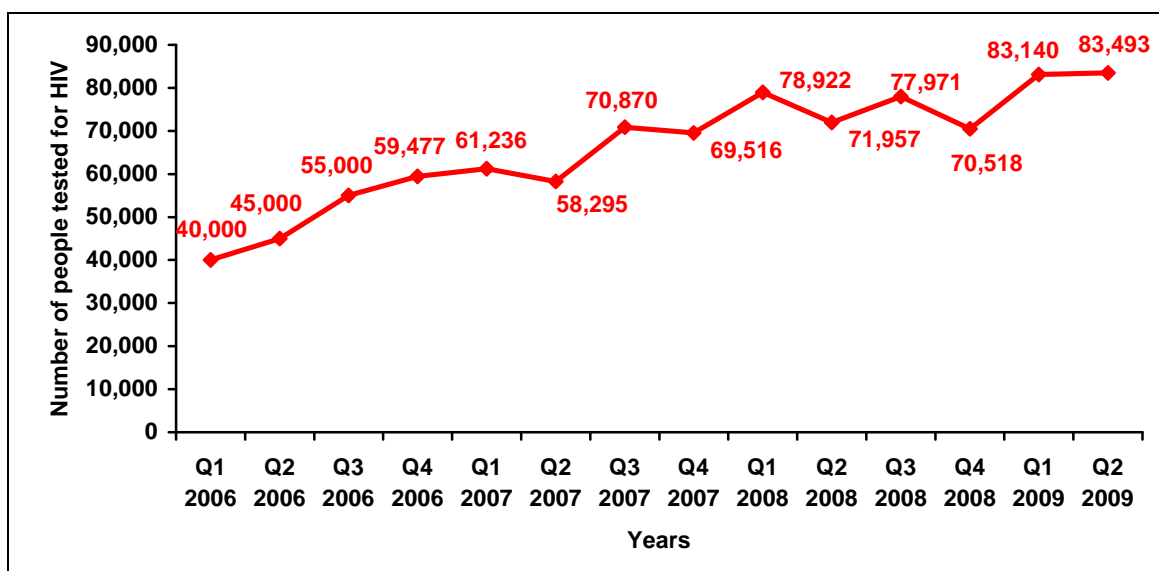


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q2- 2009

Of the total number of VCCT clients and TB patients tested in Q2-2009, 48,366 (57.9%) were female and 76,163 (91.2%) were aged 15-49 years (VCCT indicator 2) (Table 9).

	People tested for HIV N= 83,493 No. (%)	People tested HIV positive N=2627 No. (%)
Age		
≤14 years	2,646 (3.2%)	239 (9.1%)
15-49 years	76,163 (91.2%)	2,245 (85.5%)
> 49 years	4,684 (5.6%)	143 (5.4%)
Sex		
Male	35,127 (42.1%)	1,240 (47.2%)
Female	48,366 (57.9%)	1,387 (52.8%)

Table 9: Characteristics of clients tested at VCCT sites, In Q2-2009

In Q2-2009, 99.3% (range: 84,1% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q2-2009, of 111,465 VCCT clients, 5,694 (5.1%) 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.

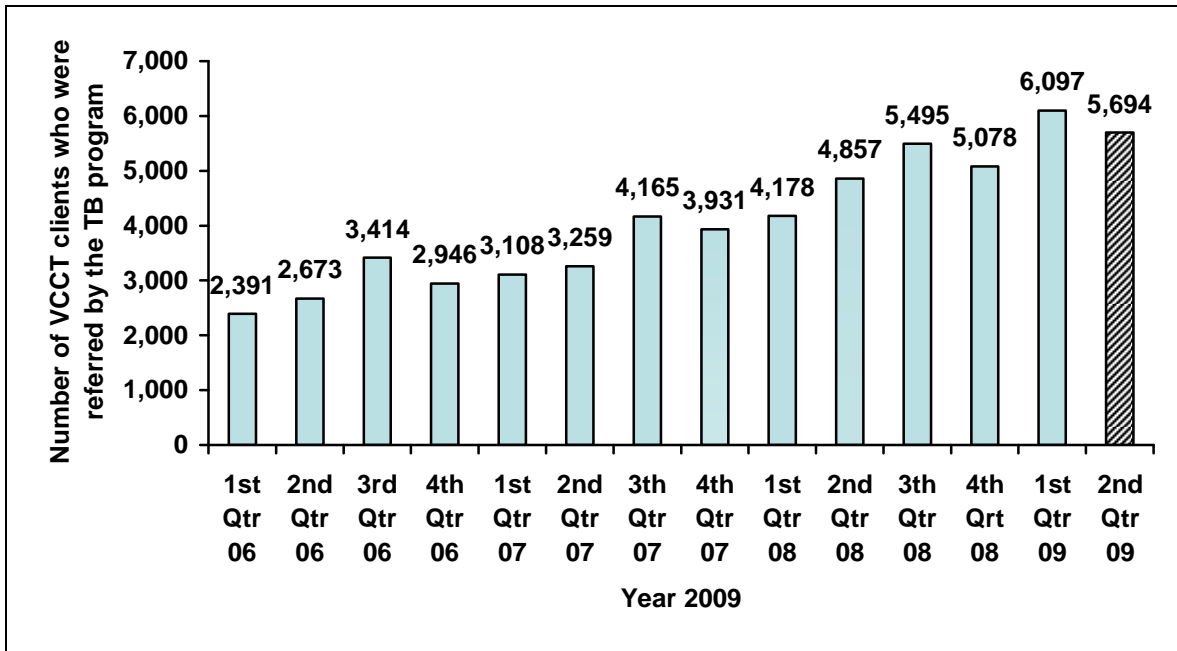


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2006 to Q2-2009

In Q2-2009, of the 83,493 VCCT clients and TB patients tested at VCCT sites nationwide, 2,627 (3.1%) were detected HIV positive at VCCT sites (Figure 6).

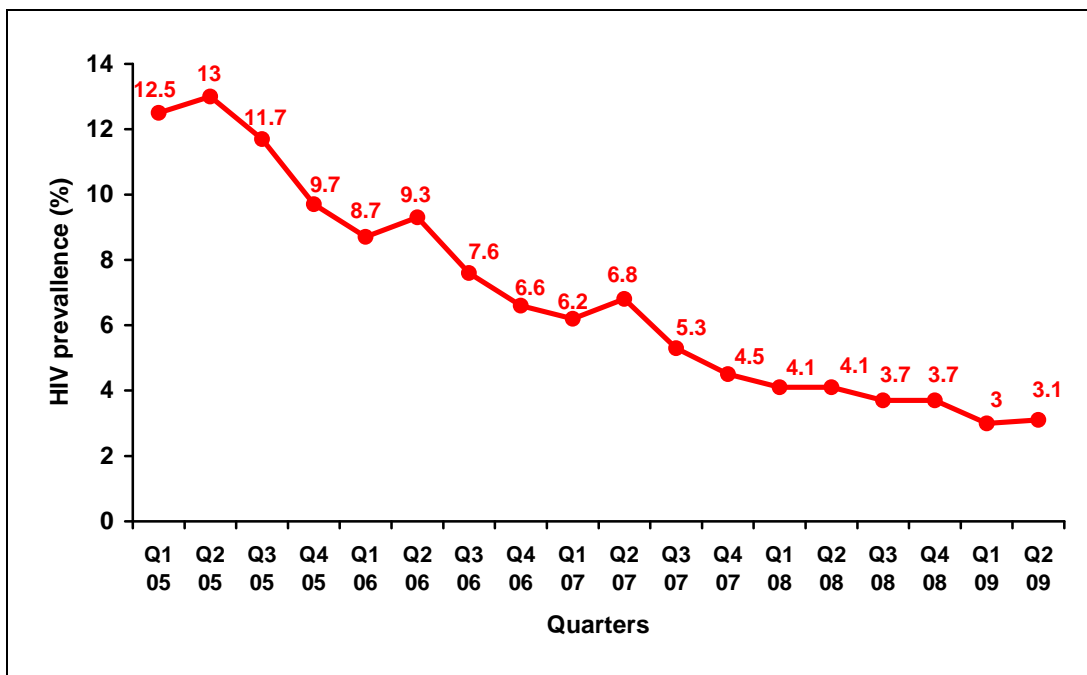


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q2-2009

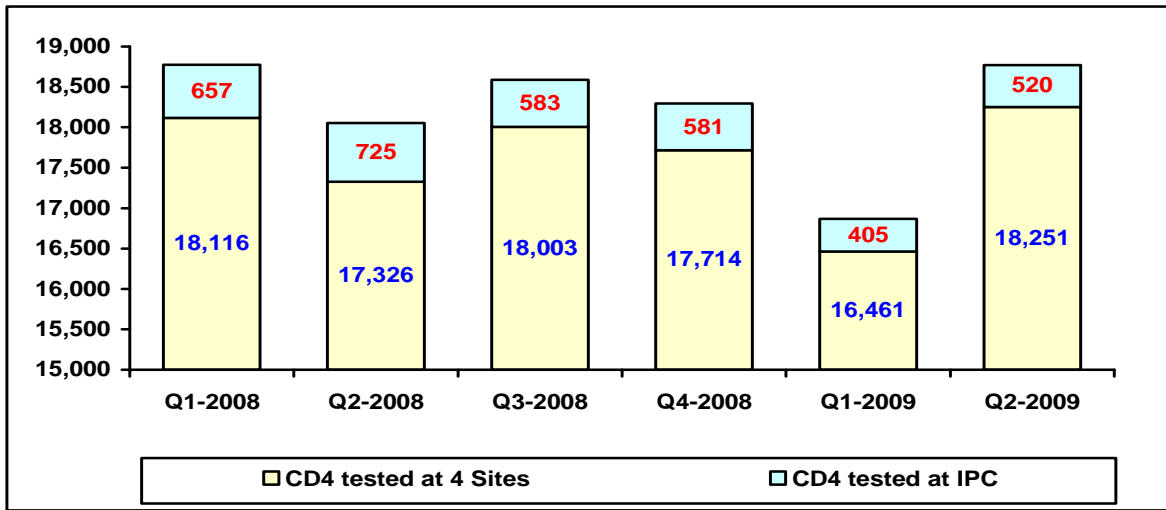


Figure 8: Trend in the total number of CD4 tests conducted in Cambodia at 4 government sites and IPC from Q1-2008 to Q2-2009

In Q2-2009, 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, the viral load tests were also no conducted at Institute Pasteur of Cambodia (IPC) too (Figure 9).

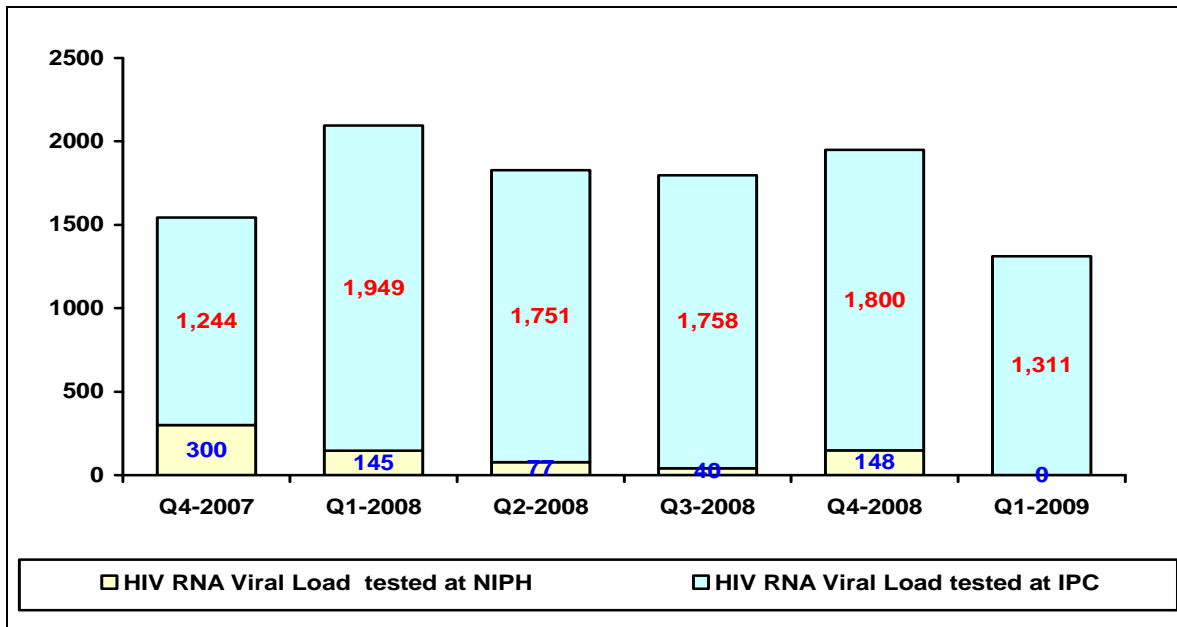


Figure 9: Trend in the total number of HIV RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2007 to Q1-2009

In Q2-2009, 138 DNA PCR tests have been conducted at NIPH which found 19 of those were positives, and there are no DNA PCR tests were conducted at Institute Pasteur of Cambodia (IPC), (Figure 10).

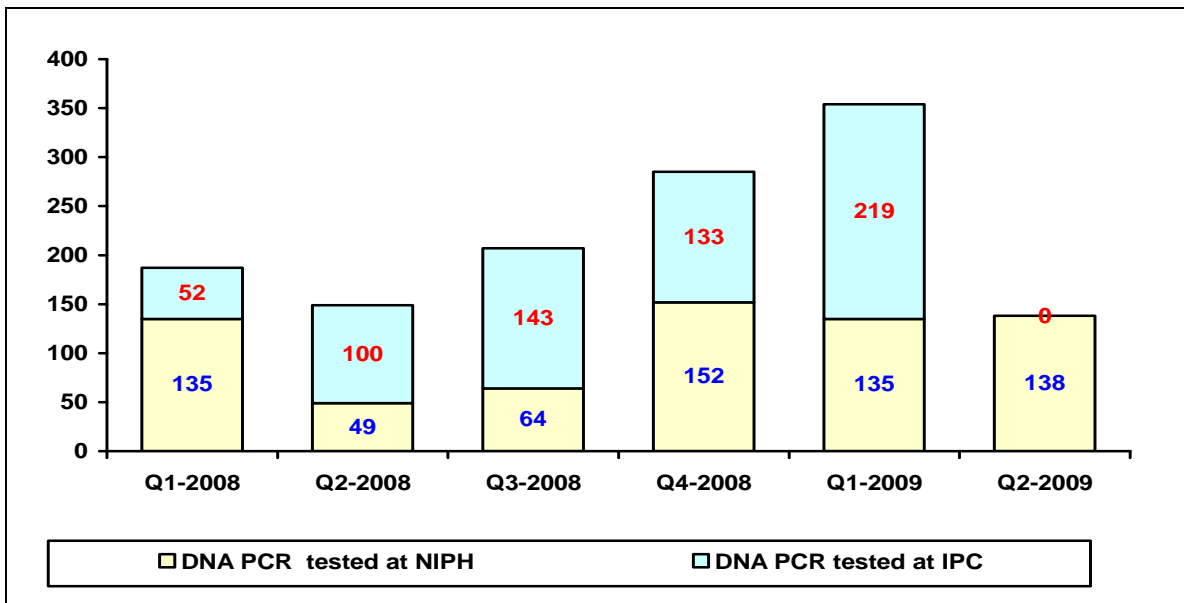


Figure 10: Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q2-2009

This Q2-2009, a total of 34,384 active patients including 31,018 adults and 3,366 children are receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3). According to Asian Epi-Modal 2006-2012, the estimated need of HIV/AIDS patients on ART are projected about 35,644 patients in 2009. This could be underestimated if compared with the actual number of AIDS patients on ART as reported in June 2009, (31,018 (90.2%) for adults and 3,366 for children).

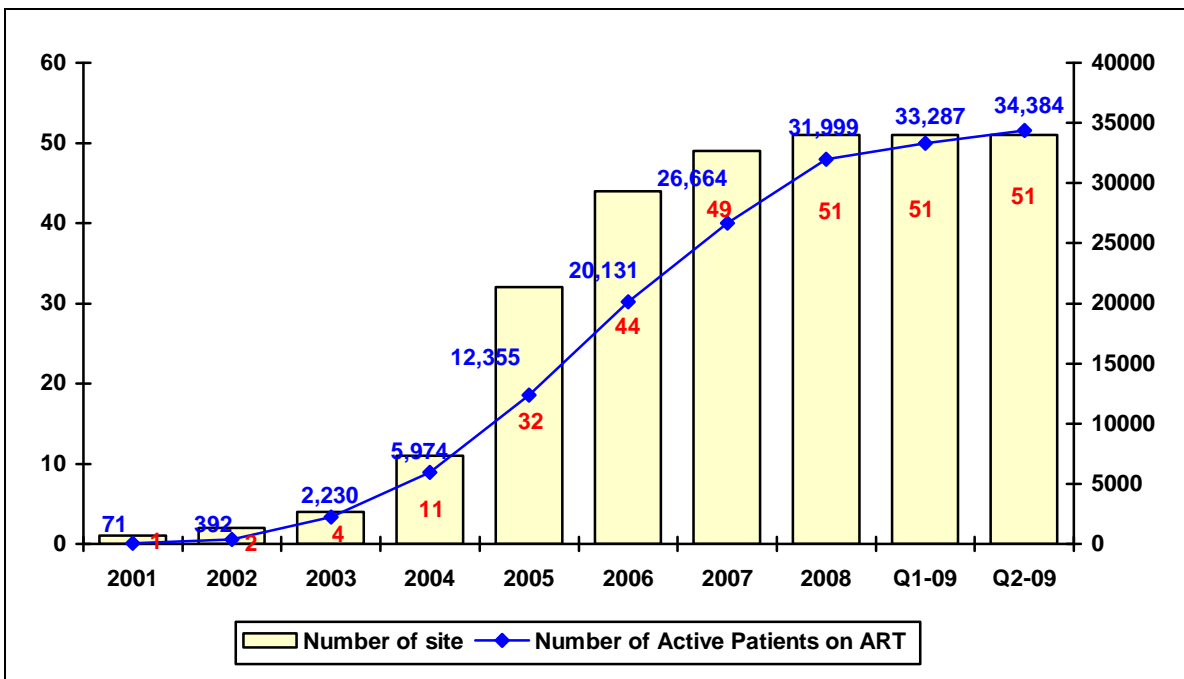


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q2-2009

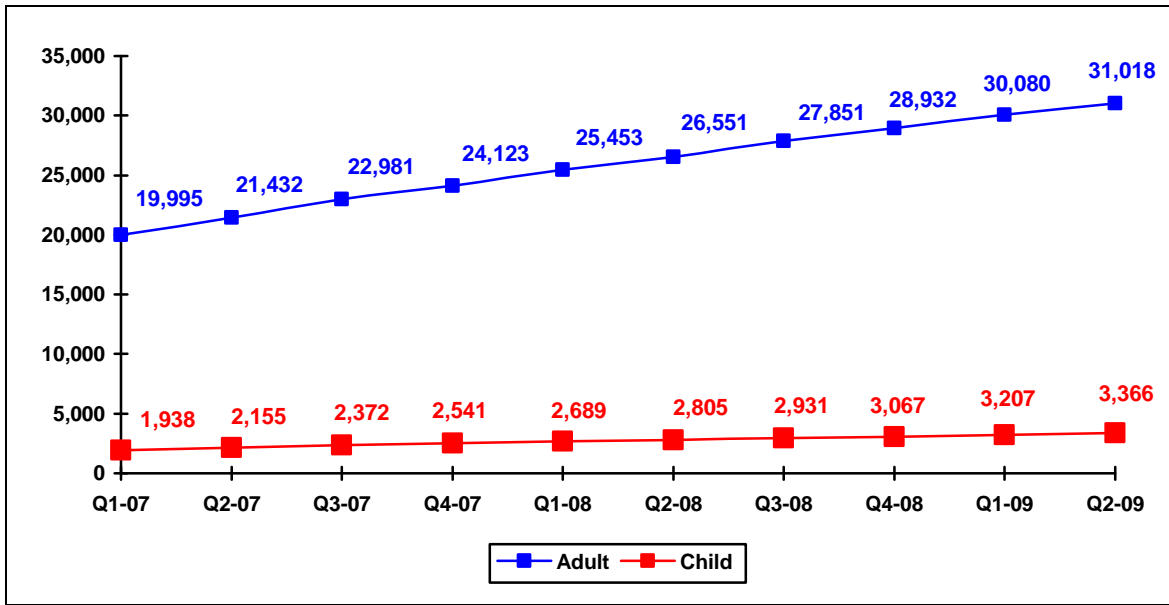


Figure 12: Trend in number of active adult and child patients from Q1 2007 to Q2-2009

In Q2-2009, female adult patients accounted for 52.2% (16,177) of all active patients on ART. At OI/ART sites, a total of 2,269 new patients (including 249 children) started OI prophylaxis and management and 1,584 new patients (including 161 children) started on ART in Q2-2009 (Figure 13). The number of new patients on OI care has been slight increased than Q1 2009. On the other hand, the numbers of new patients on ART were significantly decreased as from Q3 2008, and it is a slight decreased in Q2 2009 if compared to the number reported in Q1 2009.

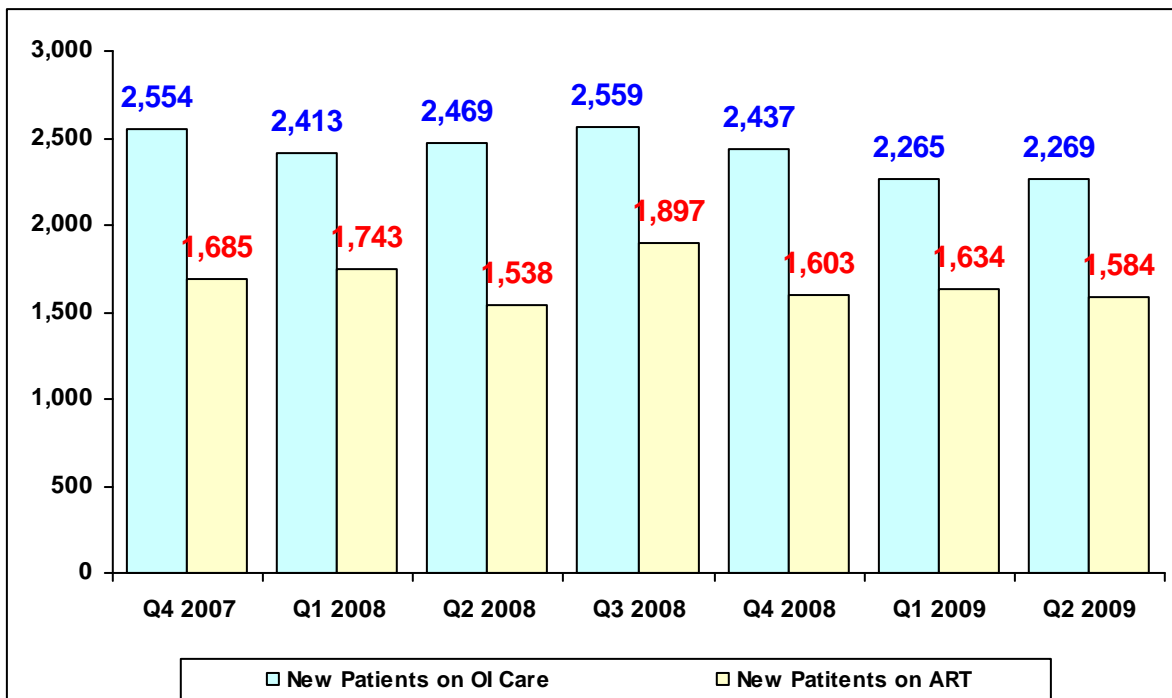


Figure 13: Trend in numbers of new patients on OI and ART from Q4-2007 to Q2-2009

There were a total of 9,219 active adult patients and 1,583 child patients with opportunistic infections who are not eligible for ART yet at the end of Q2-2009. Of those, 5,605 (60.8%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,416 adult patients and 262 child patients on OI care were eligible to prepare on ART at the end of June 2009.

Patient mobility across services

In Q2-2009, a total of 571 ART patients were transferred out to new ART sites located closer to their home residence. At the end of Q2-2009, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,559 active patients on ART.

Drug and logistic support

In Q2-2009, the number of patients on different ART regimens has been reported from all ART sites. Most AIDS patients were prescribed for 1st line of regimen, including d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP; whereas 4.1 % of adults and 4.6 % of children were on PI-based regimens (Table 10).

ARV drug regimen Q2 - 2009	Adults N= 30,134* No. (%)		Children N= 3,416* No. (%)	
d4t+3TC+NVP	13,572	45.0 %	2,659	77.8 %
d4t+3TC+EFV	3,921	13.0 %	393	11.5 %
AZT+3TC+NVP	7,501	24.9 %	173	5.1 %
AZT+3TC+EFV	2,334	7.7 %	32	0.9 %
PI-based regimens	1,236	4.1 %	156	4.6 %
Other regimens	1,570	5.2 %	0	0 %

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

Table 10: *Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q2-2009*

2.1.3. Community-based services

Home-based care (HBC)

As reported in 2nd quarter 2009, There are 337 HBC teams covered over 716 Health Cents in 69 operational districts (OD) in 20 provinces (Annex: HBC indicator 1) (Figure 13) within the CoC established in place (Annex: HBC indicator 4).

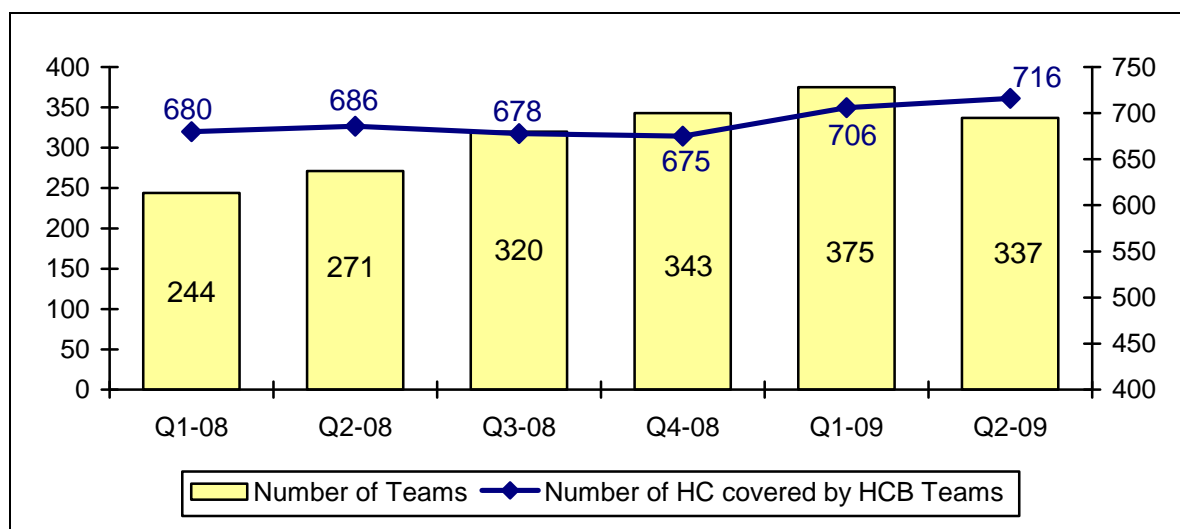


Figure 13: Trend in number of HBC teams form Q1-2008 to Q2-2009

These HBC teams are currently supporting for a total of 27,716 PLHA (Annex: HBC indicator 2), which 10,201 were registered in Pre-ART (OI) and other 17,515 were registered in ART.

PLHA support groups (SG)

In 2nd quarter 2009, there are 919 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 37,171 in Q2-2009.

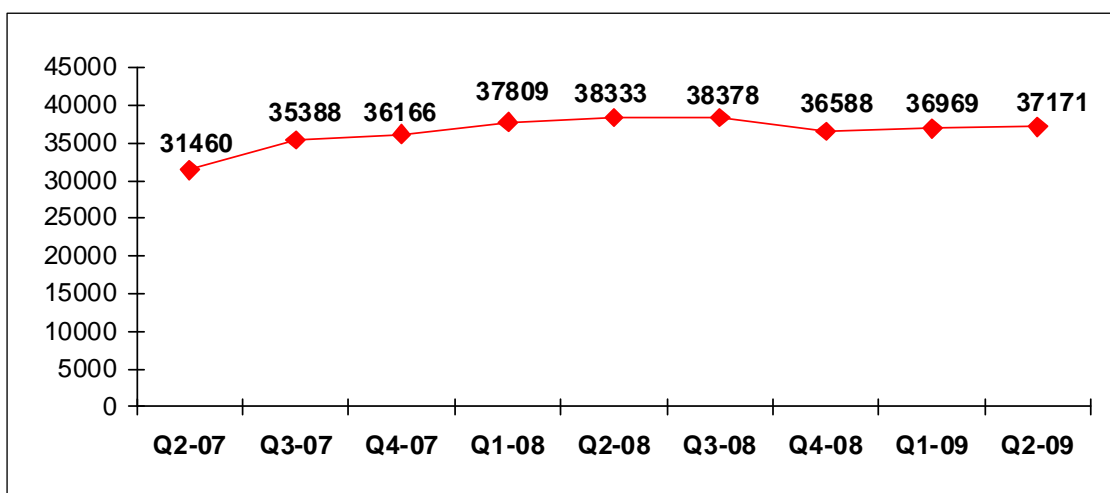


Figure 14: Trend in number of people supported by PLHA support groups from Q2 2007 to Q2 2009

III. FINANCIAL REPORT:

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

During this period, more than 28% of total budget in 2nd 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 55% (see table 11).

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. 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.

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, WHO, AHF. 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 11: Summary of expenditures by sources managed by NCHADS:

Sources	Annual Plan	Q2 Plan	Q2 Act	Q2 %	A %
GFATM-R7	\$ 5,636,198	\$ 2,781,823	\$ 403,992	15%	9%
GFATM-R4	\$ 5,477,331	\$ 438,748	\$ 171,407	39%	7%
GFATM-R5	\$ 190,039	\$ 183,855	\$ 95,906	52%	129%
US-CDC	\$ 849,724	\$ 177,219	\$ 197,720	112%	34%
UNSW/CTAP	\$ 260,000	\$ 65,000	\$ 49,750	77%	38%
WHO	\$ 113,465	\$ 61,815	\$ 56,497	91%	82%
FHI	\$ 22,300	\$ 8,450	\$ 9,624	114%	94%
CHAI	\$ 495,059	\$ 222,062	\$ 52,897	24%	19%
AHF	\$ 198,161	\$ 43,178	\$ 30,522	71%	30%

CIPRA	\$ 55,000	\$ 13,750	\$ 13,950	101%	89%
WB	\$ 50,000	\$ 50,000	\$ 57,210	114%	114%
ITM DGDC	\$ 70,820	\$ 17,607	\$ 17,601	100%	47%
Grand Total	\$ 13,482,391	\$ 4,072,801	\$ 1,157,077	28%	14%

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 3,401,896.24 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 12 and 13 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 12: Statement of Fund Receipts and Disbursement as the end of June 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 as the end of June 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		32,481.23	459,663.77		459,663.77
2	NPH	141,380.00	19,446.00	121,934.00		47,138.98	74,795.02		74,795.02
3	MoSVY	149,646.00	-	149,646.00		35,971.02	113,674.98		113,674.98
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		52,314.82	222,154.18		222,154.18
7	CPN+	317,915.00	-	317,915.00		47,868.19	270,046.81		270,046.81
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	220,774.24	3,736,037.76	81,378.10	3,654,659.66

Table 13: Summary expenditures of SRs under GFATM-R7 for period 1st December 2008 to 30th June 2009

No	Name of institution /organization	Approved budget for reporting period December 08 to June 09	Total Expenditures for reporting period December 08 to June 09	Budget Balance	Achievement
1	NAA	\$ 356,685.00	\$ 15,510.13	\$ 341,174.87	4.35%
2	NPH	\$ 117,915.00	\$ 42,484.96	\$ 75,430.04	36.03%
3	MoSVY	\$ 102,414.00	\$ 32,237.35	\$ 70,176.65	31.48%
4	SCA-MoSVY	\$ 137,504.00	\$ 19,625.48	\$ 117,878.52	14.27%
5	SCA	\$ 168,639.73	\$ 40,984.22	\$ 127,655.51	24.30%
6	CWPD	\$ 188,846.00	\$ 50,720.28	\$ 138,125.72	26.86%
7	CPN+	\$ 239,638.50	\$ 41,875.29	\$ 197,763.21	17.47%
8	KHANA	\$ 547,201.00	\$ 248,890.50	\$ 298,310.50	45.48%
9	WVC	\$ 96,657.31	\$ 55,524.52	\$ 41,132.79	57.44%
10	MSC	\$ 198,520.13	\$ 75,422.29	\$ 123,097.84	37.99%
11	CRS	\$ 158,598.01	\$ 138,901.31	\$ 19,696.70	87.58%
12	SEAD	\$ 40,334.00	\$ 34,261.17	\$ 6,072.83	84.94%
13	WOMEN	\$ 116,680.00	\$ 104,292.58	\$ 12,387.42	89.38%
14	RHAC	\$ 278,121.42	\$ 84,736.90	\$ 193,384.52	30.47%
15	PSI	\$ 284,632.83	\$ 59,077.98	\$ 225,554.85	20.76%
16	FI	\$ 166,535.91	\$ 89,034.53	\$ 77,501.38	53.46%
17	FHI	\$ 306,851.04	\$ 38,411.34	\$ 268,439.70	12.52%
18	MEDICAM	\$ 127,610.00	\$ 50,090.13	\$ 77,519.87	39.25%
19	NCHADS	\$ 2,837,786.73	\$ 567,874.57	\$ 2,269,912.16	20.01%
	Grand Total	\$ 6,471,170.61	\$ 1,789,955.53	\$ 4,681,215.08	27.66%

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 second 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.

ANNEX 1: Monitoring and Evaluation indicators

	STI Indicators	Type	2009 target No. (%)	Q2. 2009 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	17.7%
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	28	30
3	Percentage of entertainment services workers who use STI services monthly	Output	DSW: 95% IDSW: 50%	DSW: 70.5% IDSW: 87.3%

	CoC Indicators	Type	2009 target No. (%)	Q2. 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. (%)	Q2. 2009 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	235	220
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%)	152,427 from Jan to Jun 2009
3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.3%

4	Number and percentage of HIV (+) Clients who were referred to OI/ ART sites	Output	80%	75.9%
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	HFBC Indicators	Type	2009 target No. (%)	Q2. 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
3	Percentage of health facilities that use virological testing services (eg PCR) for infant diagnosis (UA 2).	Output	100%	
4	Percentage of health facilities with PEP services available (UA 17)	Output	100%	
5	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
6	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	68 (90%)	68 (90%)
7	Number and percentage of pregnant women who were tested for HIV and received their test result		50%	37.9%
8	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		40%	28.6%

9	Percentage of patients on ART no lost to follow-up at 12 months after initiation	Outcome	>80%	>80%
10	Percentage of patients still on first line regimen 12 months after initiation	Outcome	>80%	>80%
11	Number and percentage of individuals newly enrolled in HIV care who were screened* for TB at the first visit	Output	90%	
12	Percentage of individuals enrolled in HIV care who were screened for TB at last visit (WHO UA indicator)	Output	90%	
13	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV (WHO UA indicator)	Output	80%	

Note: * For indicators number 6, 7 and 8 of HFBC component, the values from NMCHC
For indicator number 9 and 10, the results were from Monitoring of Early Warning Indicators

	HBC Indicators	Type	2009 target No. (%)	Q2. 2009 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	337
2	Number of PLHA supported by HBC teams	Output	28,000	27,716
3	Number and percentage of health centers with HBC team support	Output	750 (80%) of 942 HC	716

	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. (%)	Q2. 2009 score No. (%)
1	Number of Research conducted	Output	2	4

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

	PMR and DMU 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	40
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	2
4	Number of provinces with data management units	Output	20	19