

**KINGDOM OF CAMBODIA  
NATION RELIGION KING**

**FOURTH QUARTERLY COMPREHENSIVE REPORT, 2009  
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**

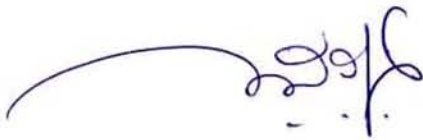


**MINISTRY OF HEALTH  
NATIONAL CENTER FOR HIV/AIDS, DERMATOLOGY AND STD**

## 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.

Date:...23/02/2010.....



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Dr. Mean Chhi Vun  
Director of NCHADS

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**National Center for HIV/AIDS Dermatology and STD**  
**Quarterly Comprehensive Report on HIV/AIDS and STI**  
**Fourth Quarter 2009**



**Introduction:**

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 4<sup>th</sup> 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 of health service deliveries; and III) Financial Report on funding disbursements against the fourth quarterly budget plan.

**I. PROGRAMME MANAGEMENT AND IMPLEMENTATION :**

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) is the Government 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:**

In order to capture the program implementation during the third Quarterly progress update and disbursement request (including share information of catch up targeted plans, challenges and lesson learned and financial reports), PR/NCHADS organized the Quarterly meeting with all R7 sub-recipients to track their achievements against the targets at the end of 3<sup>rd</sup> Quarter period of program implementation in 2009, to share lesson learned, to identify issues and challenges, to look for the practical solution, and to address any issues related to the program implementation during the course of the reporting period. Manager and key persons who are responsible for Programmatic, M&E, Finance and Procurement of each SRs are invited to participate and present their achievements in the 3<sup>rd</sup> quarter 2009 in the Quarterly Meeting which was held at NCHADS's meeting room, from 15<sup>th</sup> -16<sup>th</sup> October 2009. *(Please see the report in Annex 3).*

**B. NCHADS Program Implementation:**

Under the Ministry of Health, NCHADS also plays a role as to coordinate the program implementation to provide the technical support on HIV/AIDS and STI prevention, care, support and treatment program to all partners 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 has been done during this quarter at national and provincial level.

## 1. Prevention Package:

### National Level:

#### *a. Behavioral Chang Communication (BCC):*

##### i. Technical Working Group Meeting:

National Technical Working Group on COPCT meeting to review the activities of the Outreach Peer Education program and referral mechanism of EWs to check up at STI clinics and other services such as VCCT, OI/ART and Reproductive Health.

##### ii. Trainings and Workshops:

One 3-day Refresher training for outreach and Peer Education Program was conducted in Takeo province, with participated from PF/PE, PST/OP, STI officers and representative of partners.

Two 3-day Regional network meeting on Outreach and Peer Education Program was conducted in Kampong Cham and Svay Rieng province, with participated from PAO Manager, PF/PE, PST/OP, STI officers and representative of partners. These meetings provided opportunity for participants to review their achievements, share experiences, discuss challenges during the implementation and find out the appropriate solution for the future.

Joint Supervision visits with STI/RTI Unit to monitor and to provide technical supports on OPC program and STI prevention were conducted by BCC and STI officers in Seam Reap, Preah Vihear, Takeo, Kratie, Pursat, Pailin, Preah Sihanouk, Kampong Cham. *(Report in file)*

### 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/OP members, were organized by Provincial AIDS Office.

	Provinces	# of participants
1	Kampong Speu	14p
2	Kratie	12p
3	Kampong Thom	21p
4	Pailin	9p
5	Pursat	7p
6	Svay Rieng	10p

Table 1: Summary of Refresher Training for PST/OP were conducted by provinces during Q4. 2009

- Supervision on outreach and PE program at OD level were conducted by PST/OP members, in Battambang, Kampong Chhnang, Siem Reap, Banteay Meanchey, Kratie, Kampong Thom, Kandal, Prey Veng, Kampot, Phnom Penh, Pailin, Preah Sihanouk, Kampong Speu, Svay Rieng, and Pursat.

- PST/OPC meeting and meeting with owners of entertainment sex workers were regularly organized (Table 2)

Provinces	Owner meetings		PST/OP meetings	
	# of meeting	# of participants	# of meeting	# of participants
1 Kratie	1	38p	2	13p
2 Kampong Thom	1	52p	2	42p
3 Kandal	1	45p	3	51p
4 Kampot	1	42p	2	22p
5 Phnom Penh	1	60p	2	44p
6 Pailin			1	8p
7 Preah Sihanouk			3	36p
8 Kampong Speu	1	60p	2	18p
9 Banteay Meanchey	2	115p	3	36p
10 Svay Rieng	2	52p	3	27p
11 Prey Veng	2	59p	3	33p
12 Siem Reap	4	80p	3	45p
13 Battambang	1	76p	3	53p
14 Kampong Chhnaing	1	43p	3	27p
15 Pursat	1	42p	3	21p
16 Kampong Cham	2	75p	2	18p
17 Takeo	1	45p	2	12p
18 Oddor Meanchey	3	30p		

Table 2: Summary of PST/OP and Owner meeting conducted by provinces during Q4.2009

## ***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 the Standard Operation Procedure on Gonococval Antimicrobial Susceptibility Monitoring (GASM), and preparing the orientation workshop on results on Gonococval Antimicrobial Susceptibility Monitoring (GASM) and discussion on Elimination of congenital Syphilis in Cambodia. (*Minutes in file*).

#### **ii. Trainings and Workshops:**

Trainings and workshops were organized during this period including:

- Four 3-day Refresher Trainings on laboratory for STI clinic were organized with 129 participants from 32 STI clinics in 21 provinces except Kandal, Mundolkiri and Kep.
- Facilitated in Trainings on Syphilis screening among Pregnant Women for Health Care providers from the HCs in Takoe, Kampong Speu, Battambang, and Kampong Cham province, funded by WHO.
- 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						
October	806	873	37	18	5	4
November	1119	1298	41	30	6	5
December	1358	1637	47	22	3	2

**Table 4: Serological testing**

Test	RPR		TPPA		HBs-Ag		HBs-Ab		HCV-Ab		HIV-Ab	
	Total	+	Total	+	Total	+	Total	+	Total	+	Total	+
Month												
October	29	2	28	2	46	4	46	4	46	0	41	3
November	28	0	26	1	41	3	41	5	40	5	39	1
December	39	1	27	2	35	6	36	14	34	0	50	3

**Table 5: Bacteriological testing**

Method	Gram Stain			Wet mount		
	GNID	PMNs >10	# of test	Yeast	Trichomonas	# of test
Months						
October	1	4	14	1	0	6
November	1	0	5	0	0	2
December	0	0	20	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 Vihear, Pursat, Stung Treng, Takeo, Kampong Cham, Kratie, Pailin, Kampong Thom, Kampot, Battambang, Kampong Speu, Kampong Chhnang, Phnom Penh (Clinic Tuol Kok, Tuol Svay Prey, Chamkar morn, Samdech Ov, and Donpenh) (Reports in file).

**PROVINCIAL LEVEL:**

- Mobile STI clinic was conducted 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, Osmach and Chhorng Chorn/Oddor Meanchey. The following tables (6 and 7) are summarizing activities that have done at provincial and district levels.



		Coordination meeting (# of participants)
1	Kratie	14p
2	Prey Veng	32p
3	Kampong Thom	15p
4	Pursat	22p
5	Kandal	16p
6	Kampong Speu	18p
7	Svay Rieng	22p
8	Banteay Meanchey	57p
9	Siem Reap	16p
10	Kampot	14p
11	Kampong Chhnang	22p

Table 6: Summary of STI/RTI Coordination meeting conducted by province during Q4, 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	2	2	6	6
3 Kandal	3	3	15	15
4 Kampot	4	4	12	12
5 Phnom Penh	5	5	7	7
6 Kep			4	4
7 Kampong Cham	10	10	33	53
8 Battambang	4	4	25	25
9 Prey Veng	7	7	24	22
10 Svay Rieng	2	2	6	6
11 Takeo	4	4	14	14
12 Oddor Meanchey	2	2	3	3

Table 7: Summary of Supervision on STI/RTI conducted by provinces during Q4.2009

## 2. Care Package:

### a. Health Facility and Home Based Care:

#### NATIONAL LEVEL:

##### i. Training/ Workshop:

- One 10-day training course on OIs and ART Management for Pediatricians at National Pediatric Hospital, funded by GFATM-R7, for 24 Pediatricians from National Pediatric Hospital, Battambang RH, Sampov Loun RH, Kampong Cham RH, Memut RH, Tbong Khmum RH, Prey Veng RH, Takeo RH, Kirivong RH, Ang Roka RH, Kampong Trach RH, Oddong RH, Poi Pet RH, Thmar Puork RH, Pailin RH and Preah Vihear RH.
- 6 sessions of Workshop on Networking between health staff and community in ODs level (OD Sampov Meas and Bakan og Pursat province, OD Prey Chhor, Srey Santhor,

- Network Meeting on Management of OIs and ART for Pediatricians was conducted at National Pediatric Hospital, 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).

**ii. Supervision :**

- Joint supervision trips conducted to monitor on CoC and HBC activities in Koh Kong, Sre Ambel, Kampong Chnaing, Oddor Meanchey, Kampot, Kralanh, Angkor Chum, Kirivong, Ang Roka, Memut, Tbong Khmum, Pearaing, Kamchay Mear, Oddong. 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).
- Supervision of Linked Response activities in Thmarkol, Tbong Khmum, Pailin funded by FHI.

**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.

		# of MMM/mmm meeting	# of PLHA attended the MMM/mmm meeting	# of CoC meeting	# of participants	# of OI/ART team meeting	# of participants
1	BMC	10	1085p	4	129p	1	36p
2	KTM	3	205p	3	103p	3	60p
3	PLN	1	80p	3	54p	1	10p
4	KDL	1	102p	1	30p		
5	KPT	3	162p	3	69p	5	88p
6	BTB	3	281p	4	134p		
7	TKV			2	36p		

*Table 8: Summary of CoC and MMM meetings conducted by provinces, in Q4, 2009*

**b. VCCT:**

**i. Workshop/Training:**

- One 5-day training on HIV/AIDS Counseling for Linked Response Approach for 27 Counselors from HCs in Prey Veng, Preah Sihanouk, Siem Reap, Battambang (Reports in file).
- One 5-day training on HIV/AIDS Counseling for 25 Counselors from VCCT and HCs ( 6 HCs in Phnom Penh, 4HCs in Kandal, 2 HCs in Kampong Chnaing, 5 HCs in Prey

- Two 5-days refresher training on Laboratory for HIV testing, Syphilis Screening for 63p lab technicians from Kampong Chnaing, Kampong Cham, Kampong Speu, Kep, Preah Sihanouk, Banteay Meanchy , Koh Kong, Kampong Thom, Siem Reap, Battambang, Kandal, Phnom Penh, Prey Veng, Kampot, Stung Treng, RHAC clinic, Marie Stop Clinic and MEC clinic (Reports in file).
- Two 2-days Regional Counseling Meeting to share experiences for 73participants. These meetings provided opportunity for participants to share experiences and discuss challenges during the implementation.
- One 10-days Trainings on serology for HIV/STI testing including Syphilis screening, DNA, PCR for 16 Lab technicians from Referral Hospital of Banteay Meanchey, Battambang, Kampong Thom, Kampong Cham, Kampong Speu, Svay Rieng, Social Health Clinic and National STD and Dermatology Clinic.
  - o The important information was presented during this training such as Policy and Guideline for HIV testing, VCCT services, universal prevention etc
  - o Theory and practice on Non treponemal test, Determine syphilis test, RPR test, Serodia TPPA, Serodia HBs Ag, HVC, Serodia HIV1-2, Determine HIV1-2, Unigol HIV1-2, Stat pak HIV1-2, DBS for DNA PCR etc. (Reports in file).

## **ii. Monitoring and Supervision:**

- 11 supervision trips conducted to monitor on the VCCT activities in Preah Vihear, Svay Rieng, Kampong Thom, Kampong Cham, Battambang, Mondulkiri, Rattanakiri, Takeo, Pailin, Prey Veng, and Kratie. 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.

## **3. Surveillance & Research package:**

### **a. Surveillance:**

#### **i HSS Round 10:**

Reviewing and finalize questionnaires for HSS 2009 and preparing documents for Training on Data Collection for HSS 2009.

#### **ii BSS Round 8:**

Meeting with NCHADS's Technical Units to review and prepare the Behavioural Sentinel Surveillance protocol.

#### **iii Surveillance of primary HIV Drug Resistance transmission through threshold survey of recently infected people:**

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). As the end of this quarter, 53 HIV+ specimens out of 70 were collected and 39 HIV+ specimens were sent to Canada lab for sequencing.

#### **iv Monitoring of HIV Drug Resistance Early Warning Indicators :**

From 2008 to Q3, 2009, 41 ART sites, in which 25 sites has pediatric services, has been visited. The two regional feed back sessions have been conducted in Phnom Penh and Kampong Cham for discussed on the key findings with OI/ART teams and partners. Based on the feed back of the find in 2008, a Rapid Assessment was initiated in 2009 to examine factors associated with appointment keeping rate among children on ARV. The finding results of EWI for 2008-2009 from 41 OI/ART sites, and this Rapid Assessment were disseminated to OI/ART Team, PAOs, PHD and partners (*Please see the presentation in Annex 4*).

During this quarter, the second round of EWI was continued, by collected the data from OI/ART sites including Neak Loeung RH, Pearaing RH, Sot Nikum RH, Cheung Prey RH, National Pediatric Hospital and Social Health Clinic).

**v aids 2031: HIV/AIDS Projection and its Long Run Costs and Financing of HIV/AIDS in Cambodia:**

The study on AIDS 2031 was conducted by the National Center for HIV/AIDS Dermatology and STD and the Ministry of Economy and Finance. The AIDS 2031 was divided into 3 parts: 1). HIV/AIDS Projections for different intervention scenarios, 2). HIV/AIDS costing for each scenario and 3). Analysis for HIV/AIDS financing between now and 2031. The objectives of this study were to stimulate dialogue among key stakeholders in Cambodia on what will be the cost to address the epidemic in the future, to discuss with the National teams which program measures could be taken to have the most profound positive effects on the epidemic-at the least cost and to assess how the country could mobilize resources in a sustainable way to deal with HIV/AIDS in the long-run.

The main results of this study were consulted with all partners, implementers from all levels at Cambodiana Hotel, on 19 November 2009. (*please see the presentation in annex 4*)

**b. Research:**

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

During this quarter, Research Unit conducted the need assessment and collected and analyzed the data related to 10 key indicators for starting to implement the CQI in Poi Pet HC/ Banteay Meanchey province and in Siem Reap RH.

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. Table below are the results of 10 Key indicators in Poi Pet I HC before starting the CQI.

Table 9: Results of 10 Key indicators in Poi Pet RH:

		Q3. 2006	Q4. 2006	Q1. 2007	Q2. 2007	Q3. 2007	Q4. 2007	Q1. 2008	Q2. 2008	Q3. 2008	Q4. 2008	Q1. 2009	Q2. 2009	Q3. 2009
1	Percentage of adult patients under ART who died	0.5	1.54	0	2.36	3.1	1.02	0.83	0	0.18	0.34	1.12	0.62	0.44
2	Percentage of adult patients under ART who were lost to follow - up	0	0	1.92	0	0	3.01	0	0	1.42	1.86	0.64	0.31	1.02
3	Percentage of adult patients under OI were lost follow up	6.83	8.29	14.34	13.47	10.07	12.07	0.38	0.32	3.49	10.47	8.95	0.16	0.98

4	<b>Percentage of late visit beyond buffer by quarter</b>	3.1	5.8	7.8	12.8	10.8	13.1	11.7	12.9	9.1	9.3	6.6	8.9	8.7
	<i>Percentage of late visit within buffer by quarter</i>	8.9	11.8	10.2	10.4	8	8.7	7.2	9.6	10.2	9.1	9.4	10.5	9.6
	<i>Percentage of visit exactly on schedule by quarter</i>	62.2	56.6	52.4	40.7	48.4	49.5	54.1	54.9	63.1	59.9	62.6	59.9	59.5
	<i>Percentage of early visit by quarter</i>	25.8	26.8	29.6	27.1	31.8	28.7	27	22.6	17.6	21.7	21.5	20.7	21.9
5	<b>Percentage of patients whose CD4&lt;250 or WHO stage 4 who start ART within 60 days after eligible</b>	60.4	56.9	57.1	46	36.2	56.1	45.5	35.3	53.7	40.5	35	28.9	43.6
	<i>Percentage of Patients whose CD4&lt;200 and received Cotrimoxazole by quarter</i>	61.1	48.7	59.1	80.6	70.6	42.4	40	54.1	61.2	50	53.3	51.3	63.4
	<i>Percentage of Patients whose CD4&gt;=200 and CD4&lt;200 received Cotrimoxazole by quarter</i>	22.9	29.3	37.9	32.3	34.7	19.8	16.4	19.8	18.4	18.5	13.4	15.2	22.1
6	<b>Percentage of Patients whose CD4&lt;100 and received Fluconazole by quarter</b>													
	<i>CD4&lt;100</i>	44.7	58.1	51.4	18.9	29.4	47.2	28.1	34.2	43.9	38.5	39.5	57.1	50
	<i>CD4&gt;=100</i>	7.3	19.9	11.7	5.5	5.5	3	4.7	4.3	4.6	3.3	4	2.8	4
7	<b>Percentage of new TB Patients who were screened for HIV by quarter</b>		2.5	76	76.25	67.61	65.55	94.56	95.74	73.97	73.68	73.13	72.78	86.13
	<b>Percentage of patients who has CD4&gt;250 at initial visit by quarter</b>	46.7	43.6	63.2	75.7	76.9	74	62	64.3	64.9	84.9	71.2	68.4	69.8
	<i>Mean of CD4 of patients at initial visit by quarter</i>	253.19	218.39	286.15	191.15	265.95	149.5	227.13	196.94	235.56	340.58	270.66	233.3	316.53
9	<b>Percentage of patients still on first line after the 12 months and 24 months on ART</b>													
	<i>12 months</i>													98.5
	<i>24 months</i>													97.1
	<i>36 months</i>													94.8
10	<b>Percentage of HIV Testing among ANC 1 by Quarter</b>		94.76	99.58	95.83	89.16	53.06	60	83.43	80.34	87.88	58.45	69.41	
	<b>Percentage of delivered women with known HIV status Quarter</b>		64.29	85.71	75.56	92.50	81.43	79.63	89.80	82.14	84.21	84.38	86.36	
	<i>Percentage of HIV + Women who received any prophylaxis or HAART during Labor by Quarter</i>		100	80	100	100	100	100	100	100	100	100	100	

After discussion on the results of these indicators, 2 core indicators were selected to monitor and follow up during 6 months of quality of health care services in Poi Pet I HC:

- “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” with importance score 23/24; urgency score: 23/24 and feasibility score: 22/24 and

- “Percentage of patient with CD4 less than 250 or WHO stage 4 who start ART after than 60days (Pre-ART)” with importance score 22/24; urgency score: 23/24 and feasibility score: 23/24 and
- ii. Other activities :
  - Updated sampling Frame, data collection, data entry and data cleaning for Exit evaluation of Linked Response in Prey Veng,

#### **4. MANAGEMENT PACKAGE:**

##### ***a. Planning, Monitoring and Coordination***

###### **NATIONAL LEVEL:**

###### **i Planning Activities**

Coordinated to develop the 4<sup>th</sup> 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.

The Planning Workshop for the year 2010 was held in Battambang in October with 24 provinces supported by GFATM-R7 and US-CDC. This workshop was conducted as the part of the coordination meeting in order to review progress made during first 3 quarters 2009, to provide the updates of technical concepts and strategies or Guidelines in the programme implementation, and to make the final review of the work plan for 2010.

###### **ii Coordination Meeting:**

Coordination meeting with Logistic Management Unit, Procurement and relevant 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 2010, 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.

Coordination meeting with all units for prepared the Planning workshop for HIV/AIDS Programme for year 2010.

###### **iii Monitoring Activities:**

In collaboration with Data Management Unit, one 4-days workshop on Workshop on Strengthening of Monitoring and Reporting System and Data Management of HIV/AIDS Programme were conducted, with participated from PAO Managers, M&E Officers, HIV/AIDS OD Coordinators, Provincial Data Management officers from Svay Rieng, Phnom Penh, Kampong Cham, Koh Kong, Kratie, Kampong Chnaing, Kampong Speu, Rattanakiri, Mondulkiri, Preah Vihear, Oddor Meanchey, Kep. The workshop aims to update knowledge on M &E System including how to develop M&E plan, Data presentation and outline on writing programmatic report; discuss and identify common data errors, how to minimize data errors and how to improve the quality of data; updated the information on NCHADS’ Quality Monitoring for HIV/AIDS Care including Continuous Quality Improvement (CQI) and Monitoring Drug Resistance and integrate data collection on TB/HIV, Trainings, Meetings and BCC component;

Developed the 3<sup>rd</sup> Quarterly Comprehensive Report 2009, which is available at NCHADS’ website at [www.nchads.org](http://www.nchads.org). The report was also distributed to Provinces, MoH, NAA, donors and other partners.

### **PROVINCIAL LEVEL:**

- Provincial AIDS Office of 24 provinces-cities developed the 4<sup>th</sup> Quarterly Operational Comprehensive Plan 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, VCCT, HBC and Liked Response.
- Analyzed and reported on the Comprehensive patients monitoring for 3<sup>rd</sup> quarter 2009.
- One 3-day Initial training on Data Management to the new provincial Data management officers, that was held in Preah Sihanouk from 22 to 24 December 2009.
- Conducted supervision to province on data management, checked and entering OI/ART data in Kampong Thom, Pursat, Kampong Cham, Battambang.
- On-site training for OI/ART Data based in Banteay Meanchey, Kampot, Kampong Speu, Kratie.
- 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 3-day Regional meeting on Logistic Management were organized in Preah Sihanouk province, Battambang, and Takeo province, with 102 participants from 22 provinces. This meeting aim to sharing the information on use of the report form, request form for drugs and reagents.
- One 5-day Refresher Training on Logistic Management for 27p from 13 provinces, funded by PSF.
- Two 4-day workshop on Quantification of OI/ARV drugs for pharmacist at RH and OD with 49p from 20 provinces.
- Follow up on Logistic Management in Koh Thom, Kampong Speu, and Kampong Chhnaing OD.
- 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**

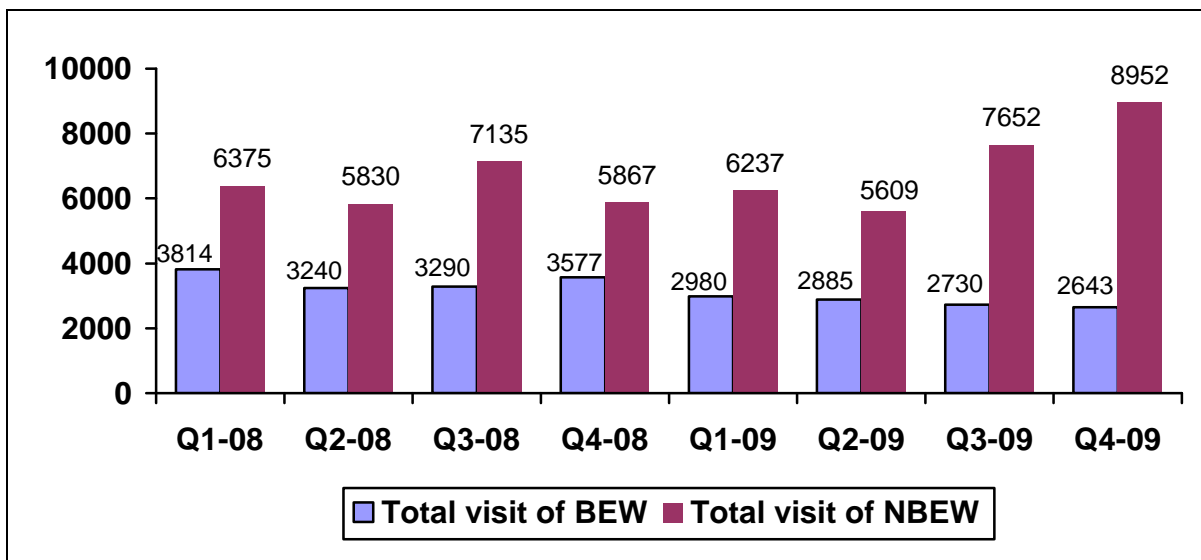
In quarter 4 -2009, there were a total of 55 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mondulkiri province and Kep city and 23 \*NGO STI clinics; RHAC: 18 clinics, Marie Stopes: 3 clinics, MEC: 1 clinic and PSF: 1 clinic).

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). This

laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 210 health centers in 70 OD/20 provinces provide STI services using the syndromic approach. At these HCs, in quarter 4 2009, 1,324 consultations for male patients and 9,879 for female patients were reported to the data management unit of NCHADS. Of 1,154 male patients who having STI/RTI syndromes reported, 1,032 of those (89.4%) suffered from urethral discharges; 119 (10.3 %) from Genital ulcers and 3 (0.3%) from Genital warts respectively. Of 9,168 female patients who having STI/RTI Syndromes reported, 4,931 of those (58.3 %) suffered from vaginitis, 3,646 (39.8%) from cervicitis and vaginitis; 514 (5.6%) from PID, and 73 (0.8%) from Genital ulcers respectively. A total of 1,490 male partners and 1,547 female partners of STI patients were notified and treated for STI.

In 4<sup>th</sup> quarter, 2009, 57,393 consultations were provided at a total of 53 specialized STI clinics (32 government and 21 \*NGO STI clinics, clinic Mariestopes Koh Kong has been provided the report to NCHADS in Q4 2009). Among those consultations, 5,068 consultations were provided to male patients, 1,602 to MSM , 39,128 to low-risk women, and 11,595 to brothel entertainment workers (BEWs) and non-brothel entertainment workers (NBEWs) (2,643 for BEWs; 8,952 for NBEWs) of which 5,987 were monthly follow-up visits] (Figure 1).



*Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2008 to Q4- 2009*

\*Two among three of Mariestopes clinics are not available, but clinic Mariestopes Koh Kong reported to NCHADS in Q4 2009.

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 53 specialized STI clinics, among the 3,312 male patients who having STI syndromes reported in this quarter, 3,001 (90.6%) got urethral discharges, 19 (0.6%) got anal discharges, 197 (6.0%) got Ano-genital ulcers, 85 (2.6%) got Ano-genital warts, and 8 (0.2%) were inguinal bubo.



Among the 309 MSM people having STI syndromes, 221 (71.1%) suffered from urethral discharges, 24 (7.8%) from anal discharges, and 44 (14.2%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 41,790 low-risk women having STI syndromes reported that 34,412 (82.3%) were treated for vaginitis, 6,759(16.0%) were treated for cervicitis and vaginitis, 242 (0.6%) were PID, 267 (0.6%) were ano-genital ulcers and 110 (0.3%) were ano-genital warts.

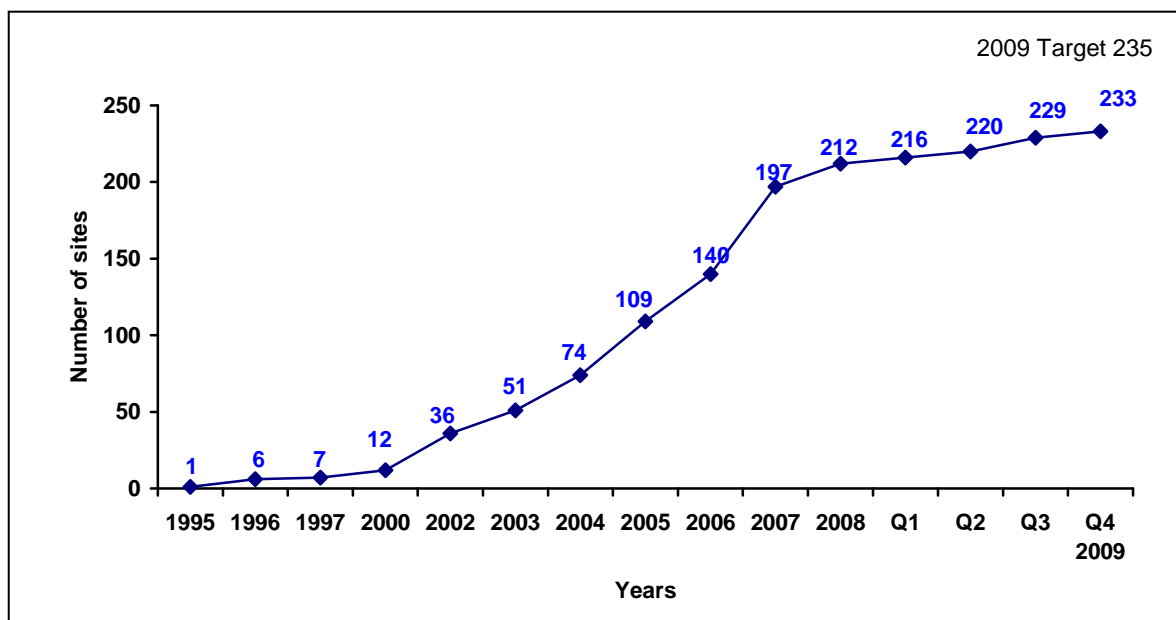
During the fourth quarter– of 2009, of the 1,103 BEWs who attended specialized clinics for their first visit, 852 (77.2%) were diagnosed with a STI, including 354 (32.1%) with cervicitis. Among the 1,540 BEWs who attended specialized clinics for monthly follow-up visits, 531 (34.5%) of those were diagnosed with a STI, including 291 (19.0%) with cervicitis (Annex: STI indicator 1). In quarter 4 -2009, of the 4,505 NBEWs who attended specialized clinics for their first visit, 3,188 (70.8%) were diagnosed with a STI, including 1,523 (33.8%) with cervicitis. Of the 4,447 NBEWs who attended specialized clinics for monthly follow-up visits, 1,842 (41.4%) were diagnosed with a STI, including 773 (17.4%) with cervicitis.

Of a total of 1,974 RPR tests were conducted in 4<sup>th</sup> quarter 2009 at the 32 government specialized STI clinics, and PSF and MEC clinics, 7 (0.4%) were positive.

During this quarter, specialized STI clinics have referred 2,920 patients to VCCT, 3 of HIV/AIDS patients (PLHA) to OI/ART services, 50 pregnant women to ANC, and 56 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 188 patients from VCCT, 101 of patients from OI/ART services, 87 pregnant women from ANC and 32 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 233 sites by the end of Q4 2009 (Annex: VCCT indicator 1) (Figure 2).

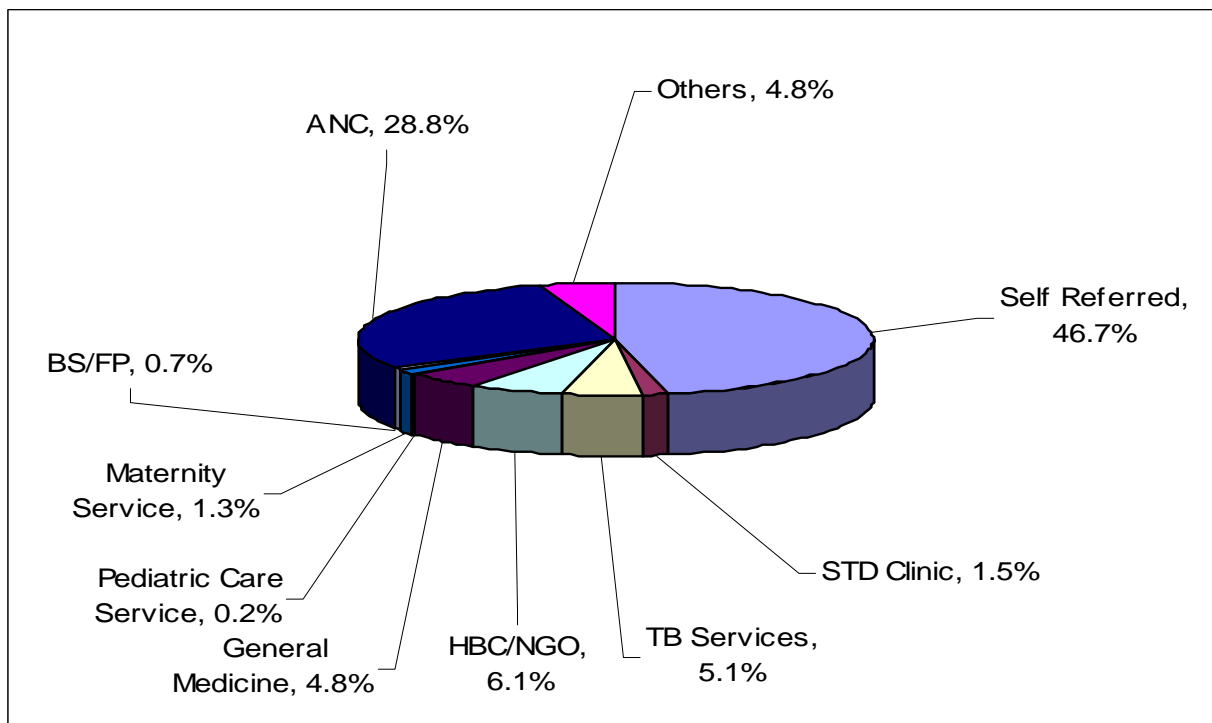


*Figure 2: Trend in number of VCCT sites from 1995 to Q4-2009*

A total of 4 new VCCT sites have been opened in Q4-2009 (Kchao HC, MeSor Chrey HC, Boskhnor HC and RHAC Chamkar Leu in Kampong Cham Province). Of the current 233 VCCT sites, 208 are supported directly by the Government and 25 by NGOs (RHAC, Marie Stopes, MEC and Center of Hope).

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

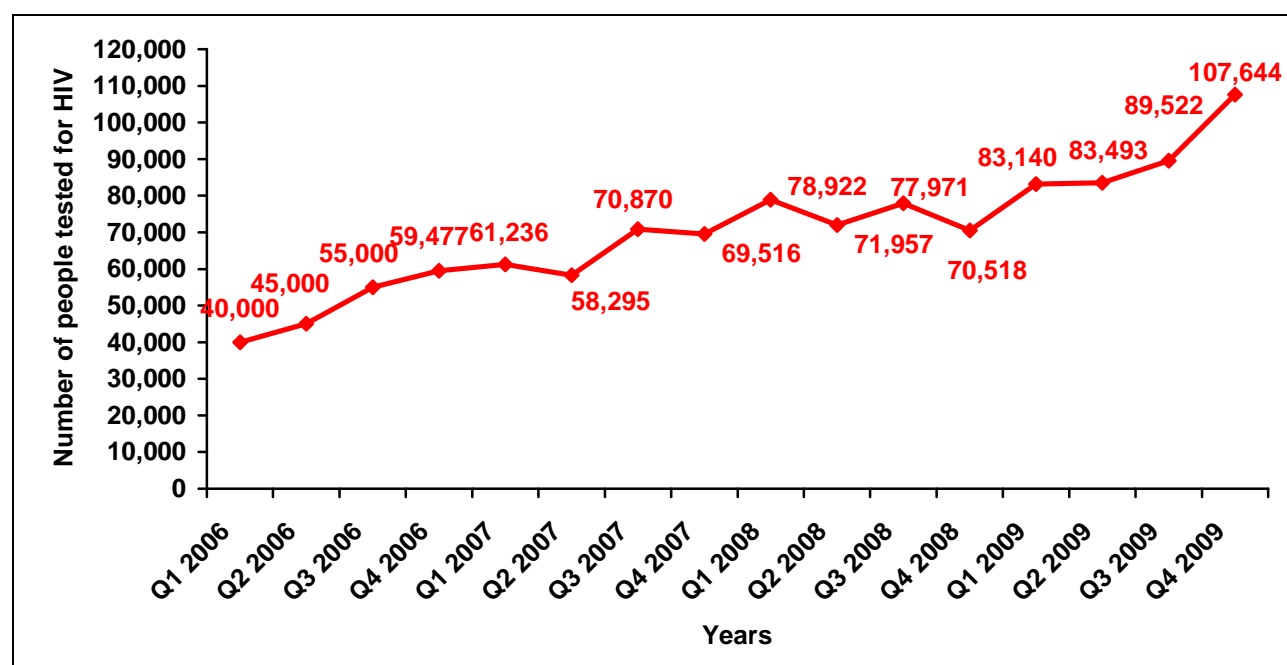
In Q4-2009, of 144,526 (including 36,450 ANC attendees from NMCH) VCCT clients 67,530 (46.7%) were self referred, 41,617 (28.8%) were referred by ANC services, 2,230 (1.5%) were referred by STD clinics, 7,316 (5.1%) were referred by TB program, 8,707 (6.0%) were referred by HBC/NGO, 6,946 (4.8%) were referred by general medicine, 344 (0.2%) were referred by Pediatric care, 1,930 (1.3%) were referred by Maternity services, 953 (0.7%) were referred by BS/FP services and 6,953 (4.8%) were referred by other services (Figure 3).



**Figure 3:** Trend in number of VCCT clients referred from other services in Q4-2009

A total of 143,463 clients have been tested for HIV in quarter 4-2009, including 107,644 VCCT clients, 6,864 TB patients, 32,664 pregnant women (29,471 at government facilities and 3,193 at RHAC clinics) and 6,603 male partners of pregnant women (6,348 at government facilities and 255 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 107,644 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q4-2009 (Figure 4).



*Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q4- 2009*

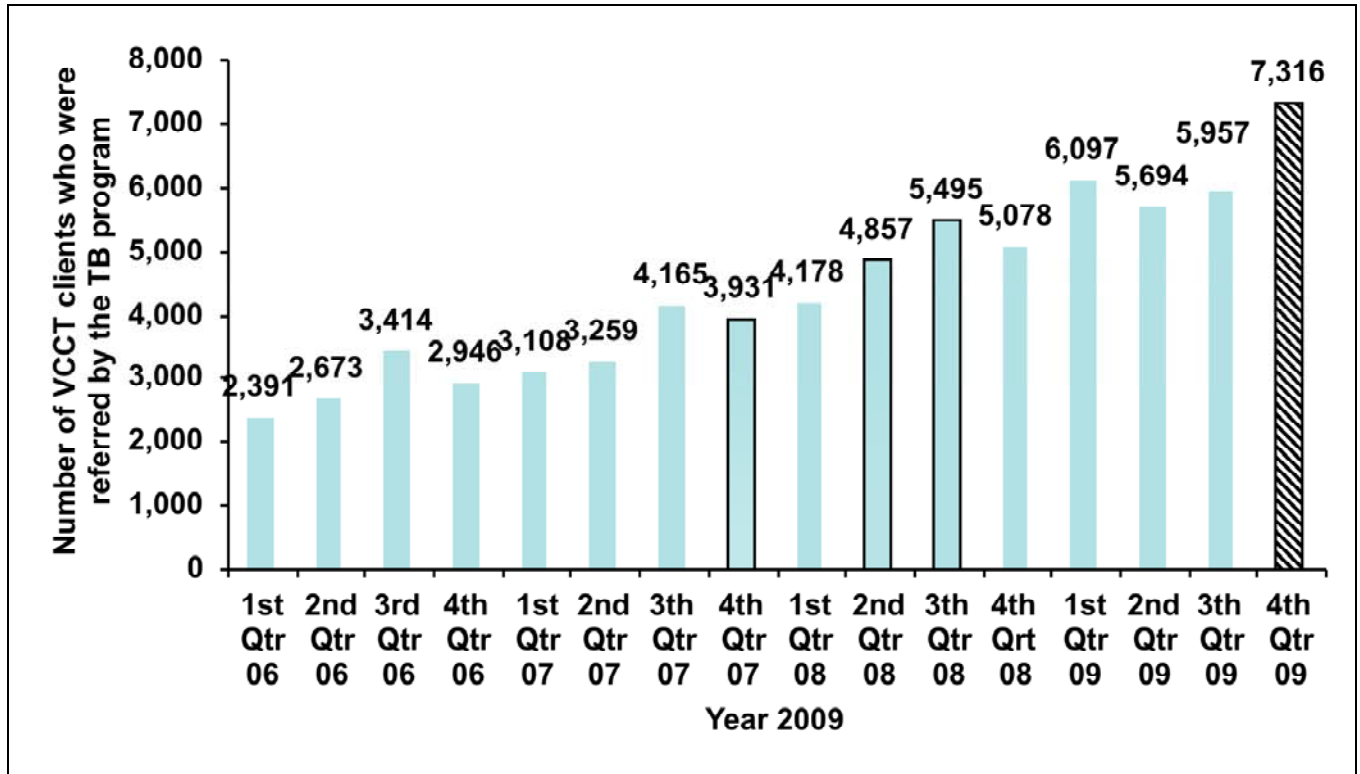
Of the total number of VCCT clients and TB patients tested in Q4-2009, 59,951 (55.7%) were female and 98,175 (91.2%) were aged 15-49 years (VCCT indicator 2) (Table 10).

	People tested for HIV N= 107,644 No. (%)	People tested HIV positive N=3,162 No. (%)
Age		
≤14 years	3,331 (3.1%)	374 (11.8%)
15-49 years	98,175 (91.2%)	2,588 (81.9%)
> 49 years	6,138 (5.7%)	200 (6.3%)
Sex		
Male	47,693 (44.3%)	1,530 (48.4%)
Female	59,951 (55.7%)	1,632(51.6%)

*Table 10: Characteristics of clients tested at VCCT sites, In Q4-2009*

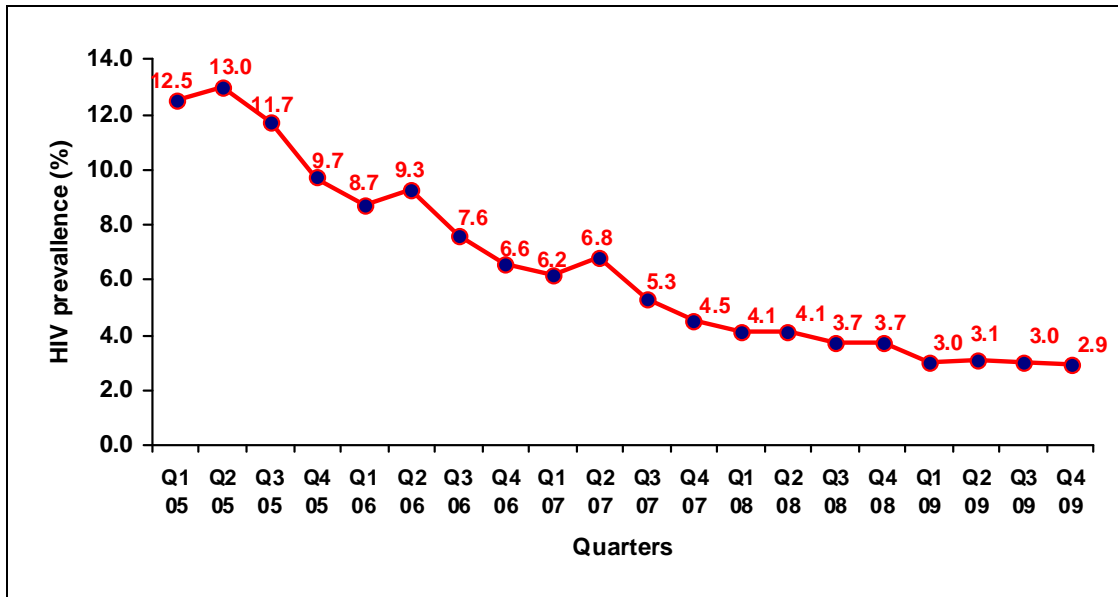
In Q4-2009, 99.5% (range: 85,1% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q4-2009, of 144,526 VCCT clients, 7,316 (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 Q4-2009*

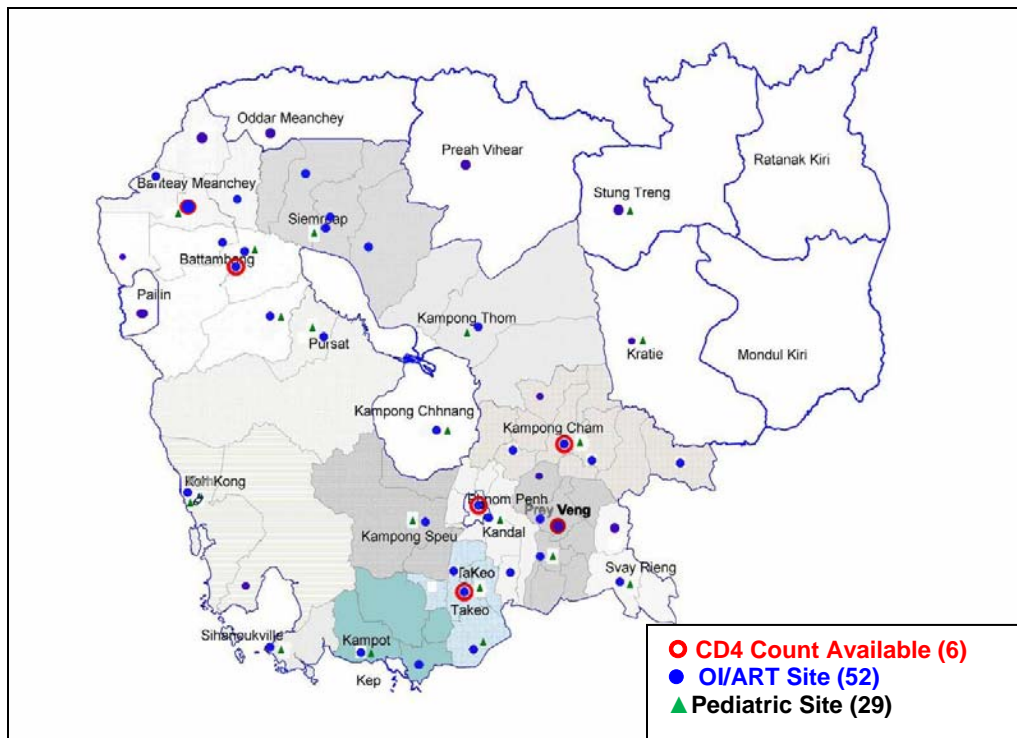
In Q4-2009, of the 107,644 VCCT clients and TB patients tested at VCCT sites nationwide, 3,162 (2.9%) were detected HIV positive at VCCT sites (Figure 6).



*Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q4-2009*

### 2.1.2. OI and ART services

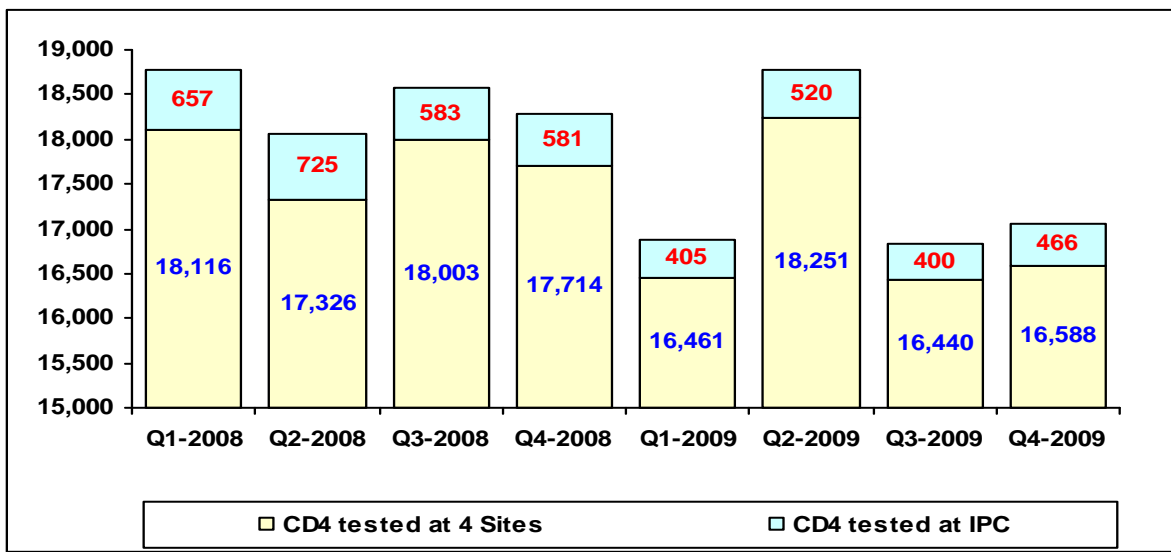
Today, 52 health facilities offer OI and ART services in 20 provinces. These 52 OI and ART services are supported by the government and by NGOs and partner. Of the total 52 OI/ART sites, there are 29 sites provide pediatric care.



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

## Laboratory Support

In Q4-2009, **16,588** CD4 tests have been conducted in the six regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Preyveng, NIPH in Phnom Penh and one new site started at Banteay Meanchey province in Q4-2009 about 914 tested) (Figure 8). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 466 tests examined in this Q4-2009. CD4 % tests in percentage for children is performed at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH. The figure below is shown the trend of CD4 tests increased compared to previous quarter in Q3-2009 that is due to increased of one new site.



*Figure 8 : Trend in the total number of CD4 tests conducted in Cambodia at 5 government sites and IPC from Q1-2001 to Q4-2009*

In Q4-2009, there are no HIV RNA viral load tests for patients in Social Health Clinic at NIPH because the supply of reagents were not on time. However, there are 1,310 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

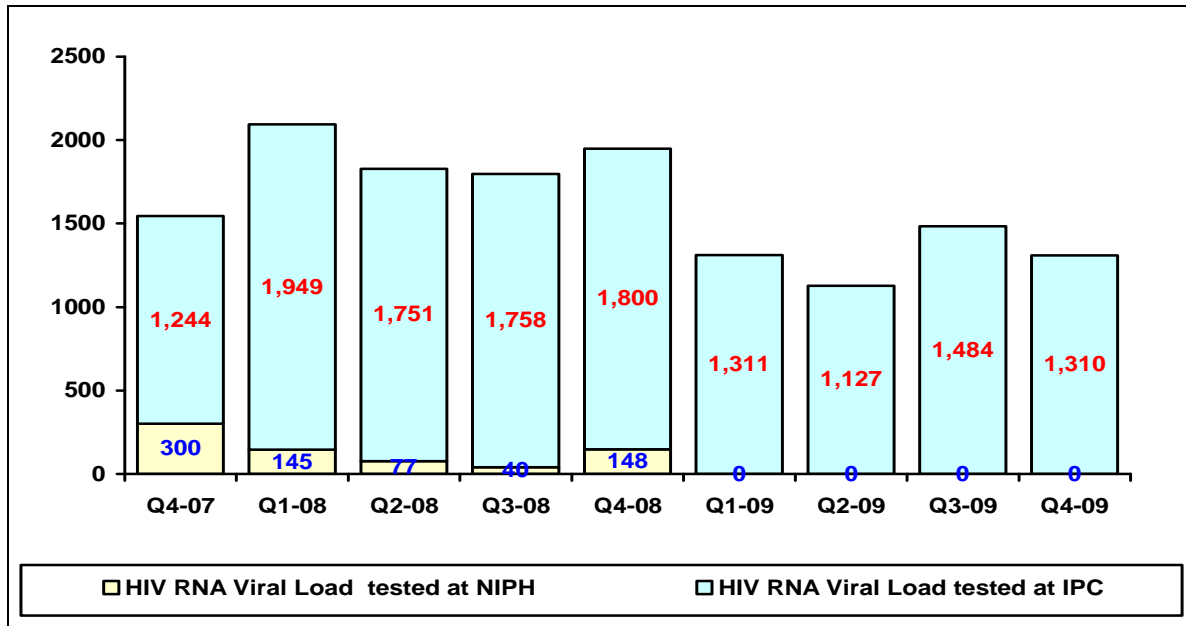


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2007 to Q4-2009

In Q4-2009, 192 DNA PCR tests for early infant diagnostic (EID) were conducted at NIPH, and 258 tests at Institut Pasteur of Cambodia (IPC) (Figure 10). A total of 1,458 DNA PCR tests for EID were conducted in 2009 compared to 828 in 2008. It was not possible to determine the number of infants detected HIV-infected after EID in 2009 since the laboratories reported the number of tests conducted and not the number of individual tested.

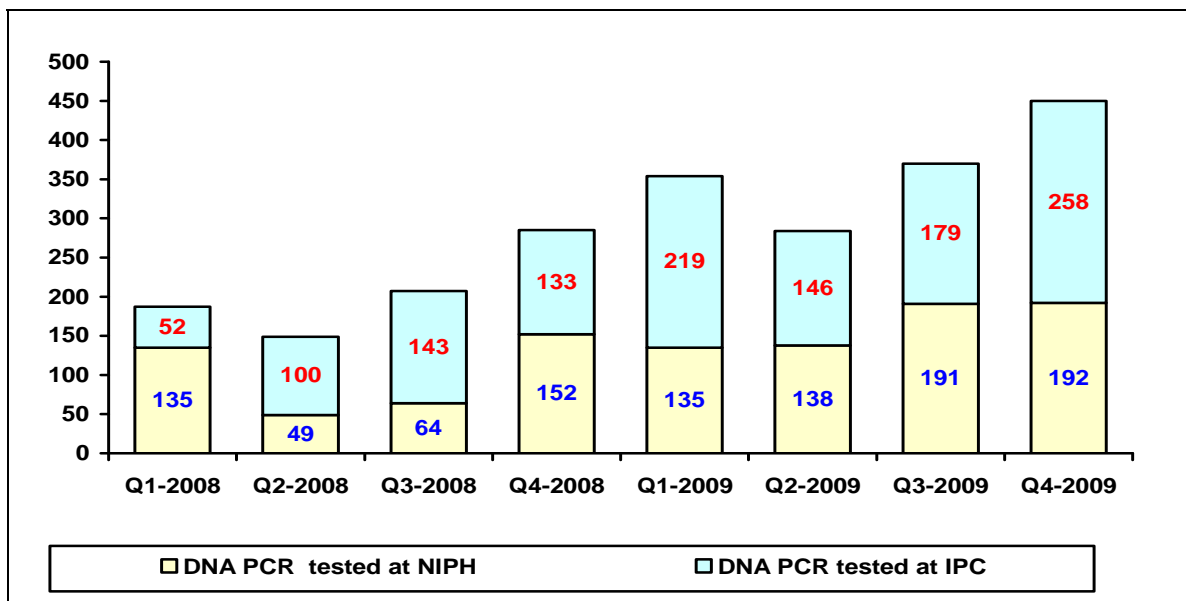


Figure 10: Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q4-2009

This Q4-2009, a total of 37,315 active patients including 33,677 adults and 3,638 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 overestimated if compared with the actual number of AIDS patients on ART as reported in December 2009. (33,667 (94.4%) for adults and 3,638 (5.6%) for children).

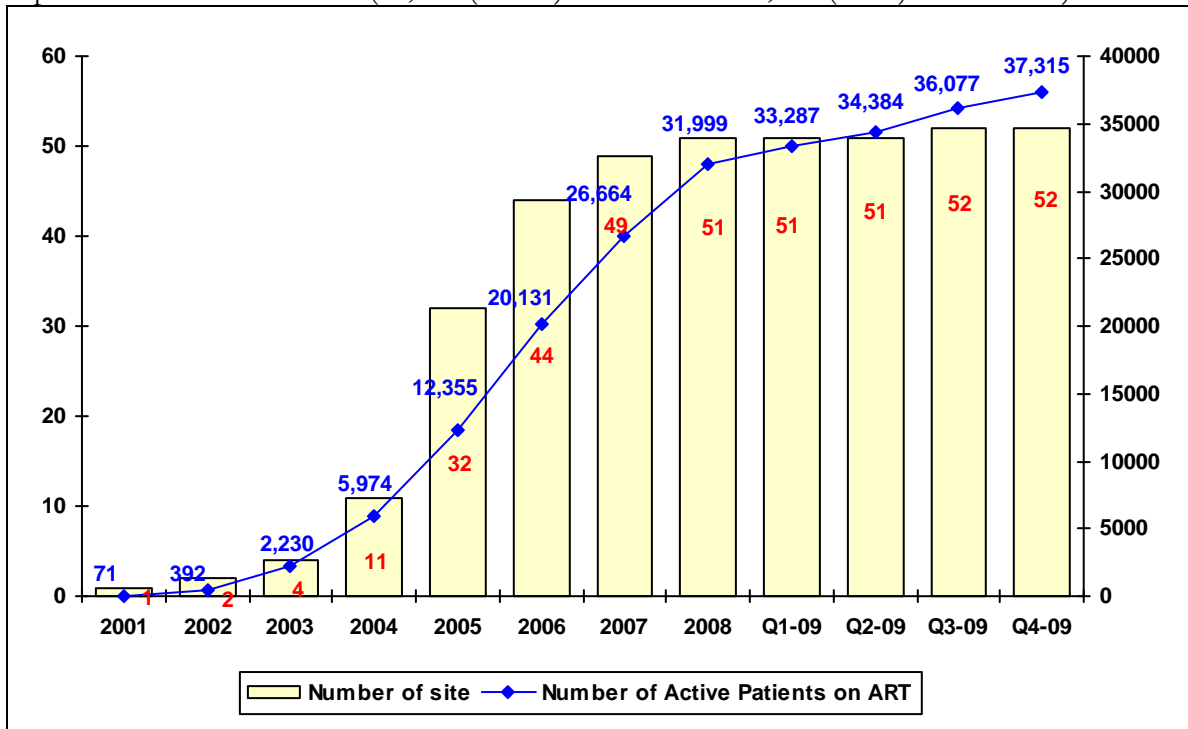


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q4-2009

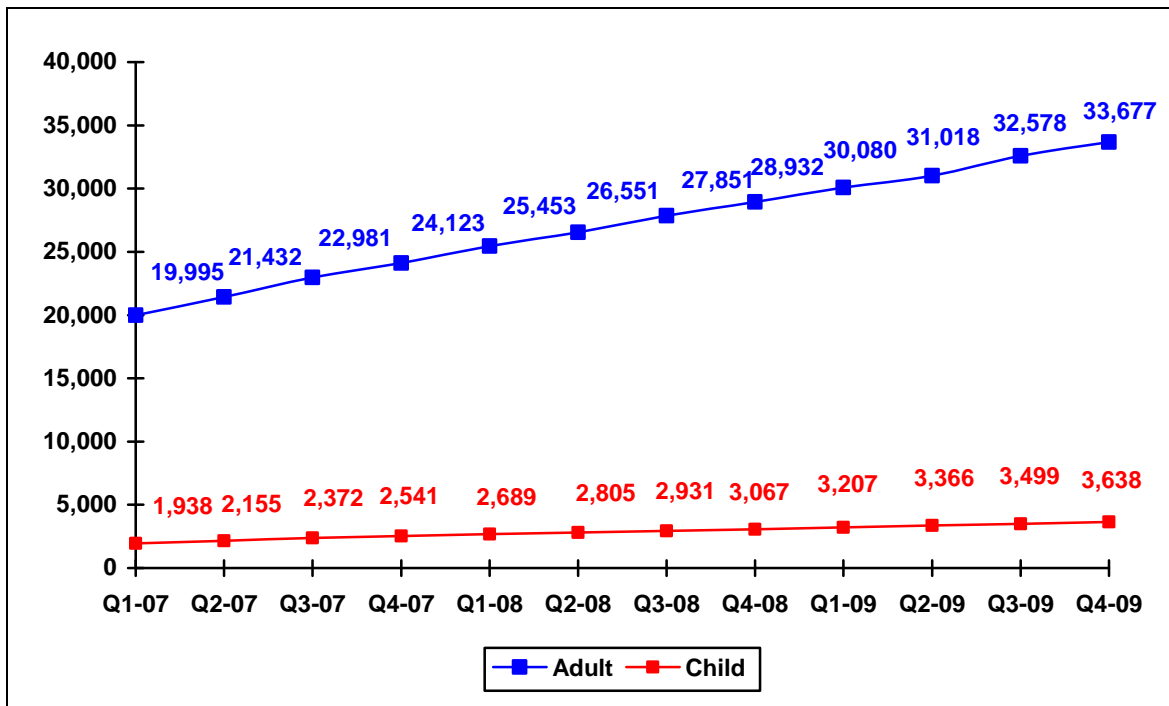
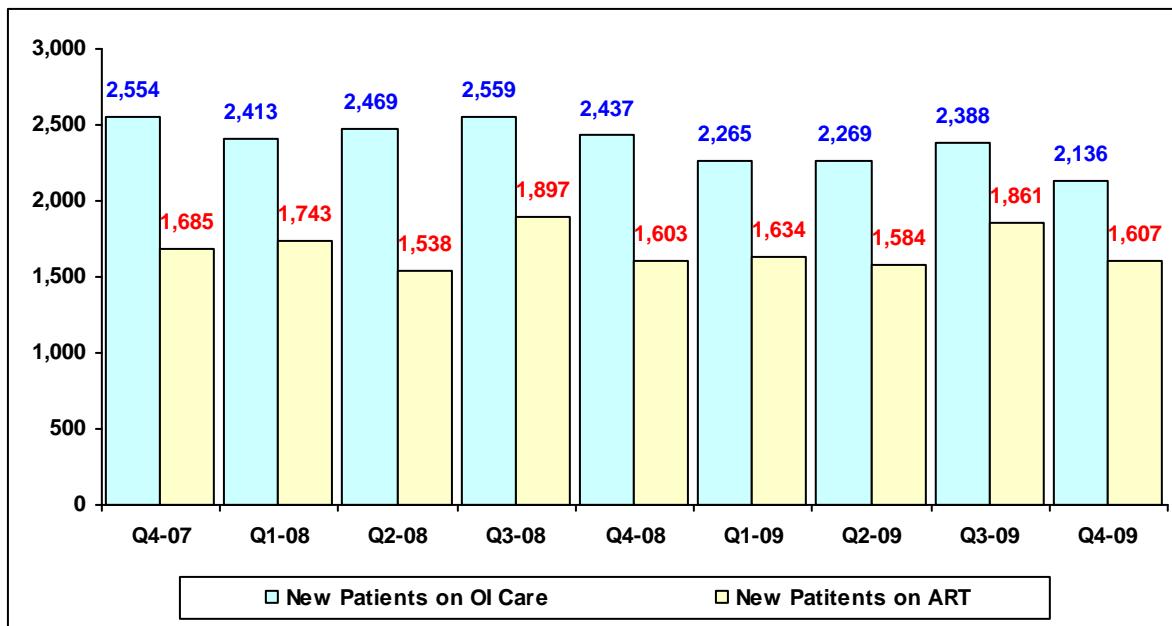


Figure 12: Trend in number of active adult and child patients from Q1 2007 to Q4-2009



In Q4-2009, female adult patients accounted for 52.6% (17,713) of all active patients on ART. At OI/ART sites, a total of 2,136 new patients (including 190 children) started OI prophylaxis and management and 1,607 new patients (including 181 children) started on ART in Q4-2009 (Figure 13). The number of new patients on OI care has been slight decreased than Q3 2009. On the other hand, the numbers of new patients on ART were significantly decreased as from Q4 2008, and it is a slight decreased in Q4 2009 if compared to the number reported in Q3 2009.



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

There were a total of 8,462 active adult patients and 1,550 child patients with opportunistic infections who are not eligible for ART yet at the end of Q4-2009. Of those, 5,192 (61.3%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,638 adult patients and 285 child patients on OI care were eligible to prepare on ART at the end of December 2009.

### ***Patient mobility across services***

In Q4-2009, a total of 287 ART patients were transferred out to new ART sites located closer to their home residence. At the end of Q4-2009, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,632 active patients on ART.

### ***Drug and logistic support***

In Q4-2009, 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 5.2 % of children were on PI-based regimens (Table 11).

ARV drug regimen Q4 - 2009	Adults N= 34,631* No. (%)		Children N= 3,412* No. (%)	
	d4t+3TC+NVP	14,892	43.0 %	2,637
d4t+3TC+EFV	4,500	13.0 %	421	12.3 %
AZT+3TC+NVP	8,897	25.7 %	139	4.1 %
AZT+3TC+EFV	3,053	8.8 %	31	0.9 %
PI-based regimens	1,430	4.1 %	176	5.2 %
Other regimens	1,859	5.4 %	8	0.2 %

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

**Table 11:** Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q4-2009

### TB Screening of new OI Patients

In Q4 2009, there were 2,136 new OI patients registered at OI-ART Sites. Of these 2,136 new OI patients, 1,357 (63.5%) were screened for TB (smear/chest X-Ray) during the quarter. Of the 1,357 patients screened for TB (screened by smear and chest X Ray), 195 were detected as TB Pulmonary, 110 were detected as Extra-pulmonary TB detected and 947 delivered a negative result.

### Survival of patient on ART

Survival data were analyzed at 21 ART sites for adult cohorts started ART in 2008 and 2007, 19 sites for adult cohorts started on ART in 2006 and 13 sites for adult started on ART in 2005. Survival data were analyzed at 8 paediatric sites for children started on ART in 2008.

		All	<15	15 +
12 month survival	<b>Percentage of adults and children with HIV known to be on treatment 12 months after initiating antiretroviral therapy</b>	<b>87.4%</b>	<b>93.9%</b>	<b>86.7%</b>
	Number of adults and children who are still alive and on ART at 12 months after initiating treatment	3,179	321	2,858
	Total number of adults and children who initiated ART in 2008 including those who have died and those lost to follow-up	3,638	342	3,296
24 month survival	<b>Percentage of adults with HIV known to be on treatment 24 months after initiating antiretroviral therapy</b>			<b>77.7%</b>
	Number of adults who are still alive and on ART at 24 months after initiating treatment			2,571
	Total number of adults who initiated ART in 2007			3,310

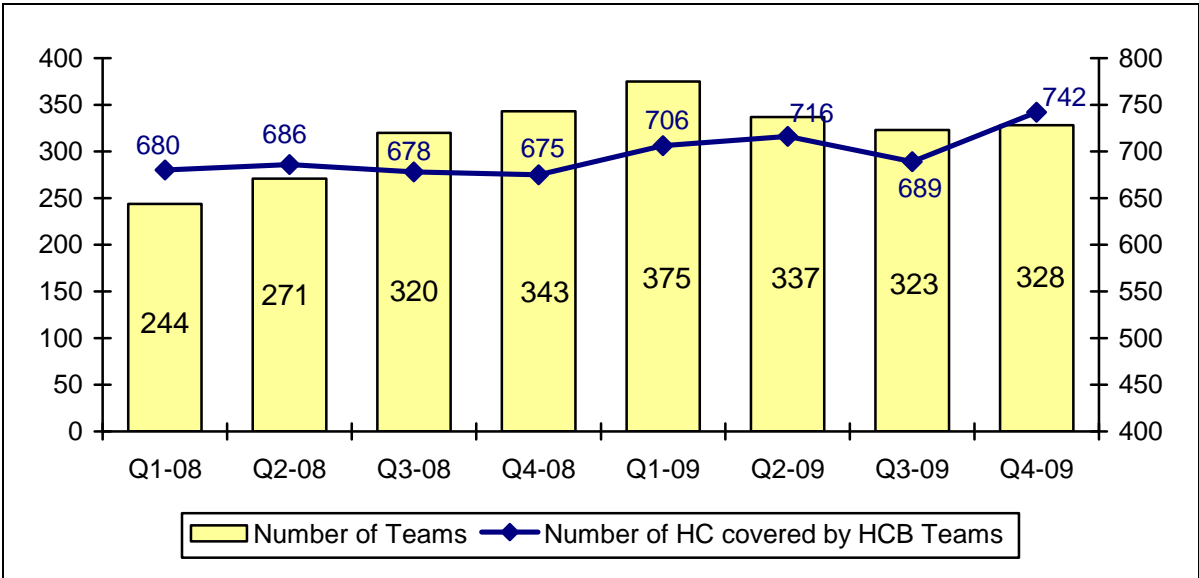
<b>36 month survival</b>	<b>Percentage of adults with HIV known to be on treatment 36 months after initiating antiretroviral therapy</b>			<b>72.0%</b>
	Number of adults who are still alive and on ART at 36 months after initiating treatment			2,923
	Total number of adults who initiated ART in 2006			4,062
<b>48 month survival</b>	<b>Percentage of adults with HIV known to be on treatment 48 months after initiating antiretroviral therapy</b>			<b>70.3%</b>
	Number of adults who are still alive and on ART at 48 months after initiating treatment			1,349
	Total number of adults and children who initiated ART in 2005			1,919

**Table 12:** Survival at 12, 24, 36 and 48 months after ART initiation for the cohorts of patients started on ART in 2008, 2007, 2006 and 2005

**2.1.3. Community-based services**

**Home-based care (HBC)**

As reported in Q4 2009, there are 328 HBC teams covering 742 Health Centers in 67 operational districts (OD) in 18 provinces. In this quarter, Koh Kong and Preah Vihear provinces still have no report because the NGO that operated CoC finished their project in coverage and supporting PLHAs and the Provinces are still waiting for new NGOs (Annex: HBC indicator 1 and HBC indicator 4) (Figure 13)

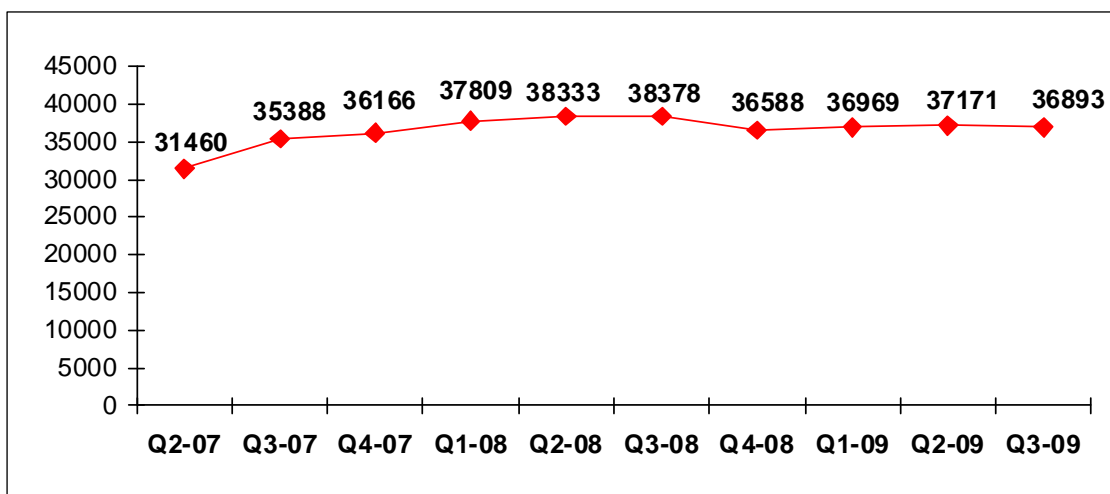


**Figure 13:** Trend in number of HBC teams form Q1-2008 to Q4-2009

These HBC teams are currently supporting a total of 27,567 PLHA (Annex: HBC indicator 2), of whom 9,142 are registered in pre-ART (OI) and 18,425 are registered in ART.

## PLHA support groups (SG)

In 3rd 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 36,893 in Q3-2009.



*Figure 14: Trend in number of people supported by PLHA support groups from Q2 2007 to Q3 2009*

### 2.2.1. Nationwide PMTCT Data provided by NMCHC

From January to December 2009, of an estimated 348,536 pregnant women nationwide, 146,453 (42.0%) were tested for HIV and received the test result (HFBC indicator 7). Of an estimated 2,475 HIV-infected pregnant women in 2009, 798 (32.3%) received ARV for PMTCT at the (HFBC indicator 8). Of those, 482 (60%) received ART for their own health, 139 received a combination of two ARV, 162 received single dose NVP and 15 received other regimens (UNGASS indicator). Since the ARV data was collected only for HIV-infected mother who delivered at public health facilities, the ARV coverage may be under estimated.. Of 750 infants born to HIV-infected mothers at public maternities from January to December 2009, 730 received ARV prophylaxis including 729 who received a combination of 2 ARV and 1 who received single dose NVP. Therefore, it is estimated that 29% (730/2,475) if infant born to HIV-infected mothers in 2009 received ARV prophylaxis for PMTCT.

***NB: The population figures provided by the Planning Department of MOH based on the 2008 census are as follow:***

*Total Cambodia population in 2009 = 13,614,706 (source: DPHI MoH)*

*Estimated number of pregnant women in 2009= 348,536 if Crude Birth Rate is 25.6 per 1,000 (source: DPHI MoH)*

*Estimated 2009 HIV prevalence among ANC attendees (NCHADS Estimates and Projections) =0.71%*

*Estimated number of HIV-positive pregnant women in 2009 = 2,475*

### III. FINANCIAL REPORT:

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

During this period, more than 40% of total budget in 4<sup>th</sup> 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 67% (see table 13).

In addition, 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 13: Summary of expenditures by sources managed by NCHADS:**

Sources	Annual Plan	Q4 Plan	Q4 Act	Q4 %	A %
GFATM-R7	\$ 5,636,198	\$ 3,091,206	\$ 606,937	20%	28%
GFATM-R4	\$ 5,477,331	\$ 27,000	\$ 227,515	843%	18%
GFATM-R5	\$ 190,039	\$ 19,932	\$ 51,388	258%	156%
US-CDC	\$ 849,724	\$ 380,432	\$ 242,803	64%	87%
UNSW/CTAP	\$ 260,000	\$ 65,000	\$ 77,555	119%	49%
WHO	\$ 113,465	\$ 103,752	\$ 95,623	92%	167%
FHI	\$ 22,300	\$ -	-	#DIV/0!	51%
CHAI	\$ 495,059	\$ 73,774	\$ 47,145	64%	28%
AHF	\$ 198,161	\$ 48,524	\$ 39,947	82%	50%
CIPRA	\$ 55,000	\$ 13,750	0	0%	113%

WB	\$ 50,000	\$ 16,400	\$ 93,013	567%	527%
ITM DGDC	\$ 70,820	\$ 23,795	\$ 18,571	78%	115%
<b>Grand Total</b>	<b>\$ 13,482,391</b>	<b>\$ 3,863,535</b>	<b>\$ 1,500,497</b>	<b>40%</b>	<b>34%</b>
Sub Total for Logistic	\$ 7,673,851	\$ 1,931,381	\$ 213,264	11%	2%
<b>Excluded the Budget for Logistic</b>	<b>\$ 5,808,540</b>	<b>\$ 1,932,154</b>	<b>\$ 1,287,233</b>	<b>67%</b>	<b>75%</b>

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

PR/NCHADS received the second installment of the Grant Funds from GFATM to NCHADS accounts with the total amount of USD 5,310,723.67 for the programme implementation for 6 months and 3 months buffer. The detail amount of Grant Disbursed to each SR and its Expenditure figure can be seen in the table 14 below.

**Table 14: Summary of SRs and PR disbursements and Expenditures in Q4, 2009**

No.	Sub Recipients and Principle Recipient	Total Cash remaining in last PUDR	Cash Disbursed by PR for reporting period	Cash Disbursed directly on behalf of SRs to Suppliers for reporting period	Other incomes received for reporting period	Total Cash available for spending	Actual Expenditure for reporting period				Total Cash remaining at SRs
							Direct payment by PR	OI & ARV	Excluded OI & ARV	Total	
1	NAA	\$ 16,971.10	\$ 90,712.58	\$ 5,750.00	\$ -	\$ 113,433.68	\$ 5,750.00	\$ -	\$ 101,389.65	\$ 107,139.65	\$ 6,294.03
2	NPH	\$ 6,049.02	\$ 49,756.03	\$15,966.00	\$ -	\$ 71,771.05	\$15,966.00	\$ -	\$ 43,153.14	\$ 59,119.14	\$ 12,651.91
3	MoSVY	\$ 3,733.67	\$ 61,618.46	\$ 3,656.00	\$ -	\$ 69,008.13	\$ 3,656.00	\$ -	\$ 63,302.98	\$ 66,958.98	\$ 2,049.15
4	SCA	\$ 190,707.78	\$ 128,409.53	\$ -	\$ -	\$ 319,117.31	\$ -	\$ -	\$ 133,881.62	\$ 133,881.62	\$ 185,235.69
4	SCA-MoSVY	\$ 157,930.52	\$ 43,326.23	\$ -	\$ -	\$ 201,256.75	\$ -	\$ -	\$ 51,737.30	\$ 51,737.30	\$ 149,519.45
5	CWPD	\$ 1,594.54	\$ 123,191.65	\$ 8,850.00	\$ -	\$ 133,636.19	\$ 8,850.00	\$ -	\$ 123,927.76	\$ 132,777.76	\$ 858.43
6	CPN+	\$ 8,783.72	\$ 139,147.73	\$35,285.00	\$ 0.05	\$ 183,216.50	\$35,285.00	\$ -	\$ 144,738.62	\$ 180,023.62	\$ 3,192.88
7	KHANA	\$ 471,133.52	\$ 560,067.56	\$ -	\$ 1,987.89	\$ 1,033,188.97	\$ -	\$ -	\$ 427,006.55	\$ 427,006.55	\$ 606,182.42
8	WVC	\$ 104,273.48	\$ 125,640.17	\$ -	\$ -	\$ 229,913.65	\$ -	\$ -	\$ 143,751.37	\$ 143,751.37	\$ 86,162.28
9	MSC	\$ 125,683.71	\$ 126,179.23	\$ -	\$ -	\$ 251,862.94	\$ -	\$ -	\$ 108,840.96	\$ 108,840.96	\$ 143,021.98
10	CRS	\$ 82,460.38	\$ 145,897.36	\$ -	\$ 165.59	\$ 228,523.33	\$ -	\$ 830.17	\$ 137,284.93	\$ 138,115.10	\$ 90,408.23
11	SEAD	\$ 27,983.83	\$ 71,969.00	\$ -	\$ -	\$ 99,952.83	\$ -	\$ -	\$ 55,369.65	\$ 55,369.65	\$ 44,583.18
12	WOMEN	\$ 63,627.42	\$ 93,172.58	\$ -	\$ -	\$ 156,800.00	\$ -	\$ -	\$ 103,736.40	\$ 103,736.40	\$ 53,063.60
13	RHAC	\$ 48,442.10	\$ 367,510.30	\$ -	\$ -	\$ 415,952.40	\$ -	\$1,315.98	\$ 130,747.44	\$ 132,063.42	\$ 283,888.98
14	PSI	\$ 237,671.07	\$ 168,153.19	\$ -	\$ -	\$ 405,824.26	\$ -	\$ -	\$ 194,437.31	\$ 194,437.31	\$ 211,386.95
15	FI	\$ 136,214.92	\$ 112,593.69	\$ -	\$ 493.14	\$ 249,301.75	\$ -	\$1,333.30	\$ 135,739.77	\$ 137,073.07	\$ 112,228.68

16	FHI	\$ 386,362.54	\$ 141,842.50	\$ -	\$ 1,359.98	\$ 529,565.02	\$ -	\$ -	\$ 143,535.89	\$ 143,535.89	\$ 386,029.13
17	MEDICAM	\$ 115,644.87	\$ 55,263.38	\$ -	\$ -	\$ 170,908.25	\$ -	\$ -	\$ 57,284.89	\$ 57,284.89	\$ 113,623.36
18	NCHADS	\$2,032,828.43	\$ 4,922,283.69	\$ -	\$ -	\$ 6,955,112.12	\$ -	\$ -	\$1,181,832.14	\$ 1,181,832.14	\$ 5,773,279.98
	<b>TOTAL</b>	<b>\$ 4,218,096.62</b>	<b>\$7,526,734.86</b>	<b>\$69,507.00</b>	<b>\$ 4,006.65</b>	<b>\$ 11,818,345.13</b>	<b>\$ 69,507.00</b>	<b>\$3,479.45</b>	<b>\$3,481,698.37</b>	<b>\$ 3,554,684.82</b>	<b>\$ 8,263,660.31</b>



## ANNEX 1: Monitoring and Evaluation indicators

	<b>STI Indicators</b>	<b>Type</b>	<b>2009 target No. (%)</b>	<b>Q4. 2009 score No. (%)</b>
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	11.8%
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	28	32
3	Percentage of entertainment services workers who use STI services monthly	Output	BEW:95% NBEW:50%	*BEW:119.8% NBEW:107.1%

\* The number of percentage of entertainment services workers who use STI services monthly is over 100%, due to the number of entertainment workers who comes visited the clinic by themselves not transferred by EW network.

	<b>CoC Indicators</b>	<b>Type</b>	<b>2009 target No. (%)</b>	<b>Q4. 2009 score No. (%)</b>
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	52

	<b>VCCT Indicators</b>	<b>Type</b>	<b>2009 target No. (%)</b>	<b>Q4. 2009 score No. (%)</b>
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	235	233
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%)	363,799 from Jan to December 2009

3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.5%
4	Number and percentage of HIV (+) Clients who were referred to OI/ ART sites	Output	80%	77.7%

	<b>HFBC Indicators</b>	<b>Type</b>	<b>2009 target No. (%)</b>	<b>Q4. 2009 score No. (%)</b>
1	Percentage of people on ART alive 12 months after initiation	Impact	>85%	A: 86.7% C:93.9%
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	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	33,677 adults 3,638 children <hr/> 37,315 total
6	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	68 (90%)	67 (88%)
7	Number and percentage of pregnant women who were tested for HIV and received their test result		50%	42.0%

8	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		40%	32.3%
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%	63%*
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  
- For indicators number 11, the result was under achieved, because this result did not included the symptom screening, reported only TB screened by smear and chest X Ray.

	HBC Indicators	Type	2009 target No. (%)	Q4. 2009 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	328
2	Number of PLHA supported by HBC teams	Output	28,000	27,567
3	Number and percentage of health centers with HBC team support	Output	750 (80%) of 942 HC	742 (79%) of 942 HC

	<b>Surveillance Indicators</b>	<b>Type</b>	<b>2009 target No. (%)</b>	<b>Q4. 2009 score No. (%)</b>
1	Number of HSS conducted	Output	Round 10	Ongoing process of HSS Round 10

	<b>Research Indicators</b>	<b>Type</b>	<b>2009 target No. (%)</b>	<b>Q4. 2009 score No. (%)</b>
1	Number of Research conducted	Output	2	4

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

	<b>PMR and DMU Indicators</b>	<b>Type</b>	<b>2009 target No. (%)</b>	<b>Q4. 2009 score No. (%)</b>
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	43
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	4
4	Number of provinces with data management units	Output	20	20