

Kingdom of Cambodia
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Ministry of Health

Annual Report 2012



National Center for HIV/AIDS, Dermatology and STD

March 2013

Acknowledgement

It gives us a great opportunity to review the last year achievements of NCHADS' program. The achievements are the outputs of our teams of dedicated staff working in partnership with all partners and donors in the communities at provincial and national levels to implement and improve the quality of HIV/AIDS & STI Prevention and Care activities for the benefits of people of the Kingdom of Cambodia. I would like to thank all partners, donors and policy makers who have been dedicated their commitment towards the success of HIV/AIDS Prevention, Care and Treatment Programme in the country.

When we reviewed what has been achieved, we are motivated to continue striving, to set the overall goal, objectives, and targets for the next coming year to meet with the various changing needs of people and to deal effectively with changing of the HIV epidemic pattern of different target groups based on the latest research findings in their communities.

We hope that you will understand our last year achievements deeper as you read further of this report.

Date:22..... May..... 2013



Dr. Mean ChhiVun
Director of NCHADS

Contents

A. GENERAL REPORT

1. BACKGROUND

1.1 Introduction

1.2 HIV/AIDS epidemic Situation in Cambodia

2. NCHADS MANAGEMENT SYSTEM

2.1 Planning & Monitoring Cycle in NCHADS

2.2 Signing of Letter of Agreement (LoA)

2.3 Guidelines and Standard Operational Procedures (SOP)

2.4 Training/Workshop

2.5 Management of GFATM-HIV-SSF grant

2.6 Surveillance

B. RESULTS FROM SEVICES DELIVERIES

1. HIV/AIDS prevention activities

2. Comprehensive Care, Treatment and Support for People Living with HIV/AIDS

2.1 VCCT

2.2 OI and ART services

2.2.1 Laboratory support

2.2.2 Patient mobility across services

2.2.3 Drug and Logistic Support

2.2.4 TB Screening of new OI Patients

2.2.5 Implementation of Three "I" Strategy

2.2.6 Pregnancy and abortion

2.3 Linked Response data

2.4 Community Based Services

2.4.1 *Home Based Care*

C. CHALLENGES AND CONSTRAINTS

D. LESSON LEARNED

E. CONCLUSION AND RECOMMENDATION

NCHADS Annual Report for 2012

A. GENERAL REPORT:

1. BACKGROUND:

1.1 Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI, prevention, care, support and treatment during the year 2012. 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 programs areas implemented for this year that are including: A) General report related to programme management and implementation; B) Results from health service deliveries; C) Challenges, etc.

1.2 HIV/AIDS Epidemic Situation in Cambodia:

Cambodia appears to have shown what is emerging as a classic Asian pattern for HIV. After HIV was first found in the country in 1991, there was a sharp rise in infection rates, fuelled largely by a booming sex industry, between 1995 and 1998, when prevalence nearly doubled from 1.2% to 2% in 2008. Then the prevalence was further decreased from 0.9% in 2006 to 0.7% in 2012. Along with the decline in HIV prevalence among the general population, it is noted that most-at-risk populations (MARPS) such as entertainment workers, drug users and men who have sex with men (MSM) are remain the target group that required special attention in the provision of prevention, care and treatment services. According to the results of NCHADS-BSS in 2010, the trend of consistent condom use rates with clients reported by entertainment workers with clients are remained high at 89.2% from 2003 to 2010; however, the consistent condom use rate with sweethearts remained low at 50% during the same period.

2. NCHADS MANAGEMENT SYSTEM

2.1 Planning and Monitoring Cycle in NCHADS:

The Annual Operational Comprehensive Plan (AOCP) for 2012: The Planning Workshop for NCHADS and 24 provinces was conducted as the part of the Annual Coordination Workshop held in December 06 – 10, 2012 in order to review progress made during the first 3 quarters, to provide the updates of technical concepts and strategies or Guidelines in implementation of HIV/AIDS prevention, care and treatment programs in health sector for 2013. During the workshop, the national and provincial targets for HIV/AIDS and STI programs for 2013 were set. The result was the final draft of Annual Operational Comprehensive Plan for NCHADS Programme in 2013, which incorporated with many of the inputs and expected outputs of partners working in coordination with provincial (PASP) and national levels. This

2013 AOCPP was also firmly grounded on the Ministry of Health Annual Operational Plan for 2013. Finally, the NCHADS annual comprehensive activity and budget plans including incentives for staff for 2013 has been approved. It has the total budget of more than \$25 million that is consisting of 5 different funding sources managed by NCHADS (\$20,805,543.45 and other funding sources from other NGOs to implement HIV/AIDS and STI programs at national and provincial levels.

2.2 Signing of LoAs:

During the year 2012, NCHADS signed the Letter of Agreement with the HIV/AIDS implementing partner and 24 provincial health departments for implementation of HIV/AIDS prevention, care and treatment programs at provincial level.

2.3 Guidelines, Curriculum and Standard Operating Procedures (SOP):

During this year, NCHADS developed and revised several important Guidelines and Standard Operational Procedure, and other documents such as:

1. Developed and copied AOCPP for 2012, quarterly reports and workplans in 2012
2. Continued developing the Standard Operating Procedure for Implementation of the Boosted Linked Response between HIV, SRH and TB Services for Elimination of New Pediatric HIV Infections and Congenital Syphilis in Cambodia
3. Revised National Guidelines on Opportunistic Infections for Adult and children in Cambodia
4. Revised National Guidelines on Antiretroviral therapy for Adult and children in Cambodia
5. Revised Training Curriculum on OI/ART for adult clinician and counsellors
6. Revised Training Curriculum on OI/ART for paediatrician
7. Revised Training Curriculum on counselling of OI/ART for paediatric counsellors

2.4 Training/Workshop:

To improve the capacity building and strengthen coordination at the provincial and district levels, initial and refresher trainings, and coordination meetings were conducted to health staff based on the areas of strategic plan components such as:

- One 5-day training course on Build Capacity of management & leadership for PASP and NCHADS staff, which was held from 23 – 27 July in Kampot province;
- One session of refresher HIV/AIDS Counselling training for VCCT
- One session of refresher serology laboratory training.
- One session of refresher training for P-CoPCT-ST on OPE at provincial
- One workshop on leadership and Strategic innovation thinking for OD and provincial staff.

- One session of OI/ARV quantification training for pharmacist who responsible for managing drug at ART sites.
- One session of refresher Training on OI/ARV logistic management organized at NCHADS.

2.5 Management of GFATM-HIV-SSF grant:

NCHADS was continued to be one of the Principal Recipient (PR) to manage HIV/AIDS Component under the Global Fund SSF Grant which combine of 2 rounds; Round 7 phase 2 and R9 phase 1. Under this Grant, there are 22 Sub-Recipients (SRs):3 of them are new SRs and 19 others are existing-SRs under the previous GFATM rounds. The 22 SRs are including: AHF, CHEC, CPN+, CRS, CWPD, FHI, FI, HACC, KHANA, MEDiCAM, MoSVY, MSIC, NAA, NCHADS, NMCHC, NPH, PSI, RHAC, SCA, SHCH, WOMEN, and WVC.

The program title is "Continued achievement of Universal Access of HIV/STI Prevention, Treatment and Care services in Cambodia". There were 7 goals and 20 Objectives, which will be implemented by 22 Sub-recipients.

The CAM-H-NCHADS grant was official signed on 25th March 2011. The final Budget for 1st commitment period January 2011 to 31st December 2013 is USD 85,288,879 and the official signed is USD 81,466,687 which included the budget commitment from R7 phase1, and then PR-NCHADS prepared to sign MoA with SRs in April and May 2011.

During Year 2 of implementation, the programme has shown significant achievements over the last period report from July-December 2012.

By consolidating the reports submitted by all SRs, there are 8 impact and outcome indicators and 19 consolidated programmatic indicators are shown as following:

- a. Among the 8 impact and outcome indicators, there is one outcome indicator need to be report in this year:
 - Number and percentage of infants born to HIV infected mothers who are infected which achieved 8% against target 7%.
- b. With regards to programmatic performance, out of the 19 program indicators: 6 over-achieved (more than 100%), 5 almost achieved (90-100%), 3 slightly underachieved (70% to 89%), and 5 indicators significantly under-achieved (0% - 69%)

2.6 Surveillance:

i Monitoring of HIV Drug Resistance Early Warning Indicators :

To monitor and prevent the occurrence of HIV Drug Resistance, NCHADS has implemented program such as surveillance of primary HIV DR transmission through threshold survey of recently HIV infected people, monitoring of secondary HIV DR occurring among patients on ART sentinel sites and the collection of Early Warning Indicators from ART sites. The Monitor of Early Warning Indicators has been started since 2008. 5th rounds of EWI were conducted which collected data from OI/ART sites, and since then the data have been collected annually. EWI data at ART sites are collected including ARV patient registered book, ARV patient

records, computer database (if available), ARV drug records, inspection of the ARV drug storage condition in the pharmacy, Interview with clinicians and Interview with patients who are on ARV etc.

7 Early Warning Indicators for HIV Drug Resistance defined to collect from all OI/ART sites are:

- EWI#1: Percentage of months in which there were no ARV drug stock out;
- EWI #2: Percentage of months no expired ARV drug was found at ART site;
- EWI #2b: Percentage of months no emergency request for ARV drug was found at ART site;
- EWI #3: Storage conditions of ARV drugs;
- EWI #4: Percentage of patients started on standard recommended first line ART regimen;
- EWI #5: Percentage of patients not lost to follow up at 12 months after ART initiation;
- EWI #6: Percentage of patients still on first line regimen at 12 months after ART initiation;
- EWI #7: Proportion of patients who kept all appointment;

The Key finding results of each round of EWI were disseminated and feed back to all OI/ART Team, PAOs, PHD and partners for their future action and planning to improve the quality services, and survival of PLHIV. The slide presentations (both in Khmer and in English) were posted in NCHADS website.

- 1st round in 2008: the data from 16 OI/ART sites for Adults and 10 Paediatric sites were collected.
- 2nd round in 2009: 42 OI/ART sites for Adults and 25 Paediatric sites were collected.
- 3rd round in 2010: 35 OI/ART sites for Adults and 24 Paediatric sites were collected.
- 4th round in 2011: 31 OI/ART sites for Adults and 20 Paediatric sites were collected.
- 5th round in 2012: 47 OI/ART sites for Adults and 34 Paediatric sites were collected.

B. RESULTS FROM SEVICES DELIVERIES:

1. HIV/AIDS and STI prevention activities

In 2012, there were a total of 58 Family Health Clinics (34 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 24 NGO STI clinics; RHAC: 16 clinics, Marie Stopes: 5 clinics, MEC: 1 clinic, Chhouk Sar: 2 clinic).

Of the 32 family health clinics are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 33 labs are functioning. This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 210 health centers in 74 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in 2012, 4,647 consultations for male patients and 36,986 for female patients were reported to the data management unit of NCHADS. Of 4,075 male patients who having STI/RTI syndromes reported, 3,771 of those (92.5%) suffered from urethral discharges; 297 (7.3%) from Genital ulcers and 7(0.2%) from Genital warts respectively. Of 34,367 female patients who having STI/RTI Syndromes reported, 19,368 (56.4%) of those suffered from vaginitis, 13,666 (39.8%) from cervicitis and vaginitis; 1,243 (3.6%) from PID, 83 (0.2%) from Genital ulcers and from genital warts 7 (0.02%) respectively. A total of 3,145 male partners and 8,425 female partners of STI patients were notified and treated for STI.

243,672 consultations were provided at a total of 58 specialized STI clinics (34 government and 24 NGO STI clinics, Among those consultations, 18,705 consultations were provided to male patients, 10,021 to MSM, 171,702 to low-risk women, and 43,244 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (990 for BEW; 42,254 for NBEW) of which 19,306 were monthly follow-up visits (Figure 1).

The RHAC clinics attract mostly low risk women whereas the 34 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.

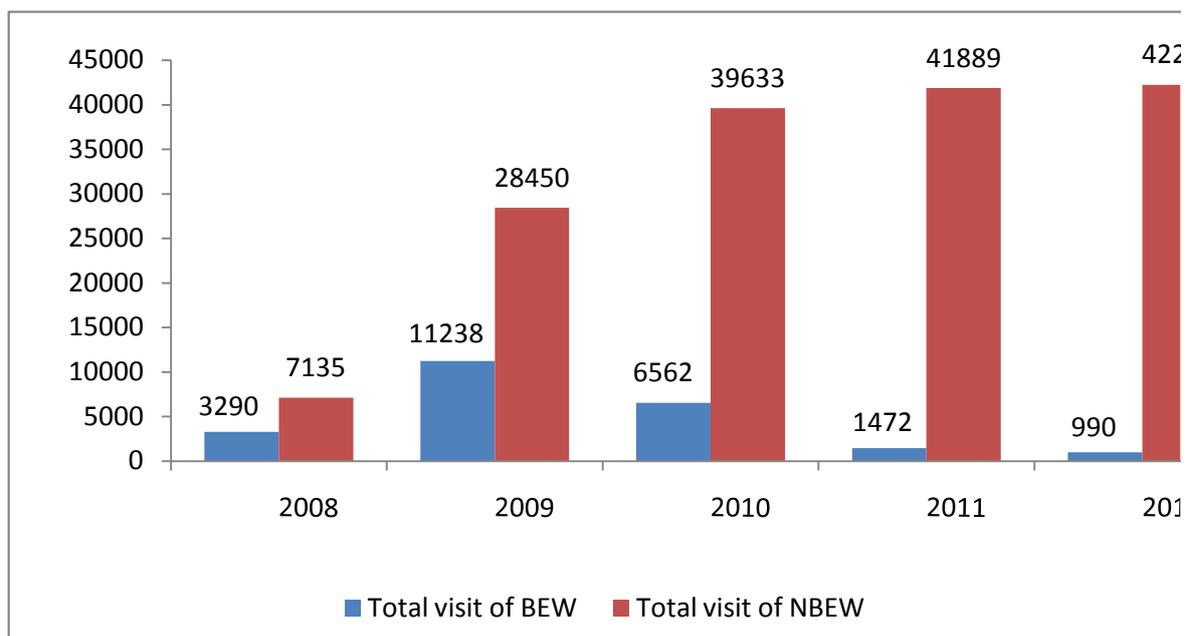


Figure 1: BEW and NBEW attendance to Family Health Clinics, from 2008 to 2012

At the 58 specialized STI clinics, among the 7,372 male STI syndromes reported in this year, 6,352 (86.2%) got urethral discharges, 42 (0.6%) got anal discharges, 592(8%) got Ano-genital ulcers, 260(3.5%) got Ano-genital warts, 85 (1.2%) got Scrotum swelling, and 41 (0.6%) were inguinal bubo. Among the 2,757 MSM patients having STI syndromes, 1,812 (65.7%) suffered from urethral discharges, 115 (4.2%) from anal discharges, and 513 (18.6%) from ano-genital ulcers respectively.

At the 58 specialized STI clinics, among the 185,399 low-risk women STI syndromes reported that 158,523 (85.5%) were treated for vaginitis, 24,250 (13.1%) were treated for cervicitis and vaginitis, 648 (0.35%) were PID, 1,371 (0.7%) were ano-genital ulcers and 607 (0.3%) were ano-genital warts.

During in 2012, of the 490 BEW who attended specialized clinics for their first visit, 229 (46.7%) were diagnosed with a STI, including 55 (11.2%) with cervicitis. Among the 500 BEW who attended specialized clinics for monthly follow-up visits, 273 (54.6%) of those were diagnosed with a STI, including 157 (31.4%) with cervicitis. In 2012, of the 23,448 NBEW who attended specialized clinics for their first visit, 18,452 (78.7%) were diagnosed with a STI, including 7,546 (32.2%) with cervicitis. Of the 18,806 NBEW who attended specialized clinics for monthly follow-up visits, 8,838 (47%) were diagnosed with a STI, including 3,599 (19.1%) with cervicitis.

Of a total of 3,468 RPR tests were conducted in 2012 at the 34 government specialized STI clinics, and MEC clinics, 258 (7.4%) were positive.

During this quarter, specialized STI clinics have referred 8,176 patients to VCCT, 136 of HIV/AIDS patients (PLHA) to OI/ART services, 171 pregnant women to ANC, and 379 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 2,950 patients from VCCT, 1,096 of patients from OI/ART services, 193 pregnant women from ANC and 205 women from Family Planning services.

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

2.1. VCCT

The number of VCCT services has increased drastically over the last 12 years, from 12 sites in 2000 to 253 sites by the end of 2012 (Figure 2).

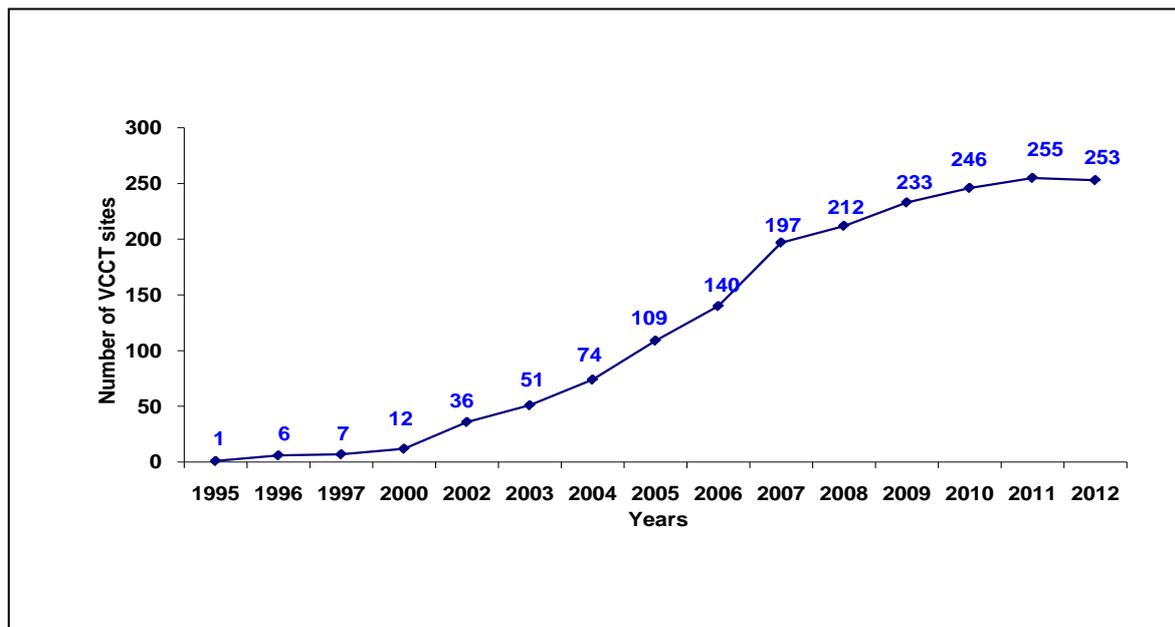


Figure 2: Trend in number of VCCT sites from 1995 to 2012

Of the current 253 VCCT sites, 229 are supported directly by the Government and 24 by NGOs (RHAC:16, Marie Stopes:3, MEC:1, Center of Hope:1, Institute Pasteur Cambodia:1 and Chhouk Sar Clinic: 2). There are 8 VCCT sites were removed from VCCT report in 2012 (4 government sites, and 4 NGO's sites).

In 2012, of the 707,667 VCCT clients (including 362,615 ANC attendees from NMCHC), 230,032 (32.5%) were self-referred, 374,124 (52.9%) were referred by ANC services, 7,724 (1.1%) were referred by STD clinics, 15,931(2.3%) were referred by TB program, 38,087 (5.4%) were referred by HBC/NGO, 24,572 (3.5%) were referred by general medicine, 1,043 (0.1%) were referred by pediatric care services, 3,770 (0.5%) were referred by maternity services, 2,030 (0.3%) were referred by BS/FP services, 7,560 (1.1%) were referred by health centers and 2,794 (0.4%) were referred by other services (Table 1).

Self-Referr ed	STD Clini c	TB Servi ces	HBC/ NGO	Gener al Medic ine	Paedia tric Care Servic e	Matern ity Servic e	BS/ FP	ANC	* Others Servic es	HCs
32.5%	1.1%	2.3%	5.4%	3.5%	0.1%	0.5%	0.3%	52.9%	0.4%	1.1%

** Others: Skin care Service, Surgical Service, Oral/Dental Service and Infection Disease.*

Table 1: Percentage of VCCT clients referred from other services in 2012

A total of 706,355 clients have been tested for HIV in 2012, including 343,740 VCCT clients, 15,327 TB patients, 297,491 pregnant women and 65,124 male partners of pregnant women.

The figure 3 and Table 2 below shown 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 343,740 VCCT clients and TB patients have been tested for HIV at VCCT sites in 2012 (Figure 3).

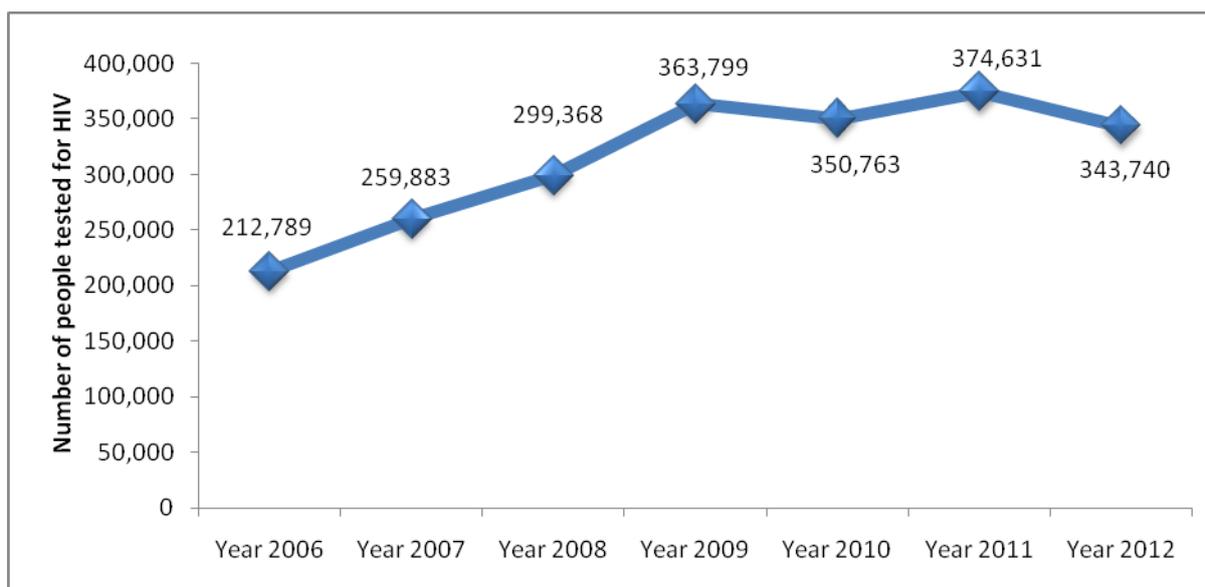


Figure 3: Trend in numbers of people tested for HIV at VCCT services from 2006 to 2012

Of the total number of VCCT clients and TB patients tested in 2012, 186,134 (54.1%) were female and 318,572 (92.6%) were aged 15-49 years (Table 2).

	People tested for HIV N= 343,740 No. (%)	People tested HIV positive N=5,770 No. (%)
Age		
≤14 years	7,868 (2.3%)	393 (6.8%)
15-49 years	318,572 (92.7%)	4,936(85.6%)
> 49 years	17,300(5%)	441 (7.6%)
Sex		
Male	157,606(45.9%)	2,800(48.5%)
Female	186,134(54.1%)	2,970 (51.5%)

Table 2: Characteristics of clients tested at VCCT sites, In 2012

In 2012, 99.2% (range: 88.2% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counselling.

In 2012, of the 345,052 VCCT clients, 15,931 (2.3%) were referred from the TB program (Figure 5).

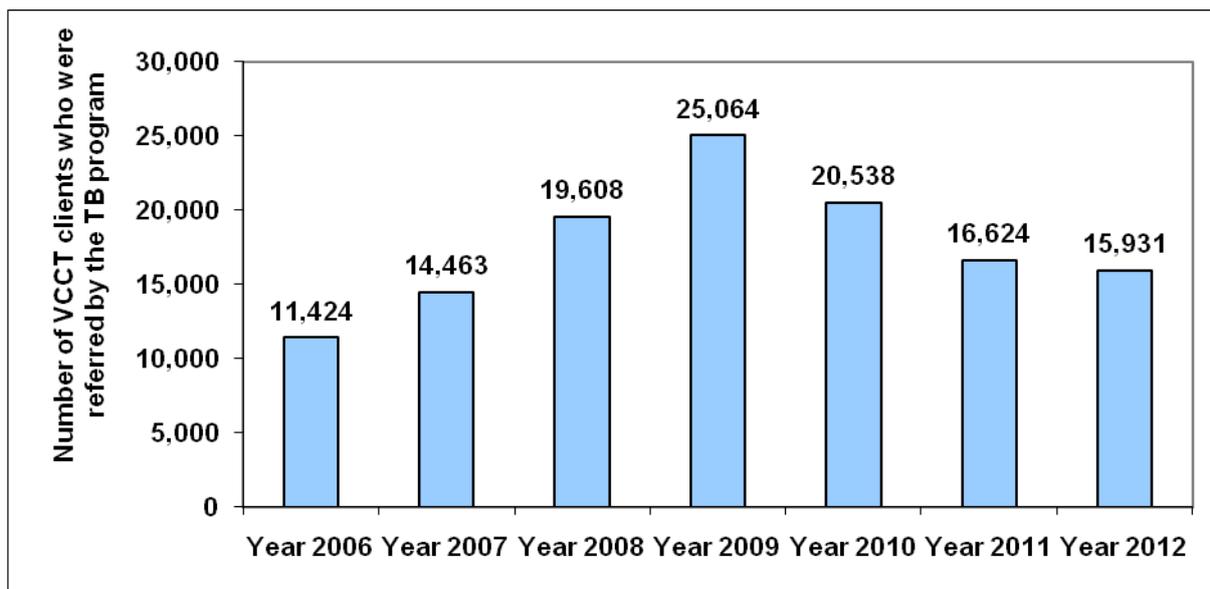


Figure 4: Trend in number of VCCT clients referred from TB program from 2006 to 2012

In 2012, of the 343,740 VCCT clients and TB patients tested at VCCT sites nationwide, 5,770 (1.7%) were detected HIV positive at VCCT sites (Figure 5).

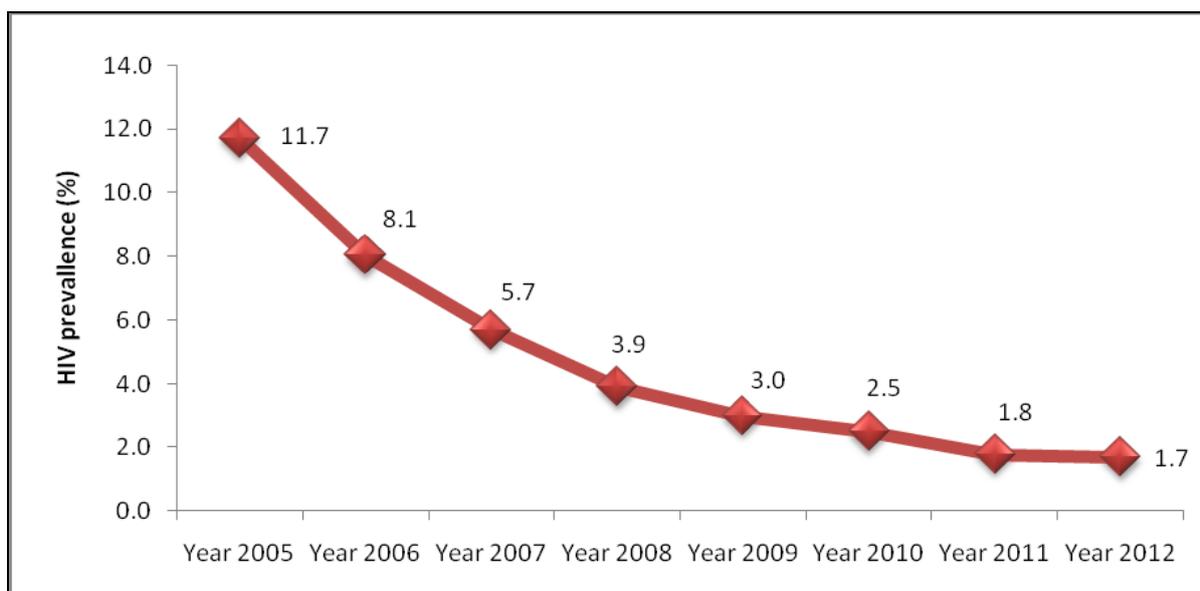


Figure 5: Trend in HIV-infection rate among VCCT clients from 2005 to 2012

2.2. OI and ART services

End of December 2012, there are 61 health facilities offer OI and ART services in 50 Operational Districts in 21 provinces and cities. These 61 OI and ART services are supported by the government 57 sites and 4 sites by NGOs and partner. Of the total 61 OI/ART sites, there are 35 sites provide paediatric care in 34 Operational Districts.

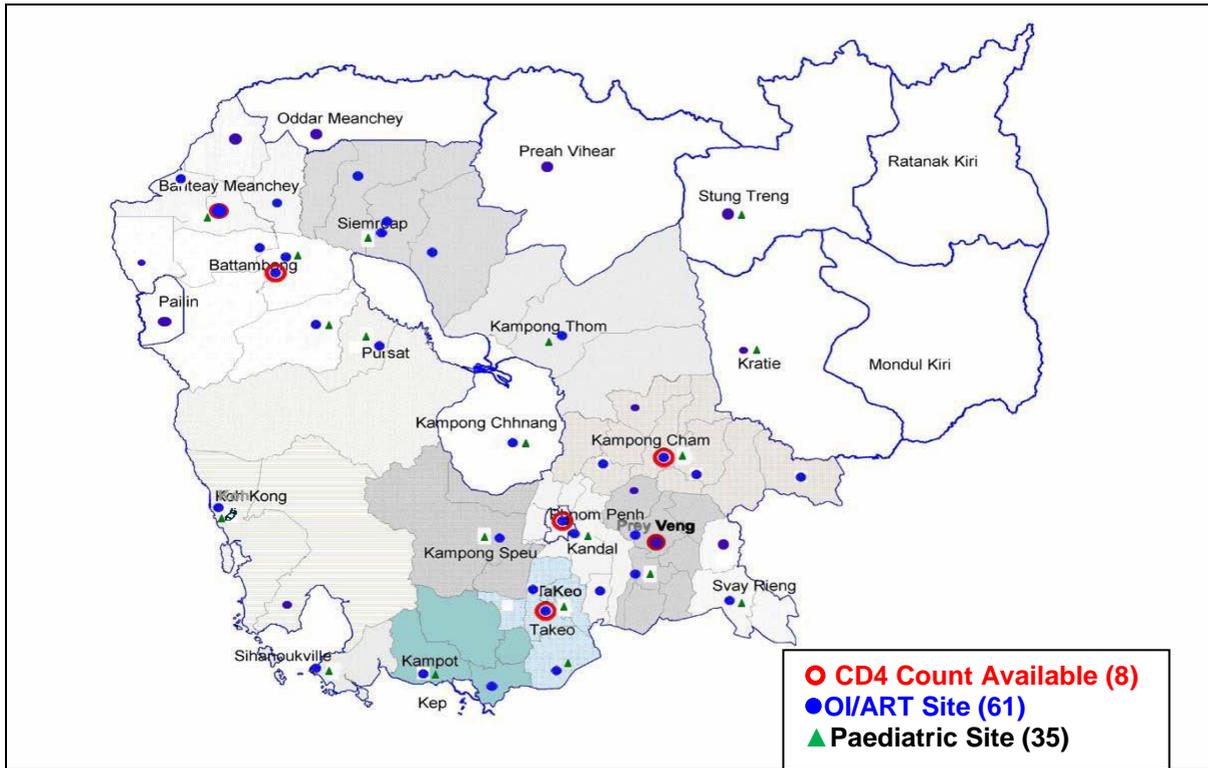


Figure 6: Location of facility-based OI/ART sites as of 31th December 2012

2.2.1 Laboratory Support

In 2012, 76,627 CD4 tests have been conducted in the seven regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Neakleoung OD, NCHADS, NIPH in Phnom Penh and BanteayMeanchey Province) (Figure 7). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 1,074 tests examined in 2012. CD4 % tests in percentage for children are performed at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH. The figure of 7 government sites below is shown the trend of CD4 tests increased compared to previous year in 2010 but for the IPC slightly decreased than 2010.

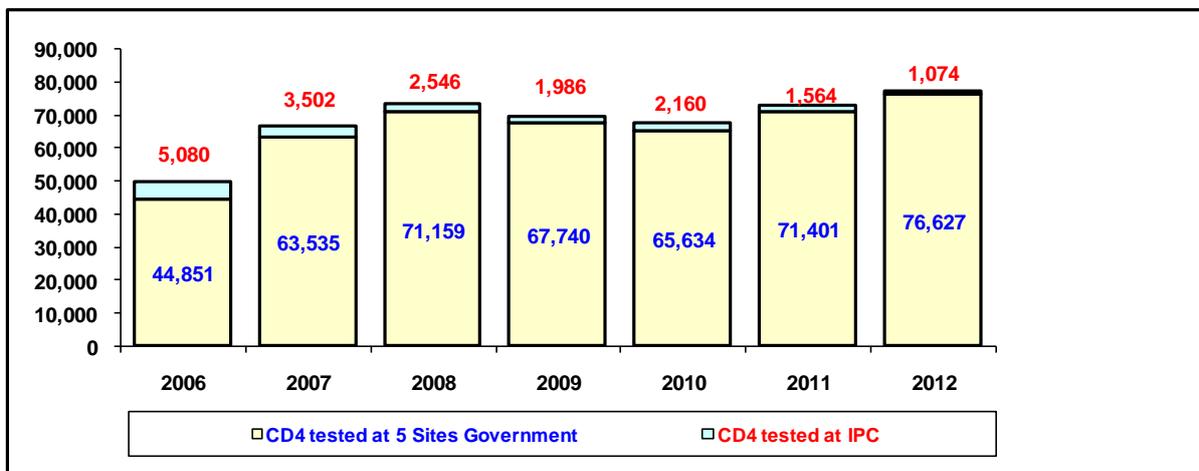


Figure 7 : Trend in the total number of CD4 tests conducted in Cambodia at 7 government sites and IPC in 2006 and 2012

In 2012, there are 1,695 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) and other 6,025 HIV RNA viral load also conducted at NCHADS (Figure 9).

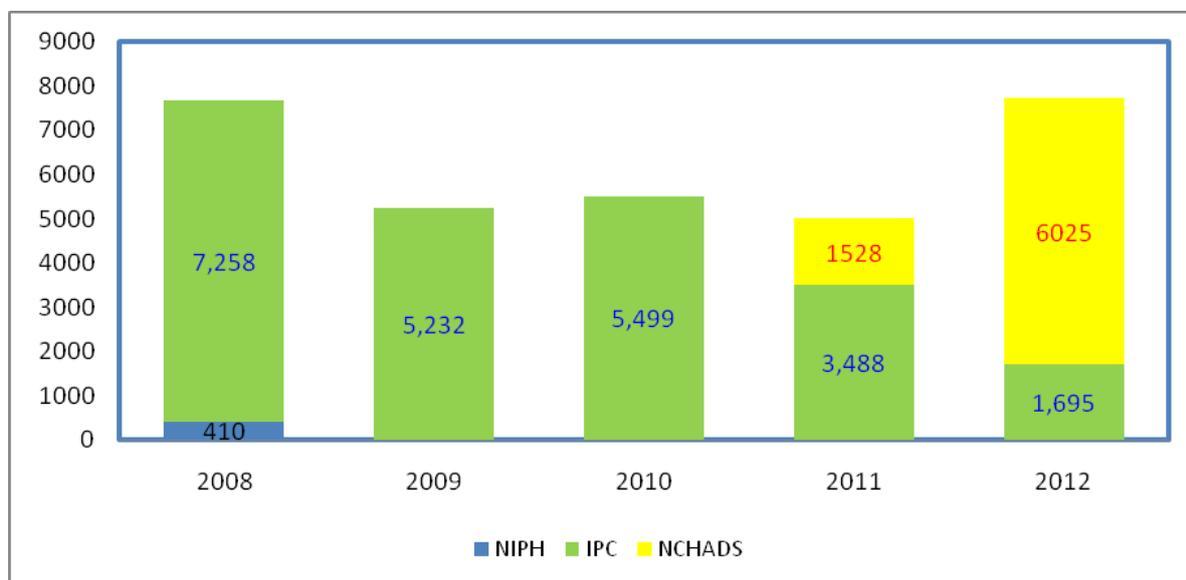


Figure 8: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH, IPC and NCHADS from 2008 to 2012

In 2012, 1,203 DNA PCR tests for early infant diagnostic conducting at NIPH (EID) found that 51 children were positive. Another place at Institute Pasteur of Cambodia (IPC), the total number of DBS screened were 696 and found 60 positive, and number of infant screened for the 1st time (excluding DBS for confirmation) were 447, which the number of infant diagnosed positive at time of 1st screening were 50, and the total number of HIV DR tested were 116. (Sources: report from NIPH and IPC)

By the end of year 2012, a total of 48,913 active patients including 44,318 adults and 4,595 children are receiving ART (Figures 9 and 10).

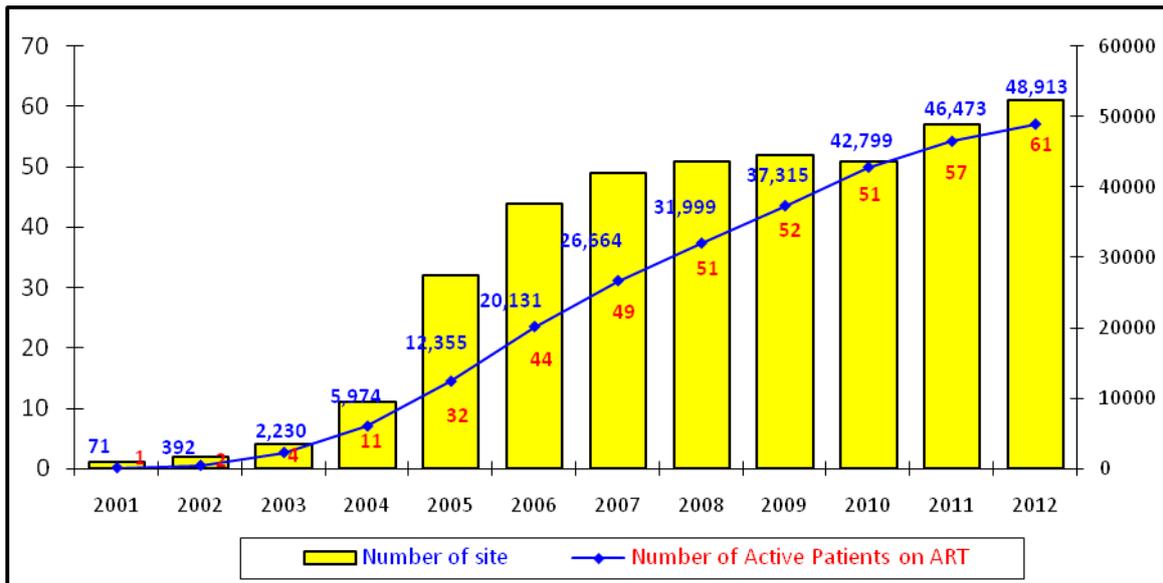


Figure 9: Trend in number of OI/ART sites and active patients on ART from 2001 to Q4-2012

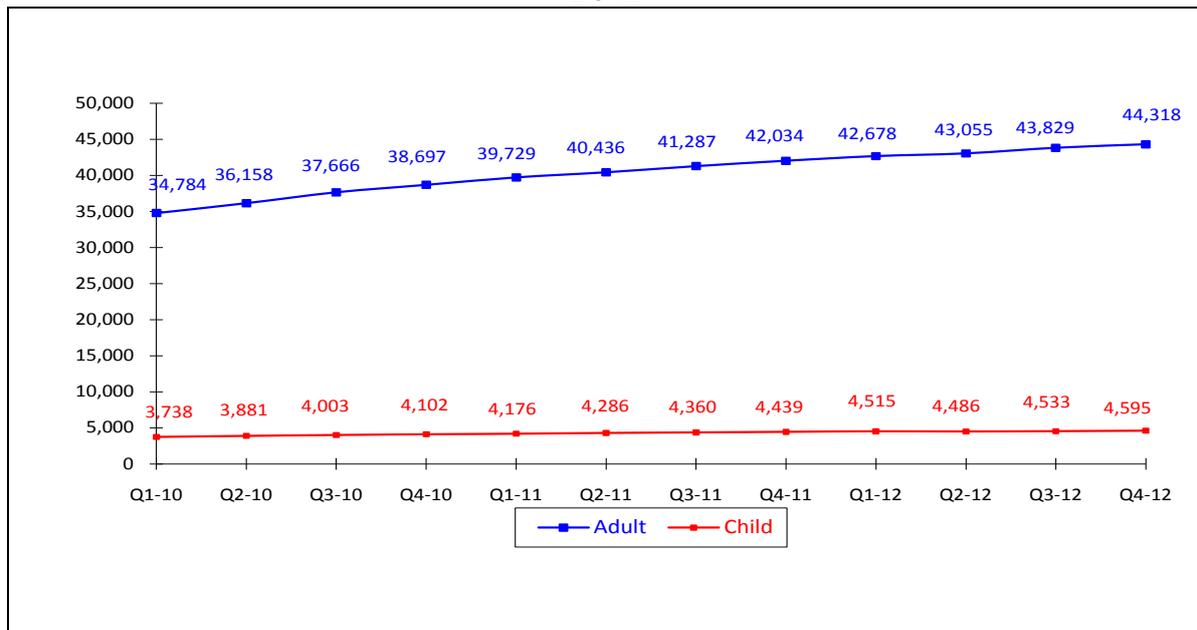


Figure 10: Trend in number of active adult and child patients from Q1 2010 to end 2012

The end of 2012, female adult patients accounted for 53.8% (23,860) of all active patients on ART. At OI/ART sites, a total of 4,839 new patients (including 380 children) started OI prophylaxis and management and 4,049 new patients (including 389 children) started on ART in whole year 2012 (Figure 11). The number of new patients on pre-ART care has been decreased than 2011. On the other hand, the numbers of new patients on ART were significantly decreased than 2011 too. In this year 2012 there are 1,322 patients lost and 225 patients died in pre-ART care.

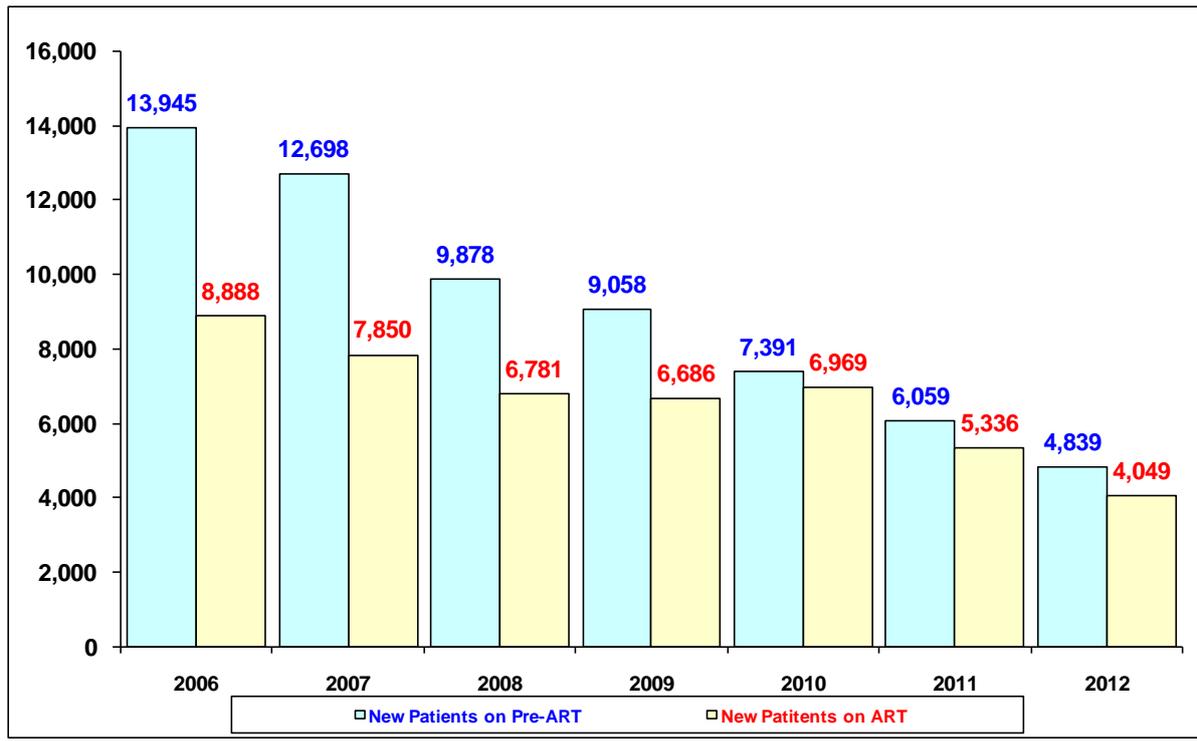


Figure 11: Trend in numbers of new patients on OI and ART from 2006 to 2012

There were a total of 4,255 active adult patients and 1,175 child patients with opportunistic infections who are not eligible for ART yet at the end of Q4-2012. Of those, 2,685 (63.1%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 949 adult patients and 208 child patients on OI care were eligible to prepare on ART at the end of December 2012.

2.2.2 Patient mobility across services, lost and died

In 2012, a total of 1,454 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 1,342 ART patients lost treatment and 598 patients died during this year.

2.2.3 Drug and logistic support

By the end of Q4 2012, 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 4.6 % of adults and 10.3 % of children were on PI-based regimens (Table 3).

ARV drug regimen Q4 - 2012	Adults N= 42,034* No. (%)		Children N= 4,439* No. (%)	
d4t+3TC+NVP	16,692	36.4 %	2,873	62.9 %
d4t+3TC+EFV	5,579	12.2 %	438	9.6 %
AZT+3TC+NVP	12,736	27.7 %	592	13 %
AZT+3TC+EFV	5,058	11.0 %	173	3.8 %
PI-based regimens	2,101	4.6 %	469	10.3 %
Other regimens	3,746	8.2 %	20	0.4 %

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

Table 3: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q4-2012

2.2.4 TB Screening of new OI Patients

In 2012, there were 5,219 new Pre-ART patients registered at OI-ART Sites (Adult and Children). Of these 4,839 new adult patients on pre-ART, 3,978 (82.2%) were screened for TB symptom during the quarter. Of the 1,559 patients suspect TB infected was screened for TB, 570 were detected as TB pulmonary and TB Extra-pulmonary, among 570 TB Diagnosed detected 467 were TB treatment.

2.2.5 Implementation of Three "I" Strategy

- Isoniazid Prevention Therapy (IPT)

During the year 2012, there are remaining three sites implemented TST are at Battambang RH, Serei Sophorn RH and Mongkul Borei RH, by the way the other three sites dropped TST and implemented non-TST normally are Kampong Cham PH, Thbong Khmom RH and Sampov Meas RH. A total of 3,690 new pre-ART patients registered at 53 sites implementing the Three "I" Strategy (3 TST sites=384 new patients and 50 Non-TST sites = 3,306 new patients). Of these new pre-ART patients, 3,199 patients was screen for TB symptom and 1,873 not found any TB symptom, so there are 894 patients started IPT (3 TST sites=29 patients and 50 non-TST=865 patients), and 1,145 active patients on pre-ART started IPT (TST sites =24 patients, and non-TST sites=1,121) among all active patients adult on pre-ART = 5,204.

- Pre-ART (OI)

During this year, there were 4,839 of new adult pre-ART patients registered at OI/ART sites. Of these, 4,839 received TB symptom screening that identified 1,559 patients had at least one of three TB symptoms in the last 4 weeks (fever, cough and drenching night sweats for two weeks or more). Among the 1,559 patients screened with positive for TB symptoms, 570 were diagnosed to have TB (BK+/-, EP), 467 started TB treatments, and 895 started IPT as they did not present TB symptom and

put on IPT. There were 499 active patients on pre-ART diagnosed with TB (BK+/EP), of which 368 patients started TB treatment, 380 TB-HIV patients started cotrimoxazole prophylaxis and 1,152 patients started on IPT during this year.

- ART

In 2012, 4,049 new ART patients registered at OI-ART sites. Of these, 369 were diagnosed with TB (BK+/- EP), 306 patients started TB treatment. Of the 1,057 of active patients on ART who were diagnosed as having TB (BK+/-, EP), 421 started TB treatment, and 510 of TB-HIV patients started cotrimoxazole prophylaxis during this year.

2.2.6 Pregnancy and abortion

This year, there were 2,529 new pre-ART female patients registered at OI/ART sites, among these new female patients, 240 became pregnant. Of all 3,279 active female patients on pre-ART until this last quarter, 292 got pregnant and 102 of them started ARV prophylaxis. There are 2 women reported to have spontaneous abortion, and other 3 women were reported to have induced abortion during this year.

There're 2,215 new ART female patients registered at OI/ART sites, among these new female, 318 became pregnant. Of all 23,860 active female patients on ART by the end of this year, 725 of them got pregnant. 8 women were reported to have spontaneous abortion, and other 18 women were reported to have induced abortion during this year.

2.3 Linked Response

74 Reporting LR ODs, January to December 2012

In December 2012, of the 74 ODs implementing the Linked Response Approach, 74 ODs had reported data. From January to December 2012, of a total of 334,200 first ANC attendees at Linked Response sites and outreach services, 269,935 (81%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 62,860 (19%) husbands/partners accepted testing. Among the 241,999 pregnant women who received an HIV test, 353(0.15%) was HIV positive.

A total of 602 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and December 2012. Of these years, 581 (97%) accessed ARV drugs: 417 (72%) received ART and 164 (28%) received ARV prophylaxis. Of 609 infants born to HIV-infected mothers at PMTCT maternity sites, 571 (94%) received NVP, 442 (72%) received Cotrimoxazole and 373 Exposed infants received DNA-PCR1 tests before 2 months and 161 after 2 months of age, 10 was DNA-PCR1 positive and 7 exposed infants was died.

2.4. Community-based services

2.4.1 Home-based care (HBC)

As reported by the end of quarter 4, 2012, there are 337 HBC teams covered over 837 Health Centers in 71 operational districts (OD) in 19 provinces. PreahVihear province has no report, because NGO that operated CoC finished their project in coverage and supporting PLHAs (Figure 12) within the CoC established in place.

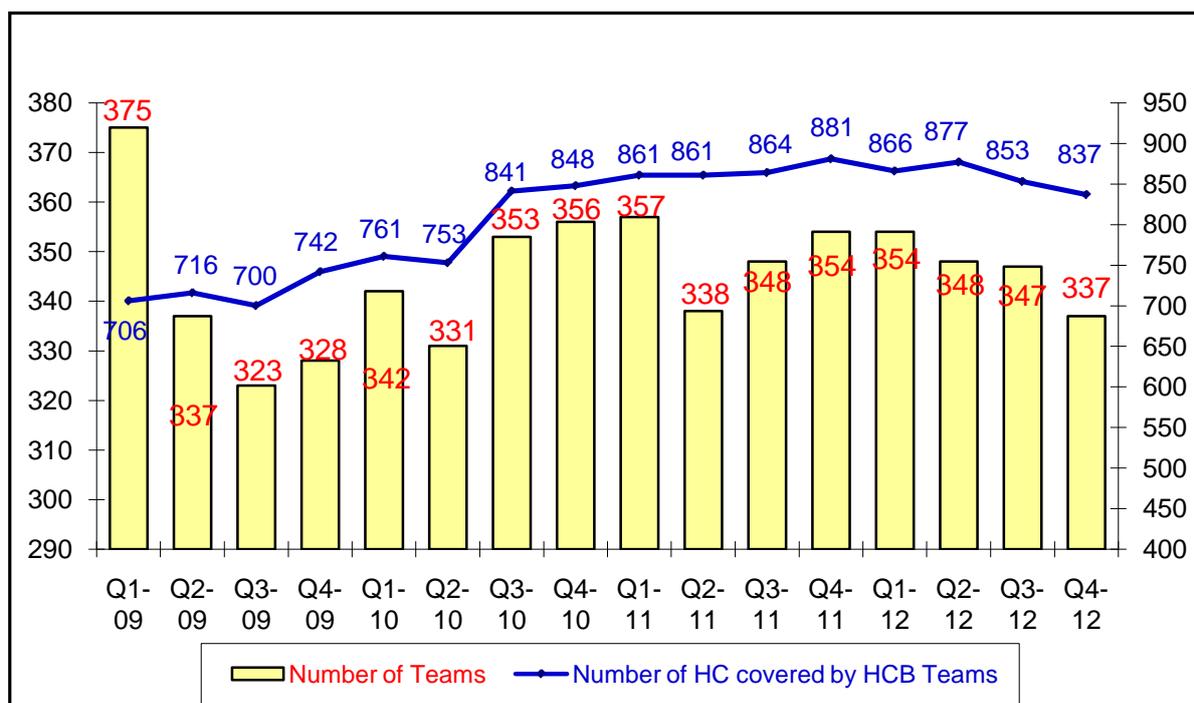


Figure 12: Trend in number of HBC teams from Q1-2009 to Q4-2012

These HBC teams are currently supporting for a total of 29,281 PLHA (Annex: HBC indicator 2), which 5,500 were registered in Pre-ART (OI) and other 23,781 were registered in ART.

C. CHALLENGES AND CONSTRAINTS

- Delay in disbursement, and approved for reprogramming led to delay in implementing some necessary activities and need to reschedule and also led to save budget.
- Basic needs for living of the beneficiaries in the community could not be fulfilled because of the limited budgets and high demands.
- Initial budgeting in proposal was found not to be adequate to reach intended targets, not taking into account inflation, etc.
- Low incentives adversely affected community outreach worker's performance

D. LESSON LEARNED

- Good coordination and collaboration with all partners, local authorities, Health Facilities at all levels and Communities are the key success of the program.
- Partnership between NCHADS, NMCHC and CENAT is particularly important in the fight against HIV/AIDS and joint collaborative activities have to be strengthened at OD level to reach the ambitious targets set for MDG 2015.
- Education and awareness rising of the community and the target group allows them to undertake the health education, information and health services and reduce stigma and discrimination towards MARP.
- Improved utilization of HIV/AIDS and STI services by MARPs is necessary to ensure universal access for this population group.

E. CONCLUSION AND RECOMMENDATION

Overall, NCHADS and its partners were made great achievements against the target sets in 2012, we can therefore, conclude that working in partnership, the HIV/AIDS prevention, care and treatment programs in Cambodia is moved towards. However, we should ensure long-term funding and political commitments to run the HIV/AIDS programs. If development partners withdraw assistance for HIV/AIDS programs too quickly, Cambodia could face significant difficulty in sustaining HIV/AIDS efforts.