

**KINGDOM OF CAMBODIA**  
**Nation Religion King**



**Ministry of Health**  
**National Center for HIV/AIDS,**  
**Dermatology and STD**  
**No...០១៦/...NCHADS**

**Phnom Penh. 06/04/ 2008**

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**Reference:** - Cooperative Agreements # 1U2GPS001092-01 dated 06 February 2008.  
**Subject:** - Submission of the CDC Annual Progress Report for Period from 15 January 2008 to 14 January 2009.

Dear Randolph B. Williams,

Refer to the Terms and Conditions of the Notice of Cooperative Agreement Award, the National Center for HIV/AIDS, Dermatology and STD (NCHADS) would like to submit the CDC Annual Progress Report for period from 15 January 2008 to 14 January 2009 for your review and record.

If you have any questions or need any clarification, please contact me directly by e-mail address: mchhivun@nchads.org or telephone # (855) 16 830 241 or my staff, Mr. Heang Hang Visal via e-mail address: visalhh@nchads.org or telephone # (855) 12 850 432.

Thanks for your cooperation and supports,

Yours sincerely,



**Dr. Mean Chhn Vun**  
Director  
National Center for HIV/AIDS  
Dermatology and STD

CC: - Mr. David B. Nelson  
- Dr. Ly Vanthy  
- Ms. Bunnavy Lun

**KINGDOM OF CAMBODIA  
NATION RELIGION KING**



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

**COOPERATIVE AGREEMENTS  
Grant No. 1U2GPS001092-01**

**Expanding HIV/AIDS Program Activities  
Of the Ministry of Health of the Kingdom**

**Annual Report**

**Period of reporting: January 15, 2008 – January 14, 2009**

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## ABBREVIATION

- ANC	Antenatal Care
- BMC	Banteay Meanchey province
- BTB	Battambang province
- CoC	Continuum of Care
- CQI	Continuous Quality Improvement
- DAO	District AIDs Office
- FHI	Family Health International
- IC	Institutional Care
- NCHADS	National Center for HIV/AIDS, Dermatology and STD
- NGO	Non-Governmental Organization
- NIPH	National Institute for Public Health
- NMCHC	National Maternal and Child Health Centre
- PAO	Provincial AIDs Office
- PHD	Provincial Health Department
- PITC	Provider's Initiated Testing Counseling
- PLHA	People Living with HIV/AIDS
- PLN	Pailin province
- PST	Pursat province
- RH	Referral Hospital
- SOP	Standard Operational Procedure
- US	United States
- VCCT	Voluntary and Confidential Counseling and Testing

## I. Introduction

Cambodia epidemic HIV was first detected in Cambodia in 1991 during serologic screening of donated blood. Although HIV prevalence estimates have recently been revised downward, based on HIV Sentinel Surveillance (HSS) and Cambodia Demographic Health Survey 2005 data and improved estimation methods, HIV prevalence remains the highest in Southeast Asia. HIV sentinel surveillance has shown a decline in prevalence among the general population from a peak of 2.0% in 1998 to 0.9% in 2006. This decrease in the proportion of persons living with HIV is attributable to both the decline in numbers of new infections and the increasing numbers of deaths among persons who were infected in the early years of the epidemic. In general, HIV prevalence is higher in urban areas than in rural areas. Efforts to provide universal access to antiretroviral therapy to all persons in need will result in increased survival among those currently living with HIV and stabilization of HIV prevalence over the next several years.

However, while the prevalence and incidence of HIV infection have decreased for general population and risk groups most often associated with the epidemic (direct and indirect commercial sex workers, military and police), the face of the epidemic has become more feminine. The proportion of women among the total number of people HIV-infected rose from 35% in 1998 to 46.7% in 2003 and to 52.1% in 2006 (HSS 1998; HIV Estimates and Projections 2006-2012 (2007)).

Moreover, the burden of tuberculosis (TB) in Cambodia is extremely high with an estimated prevalence of 703 per 100,000 populations in 2005 [WHO Report 2007, Global Tuberculosis Control]. A national serologic survey conducted in 2005 among TB patients found 9.9% were co-infected with HIV [2006 Report of the Joint Program Review of the National TB Program], though it subsequently dropped to 7.8% in 2007.

The Centers for Disease Control and Prevention (CDC) has been providing assistance to the Cambodia Ministry of Health since 2002 through cooperative agreement. The cooperative agreement has been granted in yearly basis, from 14 January 2008 to 15 January 2009, is the 6th year. The purpose of the cooperative agreement is to support collaborative activities of the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) and the CDC in response to the HIV epidemic. Key focus areas are improving PMTCT coverage, improving the continuum of care for persons living with HIV/AIDS, in particular those with co-existing TB disease, and improving the collection and use of data to inform HIV program activities.

The goals of the next five years, from 2008 to 2013, of the cooperative agreement are to 1). develop and implement a national quality improvement system and to achieve measurable improvement in quality at all sites supported by the CDC cooperative agreement funds; 2). identify and provide appropriate antiretroviral prophylaxis to 85% of estimated number of HIV positive pregnant women in provinces supported by CDC cooperative agreement funds. Four objectives have been set for the first year of the cooperative agreement; those four objectives are 1). develop a national quality improvement program for the continuum of HIV/AIDS Care (CoC) and begin implementation of the plan in provinces supported by CDC cooperative agreement funds; 2). institute HIV screening tests in 24-government

antenatal and TB clinics in Battambang Province, and establish a monitoring system to track progress in HIV screening at these clinics; 3). implement and monitor routine HIV testing quality assurance procedures at all government clinics in provinces supported by CDC cooperative agreement funds; and lastly provide HIV testing for 40% of pregnant women in the provinces supported by the CDC cooperative agreement funds and provide antiretroviral (ARV) prophylaxis or antiretroviral therapy (ART) to 50% of the expected number of HIV infected pregnant women in those provinces.

During the grant period, the NCHADS has demonstrated the capacity to both manage grant funds according to US Government requirements and to distribute and monitor grant funds to sub-partners: Pursat, Battambang, Banteay Meanchey and Pailin provincial governments and the Maternal and Child Health Center (NMCHC) within the Ministry of Health. The NCHADS has hired staff to manage the cooperative agreement and these staff members will be retained for the next cooperative agreement. The NCHADS and the CDC have developed standard operation procedure (SOP) document for disbursing and managing funds to Provincial Health Departments and other Ministry of Health offices. The SOP outlines required authorizations for expenditures, required financial reporting, and general rules for grants management, and it has been kept up to date.

## **II. Purpose**

The purpose of the report is to provide the information of the program implementation activities have been carried out from January 15, 2008 to January 14, 2009 against the plan and objectives of the cooperative agreement.

## **III. Summary Achievements against the Project Objectives and Targets**

Below are the highlight results of the first year cooperative agreement:

- In the first half of 2008, NCHADS with technical assistance from CDC and other partners developed a continuous quality improvement (CQI) plan for implementation at the site level, designed to examine quality of the spectrum of services included in the CoC for HIV-infected persons. Modifications to the NCHADS's data management system were made to be able to track key quality indicators. The CQI program was launched in Battambang, Pursat and Banteay Meanchey provinces supported by this cooperative agreement.
- The CDC in partnership with the NCHADS and the National Maternal and Child Health Center implemented a demonstration project in Battambang Province to assess feasibility, acceptability, and yield of providing an HIV screening test as a routine component of antenatal care at 15 health centers. The initial plan to implement this at 24 health centers was modified at the request of the Deputy Director of the Provincial Health Department. He also requested that the program be phased in to initially focus only on pregnant women and to expand later to include TB patients. A monitoring system to track performance has been developed and is in use.
- The CDC and the NCHADS have implemented Quality Assurance procedures not only at voluntary confidential counseling and testing (VCCT) sites within the three

provinces, one city focus area but in 168 of Cambodia's 206 VCCT sites, with plans to expand to all VCCT sites in the country

- The CDC-NCHADS Cooperative Agreement provided direct support to four PMTCT sites in two operational districts of Banteay Meanchey Province. In the course of the year those sites tested 30.3% of the pregnant women in those operational districts and provided prophylaxis for 38.6% of the expected number of HIV-infected pregnant women. Thus, we did not meet the goal of 40% and 50%, respectively.
- Due to unavailability of key personnel at the NCHADS, the goal of developing a protocol for an STI survey, obtaining approval from pertinent Ethical Review Boards, and implementing the survey was deferred to 2009 by mutual agreement.

The stated targets and the actual achievements of the first year cooperative agreement are enumerated in the following table:

<b>Indicator</b>	<b>Target</b>	<b>Achievement</b>
# Health Workers trained in PMTCT	178	190
# of sites providing ART	9	9
# of individuals newly initiated on ART	600	428
# who ever received ART	1860	1946
# of active patients receiving ART at end of reporting period	3960	1803
# of individuals provided with HIV related palliative care	1800	1330
# attending HIV care who are also receiving treatment for TB	420	216
# of individuals trained in local language to provide clinical prophylaxis and/or treatment for TB to HIV positive patients	324	31
# of laboratories with capacity to perform HIV tests and CD4 tests	2	2
# of HIV disease-monitoring tests performed at USG financed laboratories	45,932	84,150
# of individuals trained in local language in strategic information	100	107

Note: CDC has provided technical and financial to Banteay Meanchey province, the other provinces and city CDC mainly provides technical support and financial support, therefore some data from those provinces and city were not included in the above table.

Significant discrepancies between targets and accomplishments are explained below:

- The fact that the three ART treatment facilities directly supported by Cooperative Agreement funds did not initiate ART for as many individuals as expected most likely reflects Cambodia's enormous success in scaling up ART services. By mid-2008, it is estimated that 88% of Cambodia's HIV-infected population eligible for ART was receiving ART. Hence, the pool of patients eligible for ART but not receiving it is declining. The extent of this decline was not appreciated when initial targets were set.
- An error was made in determining the target for the number of active patients receiving ART at the end of the reporting period, as this number cannot exceed the number who ever received ART.
- Palliative therapy is care provided to patients not receiving ART. The lower than expected number of patients being provided "non-ART care only" is a reflection of the success of Cambodia's prevention activities. The majority of Cambodia's HIV-infected patients were infected years ago, as in recent years incidence has

dropped dramatically due to Cambodia's 100% condom use program and other prevention efforts. As a result, most of Cambodia's HIV patients are eligible for ART, and given that such a large percentage of those eligible are receiving ART, the number of patients being provided only with palliative care is less than might have been predicted a year ago. An assessment will be made to assure that newly diagnosed patients are being referred and are enrolling at OI/ART sites and that large numbers of patients already enrolled at the clinics are not being lost to follow-up prior to their being eligible for ART.

- The OI/ART sites that are supported by the CDC Cooperative Agreement participated in a CDC study on Improving Diagnosis of TB in HIV-infected Patients in which rigorous evaluations were performed to screen for TB in a large portion of the clinics' patients. The fact that in 2008 fewer than expected patients were found to have TB and subsequently treated for TB does not reflect a failure to carefully screen for TB. The HIV prevalence among TB patients was found in 2008 to have dropped from 10% to 7.8%, so fewer TB patients are likely to have been referred from TB treatment sites to OI/ART sites for care. In addition, TB disease has been shown in Southeast Asia to manifest as a complication of HIV infection when CD4 counts are very low. As communities have seen that availability of treatment services has dramatically improved the health of persons living with HIV/AIDS, more people are seeking testing, and more positive patients are registering for care when they are still quite healthy. As a result, more patients are initiating treatment when their CD4 counts are still reasonably high, reducing the likelihood of developing TB. Therefore, we are quite certain that our "failure" to meet this target is actually good news. To be sure, of this CDC has introduced a monitoring tool at sites supported by the Cooperative Agreement to more explicitly demonstrate frequency of TB screening.
- The target for the number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV+ patients was set with the understanding that quarterly TB/HIV meetings supported in all three provinces and one municipality constituted refresher training sessions. Were that the case, CDC/NCHADS would have met this goal. However, while regarded as an important contributor to the quality of treatment provided to HIV patients with TB disease, these meetings are not formal trainings and so are not counted as such. Thirty-one HIV clinicians participated in an OI training supported by the Cooperative Agreement, in which management of TB was a major topic. In 2009, TB prophylaxis will be introduced nationwide, and Cooperative Agreement funds will be used to support training of HIV clinicians in its implementation.

#### **IV. Summary Financial Report**

Below is the financial status of the cooperative agreement:

• Total approved budget	\$654,955
• Expenditures Obligation	\$581,670
• Carry over requested to year 2009	\$73,165
• Out standing balance	\$118.81

## **V. Detail Accomplishments of individual project**

### **V.I. The National Center for HIV/AIDS, Dermatology and STD**

During this period, NCHADS has completed activities as follows:

#### **1. AIDS Care**

- Refresher Training on Management of Opportunistic Infections and Anti-Retroviral Therapy for Adults 2<sup>nd</sup> Batch at National for Health Promotion on 16-20 June 2008 attended by 21 participants from BMC, PST, BTB, KCM and NCHADS Units. The objectives of this training is to update CoC Package, understand and discuss about link response for HIV/STI/RH, case study Lymphoma non Hodgkin on HIV patient, TB-HIV, TB-HIV Co infection, Three Is, HIV-TB and Syphilis, case study side effect, case study Histoplasmosis, case study IRIS, day care center, case study PCC and other discussion.
- 4 days Refresher Training on Antiretroviral Therapy Adults Counseling for Nurses 2<sup>nd</sup> Batch was conducted at National for Health Promotion on 23-27 June 2008 participated by 35 participants from BMC, PST, BTB, PLN, KCM, NCHADS Units and other NGO such as URC, SEAD. The purpose of this training is to update CoC Package, understand and discuss about link response for HIV/STI/RH, safe sex and condom use, case study role of Home Based Care to help PL WA, case study HIV/AIDS on pregnant woman, high impact on Psychology problem to HIV/AIDS patients, case study side effect, case study about female who has got HIV, understand about case study how to evaluate adherence, common mistakes in ART counseling and other discussion.
- Conducted 4 days Refresher Training for Pediatricians on Management of OI and ARV in infants and children at the National Pediatric Hospital from 07-11 July 2008 attended by 30 participants from 1 BMC, 1 PST, 3 BTB, 4 PNP, 3 SVR, 3 PRV, 2 TKO, 1 KPT, 2 SHV, 1 KHK, 1 KSP, 2 KDL, 1 KCN, 2 KTM, 2 KCM, 1 KRT and NCHADS Units. The objective of the training is to share experience in pediatric HIV/AIDS Care and treatment (including ART) through case study, to discuss complicated cases, to update result and objective of CoC, to understand and discuss about CoC in Cambodia, to summarize about three important points of ARV drugs (three kinds of ARV drugs are mixed together) to assist children with HIV/AIDS, how to control children facing with HIV/AIDS, how to do blood testing on children under 18 months age, show how to do testing with DBS and the distribution of OIs/ART drugs to patients.
- NCHADS AID Care Unit conducted the Refresher Training on OIs and ART Management for Adults 3<sup>rd</sup> Batch for 4 days at National Center for Health Promotion from 14-18 July 2008 with 11 participants from BMC, BTB, PLN, PNP, NCHADS Units and other NGO such as URC, SEAD in the purpose to discuss about case study on update CoC Package, link response for HIV/STI/RH, case study Lymphoma non Hodgkin on HIV patient, case study TB-HIV, TB-HIV Co Infection, three Is, case study side effect of ART, case

study Histoplasmosis, case study Pulmonary Actinomycosis, case study Paradoxical Reaction and Bacteria Pneumonia and case study Genotype Resistance Testing.

- Refresher Training on Pediatric Counseling on Management of Opportunistic Infection and Antiretroviral Therapy for Nurses 2<sup>nd</sup> Batch from July 28 – August 01, 2008, was conducted at the National Pediatric Hospital participated by 37 participants from 2 BMC, 2 PST, 4 BTB, 5 PNP, 2 SVR, 3 PRV, 1 TKO, 2 KPT, 2 SHV, 1 KHK, 2 KSP, 2 KDL, 2 KCN, 1 KTM, 1 KCM, 1 KRT and NCHADS Units. The agendas of the meeting is to share experience in pediatric HIV/AIDS Care and treatment (including ART) through case study, to discuss complicated cases, to update result and objective of CoC, to understand and discuss about CoC in Cambodia, to summarize about three important points of ARV drugs (three kinds of ARV drugs are mixed together) to assist children with HIV/AIDS, how to control children facing with HIV/AIDS, how to do blood testing on children under 18 months age and show how to do testing with DBS.
- Refresher Training on Antiretroviral Therapy Adults Counseling for Nurses 3<sup>rd</sup> Batch at National for Health Promotion on 28 July - 01 August 2008 participated by 16 participants from BMC, PST, BTB, KCM, PHN, NCHADS Units and NGOs such as URC, SEAD. The purpose of this training is to update CoC Package, link response for HIV/STI/RH, case study role of Home Based Care to help PL WA, Psychology problem to HIV/AIDS patients, case study side effect, case study how to maintain with good adherence, case study how to counsel patient with ART resistance, case study on ART with Pregnancy, safe sex and condom uses and other discussion.
- Refresher Training for Pediatricians on Management of Opportunistic Infection and Antiretroviral Therapy for Pediatricians, 2<sup>nd</sup> Batch on 18-22 August 2008 at the National Pediatric Hospital attended by 30 participants from 4 BMC, 2 PST, 3 BTB, 5 PNP, 1 SVR, 2 PRV, 1 TKO, 1 KPT, 1 SHV, 1 KHK, 2 KSP, 4 KDL, 1 KCN, 1 KRT and NCHADS Units. The purpose of this training is to share experience in pediatric HIV/AIDS Care and treatment (including ART) through case study, to discuss complicated cases, to update result and objective of CoC, to understand and discuss about CoC in Cambodia, to summarize on three important points of ARV drugs (three kinds of ARV drugs are mixed together) to assist children with HIV/AIDS, how to control children facing with HIV/AIDS, how to do blood testing on children under 18 months age, show how to do testing with DBS and the distribution of OIs/ART drugs to patients.
- Refresher Training on Antiretroviral Therapy Adults Counseling for Nurses 3<sup>rd</sup> Batch at National for Health Promotion on 28 July - 01 August 2008 participated by 16 participants from BMC, PST, BTB, KCM, PHN, NCHADS Units and other NGO such as URC, SEAD. The purpose of this training is to update CoC Package, link response for HIV/STI/RH, case study role of Home Based Care to help PL WA, Psychology problem to HIV/AIDS patients, case study side effect, case study how to maintain with good adherence, case

study how to counsel patient with ART resistance, case study on ART with Pregnancy, safe sex and condom uses and other discussion.

- Refresher Training on HIV/AIDS Management and Implementation to OD Coordinators at the National for Health Promotion on 03-05 December 2008 participated by the district HIV Coordinators and director/deputy director from 19 district referral hospitals such as Mong Russei, Song Ke, Thmor Kul, Sampov Loun, Thmor Pouk, O Chrov, Mongkul Borei, Preah Netpreah, Kos Thom, Kampong Thom, Udor Meancheay, Sampan Meas, Ba Kan, Pea Raing, So Nikum, Steng Treng, Ror Meas Hek, Ong Ror Ka and Kiri Vong districts. The objective of the training is to ensure the quality of HIV program implementation in district referral hospitals, to share knowledge and experience to district HIV coordinators about administration, planning and important activities for continuum of care, provide basic knowledge to analyze the status of link response in district and strategy to fighting with these issues.
- 2 Consensus Workshop on National Guideline for Management of Opportunistic Infection for Children in Cambodia were held at the National Pediatric Hospital from 08-09 October and 22-23 October 2008, in participation of NCHADS, CDC/Cambodia, Social Health clinic, WHO, FHI, Clinton Foundation and DSF.

## **2. VCCT Unit**

- To ensure the quality of Pre-test evaluation, linked response, prevention counseling, Positive living, Prevention mother to child transmission, universal precaution and ARV PEP, stresses management, dried blood spot, Post-test counseling, implementation of laboratory register, counselor registration, guide for lab card, referral card and appointment card and how to prepare counseling report and request form, NCHADS VCCT Unit conducted the Refresher Training on HIV/AIDS Counseling Training for 4 days from 21-25 July 2008 at National for Health Promotion participated by 21 participants from 3 PHN, 3 KCM, 6 BMC, 2 KDL, 1 PRV, 2 KTM, 1 TKO, 1 PRH, 1 RKR, 1 MKR and NCHADS Units.
- 2 day Workshop on Counseling Network for VCCT was held on 21-22 August 2008 at the National Center for Health Promotion attended by 21 participants from PHN, KDL, KCM, TKO, BMC and NCHADS Units. The purpose of this workshop focused on experience exchange in counseling, STDs, STD services, VCCT services, case study presented by each VCCT and other discussion.
- To ensure the quality control for HIV/AIDS testing in laboratory, HIV External Quality Control Training for VCCT was conducted on 19 August 2008 at National Institute of Public Health for 67 participants from 24 provinces-cities, NIPH, FHI, CDC and NCHADS.

## **3. Data Management Unit**

- To ensure the quality for Data Entry of OI/ART, Data Management staffs conducted monitoring & supervision trips to BMC, PST & BTB.

#### **4. Continuous Quality Improvement (CQI)**

- 6 Monitoring & Supervision trips were conducted by staffs of Research Unit/ NCHADS as the following:
  - + 3 times monitoring and supervision trip to BMC from 21-27 September 2008, 29 December 2008 to 03 January 2009 & 05-10 January 2009
  - + 3 times to BTB from 05-11 October 2008, 03-08 November 2008 & 17-22 November 2008
  - + 3 times to PST from 19-25 October 2008, 24-29 November 2009 & 01-06 December 2008

The objective of the Monitoring and Supervision is to ensure the quality of CQI in provinces, to instruct about concepts for CQI, to control data related with Key Indicator of CQI, to control together with data entry staff to instruct the way of using each indicator, to discuss about problem, difficulties and finding solution with data management unit & OI/ART team of Provincial Health Department, to show how to find and use data from data base for physicians and ART/IO team, to identify each indicator as priority, find effected factor of indicator and show activity plan for each site.

The results are upgrading quality of CQI in provinces, making provincial data entry staffs to know how to input data and find data for using in conforming to key Indicator, knowing how to set priority for each Indicator, understanding on 13 Indicators and 3 Indicators as priority.

#### **5. Surveillance Unit**

- The Monitoring and Supervision trip by staffs of Surveillance Unit to Kampong Cham from 16-21 November 2008, Seam Reab from 16-21 November 2008 and Shihanouk Ville from 02-07 November 2008, to ensure the quality of STI Survey mapping and recruit interviewers.

#### **6. Procurement:**

- Procurement of office supplies, lab consumables, lab reagents and lab equipments through NCHADS's procurement as per requested from Banteay Mean Cheay, Pursat, Battambang and Pailin Province using in quarter 2, 3 & 4.
- Procurement of desktop computers, laptops, printers, UPSs and external hard disks and office furniture through 3 quotations procedures for NCHADS, Battambang, Pursat and Banteay Meanchey province.
- Procurement of 197kits/100test for distributing to VCCT sites through sole source procedures.
- Procurement of maintenance contracts for laboratory equipments (Hematology Analyzers & Spectrophometer Machines) for BMC, PST, BTB &

PLN and maintenance on computers, photocopiers, printers and other office equipments at NCHADS.

- After Ms. Soth Chenglen resigned from NCHADS, the recruitment for one Account Assistant to replace her position and one Project Coordinator for NCHADS under CDC support that was advertised since May 06, 2008. By the deadline for submission of CVs from applicants on 29 May 2008, we received 14 CVs submitted for the position of Account Assistant and no CVs submitted for position of project coordinator. After further review on experience and qualification in all submitted CVs, short listing and interviewing the short listed candidates, finally we signed contract with Ms. Nean Bony on 07 July 2008 as an experienced and qualified candidate for the position of Account Assistant. The position of project coordinator will be re-advised.
- Ms. Nean Bony as NCHADS Accounting Assistant resigned from NCHADS since 01 September 2008, in order to facilitate the procurement work and to avoid waste time in the recruitment because the project necessarily and urgently needs staff to perform work, the NCHADS Evaluation Committee and with also obtaining approval from CDC/Cambodia to select the second ranking candidate, Mr. Pech Piseth as position of NCHADS Accounting Assistant to replace Ms. Nean Bony's position. The contract sign was made on 11 September 2008.
- Purchased office equipments through procurement of 3 quotations, such as 1 Supper Roller, 1 Water Bath, 6 Auto Pipettes, 2 printers for Humalyzer 2000 and 3 Digital Balances for Banteay Meanchey and Battambang province by using the reallocated budget.
- Developing the Term of Reference for auditing the CDC project for phase 2 year 1, periodic from 14 January 2008 to 14 January 2009.

## **V.2. The National Maternal and Child Health Centre**

### **1. PMTCT Program**

The National Maternal and Child Health Centre is an institution responsible for implementing the PMTCT Program since 2001. With support from many partners, the program has scaled up its services nationwide. CDC, which is one of NMCHC's partners, has provided the support of fund to strengthening the program. The aim of the program does not only contribute to the reduction of HIV-transmission from HIV-infected mothers to their children, but also improve mother's health and the likelihood of child survival.

The National Maternal and Child Health Centre have received the CDC grant since 2006 through the National Centre for HIV/AIDS, Dermatology, and STDs to strengthen the PMTCT Program, in particular the PMTCT secretariat. For this year a special demonstration project has been initiated in 3 operational districts (Battambang OD, Morng Russey OD and Sangke OD), in Battambang province. Each operational health district used five health centres nearby the Referral hospitals of each OD as PMTCT satellites. The goals of the project are to determine feasibility, acceptability, yield, and outcomes of: (1) performing HIV screening tests as a routine component of antenatal care (ANC) provided at patient's local health center; and (2) testing women of unknown HIV status during labor at maternity units.

It is interesting to see the project activities done from April 2008 to January 2009; activities have been conducted as the following:

- **Management training:** One course on PMTCT management had been conducted at NMCHC, which was held in January 14-18, 2008 with a total of 64 participants from 16 provinces. Another two training courses on PMTCT Referral Information, which was done in September 10-11 and 12-13, 2008 with a total of 51 participants from 13 provinces. The objectives of the management training was to guide hospital, health centre, and OD, PHD managers of those provinces to better understand the PMTCT program and to provide appropriate support to their staff at all levels in order to run the PMTCT service smoothly. Monitoring and evaluation topics were also included in the training in order to allow the manager to be aware of any accidental mistakes made by his/her own staff at local level in data recording, data collection, Data reporting (see the attached list name of the participant). In addition, the two training of PMTCT Referral information were aiming to incorporate information among HBC and PLHA to encourage and refer the positive pregnant women to PMTCT service.
- **Infant and Young Child Feeding orientation workshop:** the workshop had been conducted in partnership with other development agencies including UNICEF and WHO. Ninety-five participants were invited in which PHD director and MCH manager from 24 provinces were invited as well as health officers in department within the Ministry of Health and other NGOs. The objective of the workshop was to take attention of all stakeholders on infant feeding in the context of HIV. Exclusive feeding was the main topic in the discussion. No mix feeding was encouraged
- **Semi-annual workshop:** It was held from 6-7 October 2008 in collaboration with WHO and UNICEF, too. 107 participants were invited. They all were from departments within Ministry of Health, 24 provinces, and other NGOs partners. The objective of the workshop was to update information concerning to the PMTCT scaling up activities and to identify ways to effectively implement the National Strategic Plan for PMTCT 2008-2015. In the group discussion, shortage of HIV test kits was identified. All provinces complained about it. However, it was the responsibility of NCHADS.
- **Reviewed, revised, and updated the PMTCT curriculum:** The PMTCT training curriculum developed by the PMTCT secretariat had been revised from 10 days to 5 days to train health care workers at the demonstration project sites. HIV screening topic was included into the training curriculum, as well.
- **Curriculum development and translation:** from English version to Khmer version.
- **Conducted site assessment** in all new proposed sites in the 3 operational health districts by the PMTCT secretariat team.
- **Join Coordinating meeting:** it is done regularly in Battambang Health Department every month. BTB PHD organized each meeting. The participants were from the demonstration project sites, US-CDC, National PMTCT program

and the staff at provincial health department. The objectives of the meeting were to follow up the progress of the study and to identify gaps or problems to be solved.

- **PMTCT training on HIV screening Test:** four training sessions were conducted to the health centres staff of the demonstration project in Battambang Health Department. Staffs from health centres and two referral hospitals were invited to join the training including health centre managers, MCH OD, and other home based care key persons. All health centres were identified as of the following:

- |                                  |                         |
|----------------------------------|-------------------------|
| 1. Chrey HC,                     | 9. Kakoah HC,           |
| 2. Slaket HC,                    | 10. Kir HC,             |
| 3. Rattanak HC,                  | 11. Peam Ek HC,         |
| 4. Phnom Sampov HC,              | 12. Prek Loung HC,      |
| 5. Takream HC,                   | 13. Samrornng Knong HC, |
| 6. Robas Mongkul HC,             | 14. Tapon HC, and       |
| 7. Chrey HC, in Mornng Russey OD | 15. O Damdang 1 HC      |
| 8. Tepdei HC                     |                         |

- **Field supervision:** 15 health centres and 2 referral hospitals under the project demonstration were monitored and supervised by the team from the National Program and BTB PHD and OD team.

Beside the main activities above, building capacity of the PMTCT staff is very important too. Within this period, five persons have been supported for English study. Another activity is that a workshop in infant feeding in the context of PMTCT/HIV was conducted with the joint support from US-CDC and UNICEF. The objectives of the workshop were to make a consensus on infant feeding and to identify appropriate approach to support HIV-infect mothers to correctly feed their babies. There were over 90 participants from different institutions, Government, NGOs, PLHA...etc.

## 2. Constraints

- Financial support was late disbursement, the project was supposed to start in January 2008, but the budget was received in April 2008.

## 3. Plan for Next Reporting Period

- Provide support and monitor staff activities at all project sites as planned.
- Continue to support staff studying English language to improve their capacity.
- Coordination meeting and final assessment of the demonstration project will be conducted with all stakeholders.
- Organize semi-annual meeting to share experience with all key stakeholders.
- Support key persons for International Conference.

**Table 1: Training Conducted/Attended (with CDC support)**

Dates of Training		Title of Training	Training Location / Organizer	Number of Participants		Pre-test ?	Post-test ?	What curriculum was used?
Start	Finish			Start	Finish			
14-an 08	18 Jan 08	Management for PMTCT manager	NMCHC	64	64	Yes	Yes	PMTCT training Management for Manager
2 Jun 08	6 Jun 08	HIV screening test for PMTCT	PHD Battambang	21	21	yes	yes	PMTCT Training curriculum with updated information
16 Jun 08	20 Jun 08	HIV screening test for PMTCT	PHD Battambang	21	21	yes	yes	PMTCT Training curriculum with updated information
23 Jun 08	27 Jun 08	HIV screening test for PMTCT	PHD Battambang	23	23	yes	Yes	PMTCT Training curriculum with updated information
30 Jun 08	04 Jul 08	HIV screening test for PMTCT	PHD Battambang	22	22	yes	yes	PMTCT Training curriculum with updated information
22 Dec 08	26 Dec 08	PMTCT Management	NMCHC	18	18	Yes	Yes	PMTCT Training curriculum with updated information
10 Sep 08	10 Sep 08	Training on PMTCT Referral Information	NMCHC	23	23	Yes	Yes	PMTCT Training curriculum with updated information on HBC
12 Sep 08	13 Sep 08	Training on PMTCT Referral Information	NMCHC	28	28	Yes	Yes	PMTCT Training curriculum with updated information on HBC

### **V.3. Banteay Meanchey province**

#### **1. Quality Improvement Program:**

- The PHD director, PAO manager and PAO accountant participated in the technical meeting at the NCHADS to discuss about the process of implementation activities which was compatible with the supported budget of the CDC.
- PAO Management meeting was held on 28 February 2008 to share the progress achievement, identification and addressing the problems encountered during implementation program in PAO. It participated by PHD director, 5 representatives of CDC/Cambodia, 4 RH and HC officers, 4 DAO staff, 1 staff of technical bureau, 2 data management officers and 9 PAO and PHD staff.
- English language was trained to 4 PAO staffs (1 person at level 9A, 2 persons at level 6C and the last one at level 5A) at ACD School, and support English training to OI/ART team Sereysophon.
- 13 People from Provincial Coordinators and 3 ODs participated in a 5-day M&E training in Pursat province.
- 3 PHD and PAO traveled to Phnom Penh 1 trip every month to take medicines, reagents,
- 1 PAO staff conducted regular supervisory visit 1 trip per month to 4 IC and 3 OI/ART sites.
- 1 provincial VCCT coordinator conducted regular supervisory visits 4 trips per month to 16 VCCT sites.
- 2 TB/HIV supervisor staffs conducted regular supervisory visits 4 trips per month to 8 VCCT sites and all TB site.
- 1 PMTCT coordinator conducted regular supervisory visits 4 trips per month to 4 PMTCT sites.
- PAO manager and accountant officer conducted supervisory visit 1 trip every month to 4 ODs.
- Support all CoC component activities included: 4 CoCCs (Sereysophon, Ochrov Mongkolborey and Thmorpouk), 4 institutional care sites (Sereysophon, Mongkolborey, Ochrov and Thmorpouk) 3 OI/ARV clinics for adult (Sereysophon, Mongkolborey, Ochrov) and 1 clinic for children (Sereysophon), 57 TB/HIV sites, TB/HIV study, 8 PMTCT sites, 16 VCCT sites.

- Support program management and logistic supply to 4 sites of IC, 3 sites of OI/ARV, 8 sites of PMTCT, 3 places of X ray lab and 16 VCCT sites.
- The 5-days staff retreat was organized at Mondolkiri province from 30 December 2008 to 01 January 2009 that was participated by 16 persons including PHD director and deputy, PAO and DAO staff and data management officer. The main objective of the staff retreat were as follows:
  - To understand and update activities, challenges of each BMC HIV/AIDS program related to management and technique aspects
  - To discuss and identify possible solutions among the BMC PHD/PAO/RH and CDC teams and relevant partners if needed
  - To update new policy and to introduce new approaches related to the BMC HIV/AIDS program interventions

After presentation and discussion, we concluded that all program is in gradual progress compared to the last year. Meanwhile PHD director urged all staff to strengthen their commitment in taking responsibility, ownership and partnership with all stakeholders especially with NGOs. Participants also had a field visit to observe and discuss about HIV/AIDS treatment and care in the provincial hospital of Mondolkiri. Finally, participants of the meeting agreed on the option 2 plan to referral blood sample of TB patient to VCCT to test HIV, instead of referral patient for TB/HIV activity for year 2009. PMTCT will increase the percentage of ANC1 to attend PMTCT program from 30% in year 2008 to 50% in year 2009. The Continuous Quality Improvement (CQI) is a new concept needed to spend more effort and commitment in order to meet the goal of objectives of the project.

## **2. PMTCT program**

- 3 technical coordination meetings of PMTCT were conducted, participated by two PHD deputy directors, 1 technical bureau officer, 4 PAO, 4 DAO, 2 PMTCT coordinators and 20 PMTCT staff. Aims of those meetings were to update the progress results, identify problems happened during operation activities and find out best solutions, and share best practice for better implementation. Each OD presented data for their own PMTCT program. Only a few problems were identified, such as no pregnant women changes their address, refuse home based care and midwife to visit at home and lack of register to follow up pregnant women and exposed baby.
- 1PMTCT coordinator conducted field PMTCT site visits 2 times per quarter to monitor the progress activities and to provide technical supports to the field staffs.
- 30 PMTCT counselors, HC, and RH chief, 4 DAOs attended the 3 days refresher PMTCT training to improve knowledge and skills.

Out of 5789, pregnant women who attended ANC1, 5111 (88.28%) accepted HIV test and received result, and 45 (0.9%) persons were tested positive.

### **3. TB-HIV**

- The TB/HIV quarterly technical meeting was organized 3 times at the PHD; for every meeting, there were 87 participants in the meeting, those were PHD deputy director, PAO staff, TB/HIV and VCCT provincial coordinator, TB OD, TB/HIV and VCCT staff in RHs and HCs. Progress was reported, and issues and obstacles that happened during implementation were discussed. Result: The meeting found that TB/HIV activities being implemented per the national guidelines with acceptable performance. It was suggested that sharing information on HIV + clients from VCCT referred for TB screening would strengthen the referral process and to update the capacity of field staffs.
- Total 1742 TB active patients were found, 1555 were in need of VCCT referred; of whom 1,360 (87.46%) were tested for HIV in which 29 (2.13%) persons were found HIV+. Meanwhile total 667 HIV+ persons identified at VCCT, 635 need to refer to screen TB, 495(77.95%) among them were screened in which 82 (16.65%) were found TB active. Compared to the last year, total 1732 TB active patients were registered, 1558 were in need of VCCT and referred to test for HIV; of the referred, 1,263 (81%) among them were tested in which 41 (3.24%) persons were found HIV+ while 879 HIV+ persons were found, 837 need to screen for TB, 694 (82.91%) among them were screened for TB in which 128 (18.44%) among them were found TB active and received DOT.

### **4. Routine Support for the Continuum of Care**

- 10 CoC meetings were organized in Sereysophon RH 2 times, Mongkolborey RH 3 times, Ochrov OD 1 time and Thmorpouk OD 4 times. These meetings were participated by PHD deputy director, director and deputy director of OD, CoC members and NGO representatives in each OD. Meetings were discussed about the progress report, issues identification, problem solving and activity planning for home based care, VCCT, OI/ART adult and pediatric, PMTCT, TB/HIV, MMM. The following issues were identified:
  - + VCCT: Some supplies were still out of stock sometime, such as reagents, needles and tubes because supplies from Center Medical Store, MOH were not supplied as requested. The solution was to mobilize the supplies from one site to other sites, where were shortage and made an emerging extra request to the NCHADS.
  - + OI/ARV clinic: needs all home based care teams to pay more attention to the PLHA who are not coming based on the appointment of physicians.
  - + Pediatric OI/ARV Mongkolborey was started to operate since November 2008, but only few children came to receive the services, so we needed home based care team to refer HIV+ children to this clinic and also began to refer back of HIV+ children from Koma Angkor hospital, Seam Reap.
- Supported 1 CoC coordinator of PAO to attend the secondment course on OI/ART at Social clinic, Phnom Penh.

- Support 1 CoC coordinator of PAO and 2 clinicians and 2 counselors of Sereysophon OI/ARV pediatric to joint a 5-day practice course at the National Hospital, Phnom Penh.
- 1 clinician, 1 counselor and 1 CoC coordinator ( PAO) conducted a 5-day mentoring to 8 OI/ARV team of Thmorpouk in order to strengthen the capacity in term of service providing, patient record and PLHA based line assessment.
- 2 times of OI/ARV clinician network meetings were held on 24 June 2008 and 12 December 2008 at the PHD meeting hall participated by PAO, CoC coordinator, 4DAO, 18 OI/ARV staff from Sereysophon RH, Mongkolborey provincial referral hospital, Thmorpouk RH and PoiPet I HC. Progress in OI/ART activities at each site was discussed, solutions to problems were proposed and activity plans were updated. Some issues raised by the OI/ARV team leader and solutions proposed by the PHD director were all discussed and finding the solutions.
- Total 1,019 PLHAs got in-patient care services in 4 places, death 40 persons (3.92%). Compared to year 2007 there were 1260 PLHA received these services, death 66 persons (5.23%).

### **VCCT**

- 4 VCCT technical coordination meetings were held and attended by PHD director, 4 PAO staff, 4 DAO, 1 TB/HIV coordinator and 16VCCT workers from referral hospitals and health centers. The meeting was about VCCT achievement, problem encountered and solved and proactive of future implementation. The result of the meeting showed that all VCCT sites were operating in accordance with the NCHADS SoPs with an acceptable number of clients (more than 60 clients per month per VCCT) with only Boeung Tra Koun Srashchik VCCT, Srashreang VCCT and Phnomtoch VCCT had less than 60 clients per month. The PITC needs to strengthen continuously for all sites because most clients were self-referred.
- Total 17,175 clients were tested for HIV at 16 VCCTs in which 699 (4.06%) were tested HIV+ in which 454 persons referred to OI/ART clinics, 220 persons referred to TB services, 21 persons referred to other health services. Compared to the last year 13573 clients were tested in which 896 (6.6%) were found HIV+ in which 699 persons referred to OI/ART clinic, 110 persons referred to TB services, 87 persons referred to other health services.

### **Laboratory**

- Five lab technicians attended in a 2-day workshop on Biology at Battambang province.
- 3 lab technicians from Mongkolborey, Sereysophon and Ochrove attended 5 days training on Good Clinical Laboratory Practice in Bangkok, Thailand.

- 9 lab technicians attended 3 regional lab meeting to update technical quality of lab result.

## **5. Constraints**

### **+ *Quality Improvement Program***

- Program management: Some program activities were delayed from 20 January until May 2008 included meetings, supervisions, supplies because the delay of the CDC budget supports. To address this problem, the PHD and PAO call for meeting with partners from the Pro-TWG to seek support and requested ODs, hospitals and health centers to share their resources for continuing key activities, especially PMTCT, TB/HIV and OI/ARV in Sereysophon. Some program activities were not implemented properly as planned, such as 100% condom use program, outreach program because there was no budget support. To overcome this problem, PHD and PAO had discussed with NGO to look for the possibility and opportunity to these works. Fortunately, the PFD accepted to work with all sex entertainment workers and casino workers, MHSS and MHC were responsible for HIV/AIDS prevention among MSM, and also RACHA support budget for HIV/AIDS community awareness.
- Because of the delay of support budget from CDC, several activities of the programs were suspended, but it did improve after getting financial support on May. Some staff of VCCT and TB programs received incentive, other did not, and these make difficulty of program implementation.

### **+ *PMTCT program***

- The number of deliveries in health facilities has been low, and formula milk is not available at PMTCT sites.
- The linkage services between PMTCT and Home Based Care were still limited because the lack of communication means, especially no telephone supported for all sites.
- Most of ARV drugs were not supplied as requested and the supplied drugs were in short life expiration.

### **+ *TB-HIV***

- TB/HIV staffs have too much works with limited motivation.
- The number of referral cases was dropped because VCCT reagents were out of stock from November and December 2008.
- Overall HIV testing rate among TB patients may increase if blood of not being referred patients is taken to VCCT.
- Physician does not have sensitive tools to diagnose TB among HIV sero-positive patients; as the result, TB cases found are likely underestimated.
- Since more HIV infected clients visited and registered for care at OI/ART clinics at early stage of HIV infection, likelihood of not having active TB is high and these clients should be benefited from IPT.

### **+ Routine Support for the Continuum of Care**

- Most of PLHAs are so poor, work far away from home (majority in Thailand) with a lengthy time that implicates in missing an appointment with IO/ART physicians.
- IO/ART clinic Thmorpouk is still not running well like the other clinics, because this site was started recently.
- Many clients in VCCT Sereysophon and Poipet, the staff worked too many clients while the other VCCTs got fewer clients.
- Drugs and reagents were not provided sufficiently as requested, the urgent additional requests have been made frequently, which led PAO staff frequently travel to Phnom Penh to get those supplies.
- No HIV rapid tests for two months, from November to December 2008, because the reagents at CMS were out of stock.

## **6. Plan for Next Reporting Period**

### **+ Quality Improvement Program**

- Support all CoC activities such as IC, IO/ARV, PMTCT, TB/HIV and CQI.
- Activities in program management, administration and finance and logistic supply for running all programs.
- Start implementation the Option 2 for TB/HIV activity.
- Support PAO staff in English training
- Conduct a PAO coordination meeting to revise operational work plan of HIV/AIDS prevention and care for first semester and set up an operational work plan for next semester of year 2009.

### **+ PMTCT program**

- PMTCT quarterly coordination meetings will be held to keep up-to-date the progress achievements.
- Strongly strengthen referral system follow the PITC principles in order to increase percentage of ANC to access VCCT.
- Increase numbers of ANC1 to attending HIV test up to 95% at existing PMTCT sites and 50% accepts PMTCT program
- Keep 100% of HIV+ mothers refer to IO/ARV services.
- Continue to strengthen referral network between PMTCT, HBC, and community.
- Strengthen the follow up exposed infant

### **+ TB-HIV**

- Implementation Option 2 in selected HCs
- To increase referral rate of TB patients to test HIV up to 91%
- To increase referral rate of HIV+ clients to screen TB up to 80%
- Implement IPT in selected OD

- Piloting of TB/HIV contact investigation project followed by implementation of IPT in selected OD
- Implementation of infection control procedure to improve awareness of TB transmission at VCCTs

**+ Routine Support for the Continuum of Care**

- Renovation of OI/ART clinic in Thmorpouk.
- Provide on the job training to Thmorpouk OI/ART team.
- Strengthen quality of OI/ART services base on CQI framework.
- 2 CoC committee meetings will also be held for each OI/ARV site to improve and strengthen the collaboration between OI/ART services to community especially with NGOs.

**Table 1: Training Conducted / Attended (with CDC support)**

Dates of Training		Title of Training	Training Location / Organizer	Number of Participants		Pre-test?	Post - test?	What curriculum was used?
Start	Finish			Start	Finish			
30 Jan 08	01 Feb 08	Workshop on lab microbiology	Battambang	5	5	Yes	Yes	Various sources
14 Jul 08	18 Jul 08	Secondment on OI/ART	Social Clinic, Under NCHADS Research project, P-Penh	1	1	Yes	Yes	Practice on management patient in clinic included patient registration, counseling, base line evaluation to access ARV eligible, IO diagnostic and treatment follow regiment of National Guideline.
27 Oct 08	29 Oct 08	PMTCT refresher training	PHD, BMC	34	34	Yes	Yes	NMCHC- National curriculum: Mother class, counseling, referral system, ART guideline, follow up mothers and babies and report writing.
03 Nov 08	07 Nov 08	Practice course on pediatric OI/ART	National Pediatric Hospital, P-Penh	5	5	Yes	Yes	National guideline on Pediatric OI/ARV: registration, counseling, base line evaluation, OI/ARV regiment and follow-up patient.
11 Nov 08	15 Nov 08	Good Clinical Laboratory Practice training	Bangkok, Thailand	3	3	Yes	Yes	Various resources
22 Dec 08	26 Dec 08	OI/ART mentoring	Thmorpouk OI/ART clinic	12	12	Yes	Yes	NCHADS- National curriculum.

**Table 2: Report on OI/ART activity**

Site (list all OI/ART sites separately)	OI Clinic		ART CLINIC									
	New Patients in period	Patients at end of period	New patients this time period					Patients at the end of this reporting period				
			Total	Male		Female		Total	Male		Female	
				Adult	<15 yrs	Adult	<15 yrs		Adult	<15 yrs	Adult	<15 yrs
Sereysophon RH	212	252	146	58	11	69	8	750	327	24	379	20
Mongkolborey RH	187	157	113	50	0	63	0	474	245	0	229	0
Poipet I HC	283	299	169	69	0	100	0	579	249	0	330	0
Thmorpouk	27	27	0	0	0	0	0	0	0	0	0	

**Table 3: Report on PMTCT activity**

Site (list each PMTCT site separately)	Women tested and receiving their HIV results	Number found HIV+ in ANC	Total found HIV+ (includes referred from OI/ART or L&D)	Known and expected deliveries in known HIV+ women			
				Total	Prophylaxis (any)	No prophylaxis	Don't know/lost
Sereysophon RH	1073	12	24	9	8	1	0
Mongkolborey RH	206	11	11	13	13	0	0
Roeuseykrok HC	365	0	0	0	0	0	0
Phnomtoch HC	258	1	1	0	0	0	0
Srah Reang HC	226	0	0	0	0	0	0
Koumrou HC	383	1	1	0	0	0	0
Srahchik HC	724	0	01	0	0	0	0
Poipet I HC	1328	13	14	11	11	0	0
Malay HC	548	7	7	4	3	1	0

**Table 4: Report on TB-HIV activity**

<b>Province</b>	<b>Number of new TB patients</b>	<b>Number in need of VCCT</b>	<b>Number receiving VCCT in this period</b>	<b>Number found HIV+</b>
Banteay Mean Cheay	1742	1555	1360 (87.46%)	29 (2.13%)

## **V.4. Battambang province**

### **1. Quality Improvement Program**

- Regional Lab Network meeting for 18 participants, 6 from BTB, 4 from PST, 6 from BMC and 2 from Paillin for 1 day in Battambang province.
- 7 participants attended in the Regional Lab Network meeting in Pursat province.
- Training on Good clinical Laboratory Practices for 27 participants from BTB, BMC, PST and Paillin for 5 days.
- 7 Participants attended the 1 day-Regional Lab Network meeting in Banteay Meanchey province.
- 1 participant attended in the Training on Good clinical Laboratory at Thailand for 5 days.
- 9 participants participated in the M&E training in Pursat province for 5 days.

### **2. PMTCT Program**

- Provincial Quarterly Coordination Meeting among PMTCT services
- Regional Network Meeting among PMTCT program.
- Monthly Coordination meeting among PHD, OD, HC Staffs, RH and VCCT for screening HIV testing (Demonstration Project).
- Supervision to the 15 HCs and the two maternity sites of the demonstration project
- Transportation fee for the referred pregnant women to PMTCT for confirmatory testing
- Provincial Department Coordination meeting for upgrading and updating the demonstration project.

### **3. TB/HIV**

- Quarterly Coordination meeting with OD level
- Quarterly meeting on TB/HIV HC level at 4 ODs (BTB, SKE, TMK and MRS)

### **4. Procurement**

- Reagent and Lab equipments were supplied to laboratories in BTB and Maung Russey.
- Lab consumable was supplied for PMTCT for 15 HCs in the 3 ODs.
- One Laptop computer, two desktop computers, 2 printers, 2 external hard disks and UPS were procured and supplied to Battambang Referral Hospital by NCHADS.
- Office Supplies for PAO, OI/ART and Laboratory every month.
- Supported 2 e-mail lines every month.
- Supported fuel for two vehicles every month.
- Cell card to two PMTCT Coordinators of the demonstration project.
- Mission to NCHADS every month by the accountant of the project and 2 times by PAO
- Driver benefits from May 2009 to January 2009.
- Cleaner benefits from May 2009 to January 2009.
-

## **5. Constraints**

- Problems encountered during the meeting such as workload, motivation and time constraint.

**Table 1: Training Conducted/Attended (with CDC support)**

Dates of Training		Title of Training	Training Location / Organizer	Number of Participants		Pre-test ?	Post-test ?	What curriculum was used?
Start	Finish			Start	Finish			
06 Oct 08	10 Oct 08	Good Clinical Laboratory training	Battambang	27	27	Yes	Yes	NIPH – national curriculum
10 Nov 08	14 Nov 08	Good Clinical Laboratory training	Thailand	01	01	Yes	Yes	Various sources
15 Dec08	19 Dec 08	M&E Training	Pursat	09	09	Yes	Yes	NAA,NCHADS curriculum

**Table 2: Report on OI/ART activity**

Site (list all OI/ART sites separately)	OI Clinic		ART CLINIC									
	New Patients in period	Patients at end of period	New patients this time period					Patients at the end of this reporting period				
			Total	Male		Female		Total	Male		Female	
				Adult	<15 yrs	Adult	<15 yrs		Adult	<15 yrs	Adult	<15 yrs
Battambang H	535	477	420	143	35	212	30	1649	655	112	780	102
Maung Russey RH	106	417	101	37	6	47	11	503	225	17	248	13
Thmor Kol RH	148	117	122	55	0	67	0	332	165	0	167	0
Sampov Loun RH	90	66	0	0	0	0	0	71	27	0	44	0
<b>Total</b>	<b>879</b>	<b>1077</b>	<b>643</b>	<b>235</b>	<b>41</b>	<b>326</b>	<b>41</b>	<b>2555</b>	<b>1072</b>	<b>129</b>	<b>1239</b>	<b>115</b>

**Table 3: Report on TB-HIV activity**

Province	Number of new TB patients	Number in need of VCCT	Number receiving VCCT in this period	Number found HIV+
Battambang	1968	1752	1068	47

**Table 4: Report on PMTCT activity**

Site (list each PMTCT site separately)	Women tested and receiving their HIV results	Number found HIV+ in ANC	Total found HIV+ (includes referred from OI/ART or L&D)	Known and expected deliveries in known HIV+ women			
				Total	Prophylaxis (any)	No prophylaxis	Don't know/lost
Svay Po HC	1097	6	45	42 at RH BTB	41	1	
Toul Ta Ek HC	219	2	2	0	0	0	0
Chamkarsomroung HC	407	4	4	0	0	1	0
Moun RH	721	4	13	14 at RH MRS	14	0	0
Prey Svay HC	287	0	2	0	0	0	0
Anlong Vil HC	519	4	4	0	0	1	0
Prek Norint HC	501	4	4	0	0	0	0
Angkor Ban HC/SampovLoun RH	414	4	9	0	0	0	0
Serei Meanchey HC	343	0	0	3 at Sampovloon	3	0	0
Ta Poug HC/Thmor Kol RH	732	1	13	5 at RH THK	5	0	0
<b>Total</b>	<b>5240</b>	<b>29</b>	<b>96</b>	<b>64</b>	<b>63</b>	<b>1</b>	<b>0</b>

**Table 5: Report on outcome of PMTCT Demonstration Project**

Site (list each PMTCT site separately)	Women tested and receiving their HIV results	Number found HIV+ in ANC	Number found HIV+ in L&D	Known and expected deliveries in known HIV+ women			
				Total	Prophylaxis (any)	No prophylaxis	Don't know/lost
Chrey (BTB OD)	468	1	0	1	0	1	0
Slaket	257	0	0	0	0	0	0
Rattanak	139	0	0	0	0	0	0
Phnom Sampov	188	0	0	0	0	0	0
Takream	189	0	0	0	0	0	0
Robasmongkul	145	0	0	0	0	0	0
Chrey (Moung RusseyOD)	98	0	0	0	0	0	0
Tepdei	109	0	0	0	0	0	0
Kakoah	161	0	0	0	0	0	0
Kear	96	0	0	0	0	0	0
Peam Ek	156	1	0	1	0	1	0
Prek Loung	171	0	0	0	0	0	0
Samrorng Knong	188	2*	0	1	1	0	0
Tapon	249	0	0	0	0	0	0
O Dambang 1	254	1	0	1	0	0	0
BTB RH	471	-	3	3	2	1	0
MRS RH	96	-	0	0	0	0	0
<b>TOTAL</b>	<b>3435</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>0</b>

\* 1 PW found HIV+ in Samroung Knong HC was false positive

## **V.5. Pursat Province**

### **1. Quality Improvement Program**

- Supported 4 Lab technicians in RH SM and BK to join the cluster lab network meeting at BTB and BMC for one day meeting, 03 times per year.
- Conducted 2 orientation meetings on the strengthening of patient referrals to VCCT centers by the PITC method with 41 and 38 participants, from HC, ODs and other relevant networks in the province.
- Supported five Lab technicians in RH SM, RH BK and FH-HC Kravanh to attend a 5-day training on Good Clinical Laboratory Practices (GCLP) in Battambang province from 06-10 October 2008.
- Supported 1 chief of lab technician in RH SM to attend the 5-day training on Good Clinical Laboratory Practices (GCLP) in Bangkok, Thailand, from 10-14 November 2008.
- Organized a 2-day workshop (08-09 September 2008) on Annual Work Plan for HIV/AIDS for 2009-2010 with 35 participants from the HIV/AIDS networks in the province.
- Conducted a 5-day training on M&E (from 15-19 December 2008) with 53 participants from BTB, PLN, BMC and other relevant networks in the province and out of Pursat town.
- Organized one-day workshop (21 November 2008) on final annual work Plan for HIV/AIDS for 2009-2010 and preparation for World AIDS Day-(WAD) 2008 with 48 participants from the HIV/AIDS networks in the province.
- Conducted 10 trips of supervision (with 10 HCs in 2 ODs) on VCCT lab quality to get data, verify lab quality and other challenges.
- Organized 1 session of VCCT quarterly meeting with 38 participants from 9 VCCT sites and the networks in the province.
- Organized the Linked Response process (with assessment process, data analysis, and materials support, and 02-days orientation workshop with 150 participants) in Pursat province.

### **2. PMTCT Program**

- Conducted a 3-day workshop on PMTCT for HC staff and others in the province with 52 participants from relevant institutions including NGOs.

### **3. TB-HIV**

- Conducted 24 trips of supervision (in OD SM and BK) on TB-HIV to HCs to obtain referral system data and to ascertain challenges.
- Conducted 3 coordination meetings on TB-HIV with 22, 32 and 32 participants respectively, at OD Bakan to strengthen the referral system for TB patients at RH-HCs to VCCT Centers.

### **4. Procurement**

- Purchased office supplies for PAO and PHD every month.

- Paid fee for 2 telephone lines and one line of Internet & E-mail every month.
- Supported English training for PAO Staff and OIs-ART team members.
- Supported maintenance for the two vehicles and office equipment in PAO and PHD Pursat.
- Supported maintenance of computer, fax and phone and other office equipments for PAO and PHD Pursat.
- Supported emergency needs (UP materials...) to OIs-ART team, both adult and pediatric.
- Supported for printing IEC materials for WAD 2008 in Pursat province.

## **5. Constraints**

- Some old TB patients are difficult to counsel and refer to VCCT.
- Some problems encountered are quite difficult to solve (Travel support to patient...)
- Problems encountered during the meeting:
  - staff workload
  - late and not enough materials and supplies
  - staff motivation
  - time constraint

## **6. Plan for Next Reporting Period**

- All routine activities will be done after the work plan is being approved in the new project for 2009-2010, which will be hopefully started from early of February 2009.

**Table 1: Training Conducted/Attended (with CDC support)**

Dates of Training		Title of Training	Training Location / Organizer	Number of Participants		Pre-test ?	Post-test ?	What curriculum was used?
Start	Finish			Start	Finish			
15-Oct-08	17-Oct-08	Workshop on PMTCT process to HC staff and its networks	Great Green Center (GGC), Pursat province	51	51	No	No	NMCH and NCHADS—National curriculum
15-Dec-08	19-Dec-08	Training on Monitoring and Evaluation to HIV/AIDS-STI Network for Western region (PST, BTB, PLN and BMC)	Provincial Health Department, Pursat province	40	40	Yes	Yes	NAA, NCHADS—National curriculum
13-Jan-09	14-Jan-09	Orientation workshop on Linked response	Great Green Center (GGC), Pursat Province	150	150	No	No	NCHADS – National curriculum

**Table 2: Report on OI/ART activities from January to December 2008**

Site (list all OI/ART sites separately)	OI Clinic		ART CLINIC									
	New Patients in period	Patients at end of period	New patients this time period					Patients at the end of this reporting period				
			Total	Male		Female		Total	Male		Female	
				Adult	<15 yrs	Adult	<15 yrs		Adult	<15 yrs	Adult	<15 yrs
Sampov Meas RH	216	221	169	57	08	91	13	577	216	27	307	27

**Table 3: Report on PMTCT activities from January to December 2008**

Site (list each PMTCT site separately)	Women tested and receiving their HIV results	Number found HIV+ in ANC	Total found HIV+ (includes referred from OI/ART or L&D) (HIV+ and Refer from....)	Known and expected deliveries in known HIV+ women			
				Total	Prophylaxis (any)	No prophylaxis	Don't know/lost
1- HC Peal Nhek	464	01	3	11	10	1	00
2- HC Krakor	410	02	3	03	03	00	00
3- HC Kravanh	458	03	5	1	1	00	00
4- HC Koh Chum (Satellite)	231	01	1	0	0	00	00
5- HC Boeung Kna	338	02	5	1	1	00	00
<b>Total:</b>	<b>1901</b>	<b>09</b>	<b>17</b>	<b>16</b>	<b>15</b>	<b>1</b>	<b>00</b>

**Table 4: Report on TB-HIV activities from January to December 2008**

<b>Province: Pursat</b>	<b>Number of new TB patients</b>	<b>Number in need of VCCT</b>	<b>Number receiving VCCT in this period</b>	<b>Number found HIV+</b>
OD Sampov Meas (22HCs)	791	485	404	18
OD Bakan (10HCs)	394	180	180	02
<b>Total:</b>	<b>1185</b>	<b>665</b>	<b>584</b>	<b>20</b>

## **V.6. Pailin Province**

### **1. Quality improvement Program**

- Supported to Lab technician in RH PLN to attend the Cluster lab Network meeting at BTB and BMC 3 times
- Supervised by technicians of the RH-BTB to lab of the RH-PLN one time.
- Supported 2 Lab technicians in RH-PLN to attend the training good clinical laboratory practice at BTB province 1 time
- Coordination meeting TB/HIV with TB program, PAO, OI/ART team, staffs TB-RH, NGOs, five Health center, and one Health post Krorchab 3 times.
- Supported 2 staffs PAO to attend the training on M & E at PST province 1 time.

### **2. PMTCT program**

- No financial support from CDC

### **3. Procurement**

- Mission to NCHADS every month by accountant and 3 times by PAO.
- 2 desktop computers, 2 printers, 2 external Hard disks, 2 Auto voltages 1KVA, 2 UPS, 1 LCD projector EPSON were procured for PAO and RH-Pailin by NCHADS.
- Reagent consumable and Lab equipments were distributed to laboratory RH-PLN

**Table 1: Training Conducted / Attended (with CDC support)**

Dates of Training		Title of Training	Training Location / Organizer	Number of Participants		Pre-test ?	Post-test ?	What curriculum was used?
Start	Finish			Start	Finish			
15-12-08	19-12-08	M & E	PST province	2	2	yes	yes	NAA, NCHADS national curriculum
06-10-08	10-10-08	Good clinical laboratory practices	BTB province	2	2	yes	yes	NIPH national curriculum

**Table 2: Report on OI/ART activities from 01 January 2008 to 14 January 2009**

Site (list all OI/ART sites separately)	OI Clinic		ART CLINIC									
	New Patients in period	Patients at end of period	New patients this time period					Patients at the end of this reporting period				
			Total	Male		Female		Total	Male		Female	
				Adult	<15 yrs	Adult	<15 yrs		Adult	<15 yrs		
RH Pailin	99	137	72	38	0	34	0	131	66	0	65	0

**Table 3: Report on PMTCT activities from 01 January 2008 to 14 January 2009**

Site (list each PMTCT site separately)	Women tested and receiving their HIV results	Number found HIV+ in ANC	Total found HIV+ (includes referred from OI/ART or L&D)	Known and expected deliveries in known HIV+ women			
				Total	Prophylaxis (any)	No prophylaxis	Don't know/lost
PMTCT T/ RH Pailin	672	8	8	8	8	0	0

**Table 4: Report on TB-HIV activities from 01 January 2008 to 14 January 2009**

<b>Province</b>	<b>Number of new TB patients</b>	<b>Number in need of VCCT</b>	<b>Number receiving VCCT in this period</b>	<b>Number found HIV+</b>
RH-PLN	246	235	103	5