

Kingdom of Cambodia

Nation Religion King



Ministry of Health

Annual Report 2008



National Center for HIV/AIDS, Dermatology and STD

March 2009

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 staffs 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 markers 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 goals, objectives, and target for the next coming year to meet with the various changing needs of people and to deal effectively with changing of the 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.

Sincerely,

Deputy Director



NCHADS Annual Report for 2008

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NCHADS Annual Report 2008

A. GENERAL REPORT

1. BACKGROUND

1.1 HIV/AIDS Epidemic Situation in Cambodia:

Cambodia is one of the few countries that have seen declining HIV prevalence. HIV prevalence in the general population has declined from 1.2% in 2003 to 0.9% in 2006 (see Figure 1). This has been attributed to investment in and scale up of effective HIV prevention programmes, and a large number of deaths among persons infected during the early years of the epidemic when life-sustaining treatment and care were not available. The HIV epidemic in Cambodia is concentrated in high-risk groups and is primarily driven by the sex industry, although there are indications of rising prevalence amongst injecting drug using populations and amongst men having sex with men (MSM). As shown in Figure 1, HIV prevalence among persons in the general population aged 15-49 years living in urban areas remains higher than among those living in rural areas, also there is higher HIV prevalence among women; 43% of new infections are occurring in married women, most of whom are believed to have been infected by their husbands. Using the Asian Epidemic Model (AEM), the projected number of people living with HIV (PLHA) in Cambodia in 2007 is 61, 400 (32, 200 women and 29, 200 men) and in 2010 will be 51, 200 (26, 800 women and 24, 400 men).

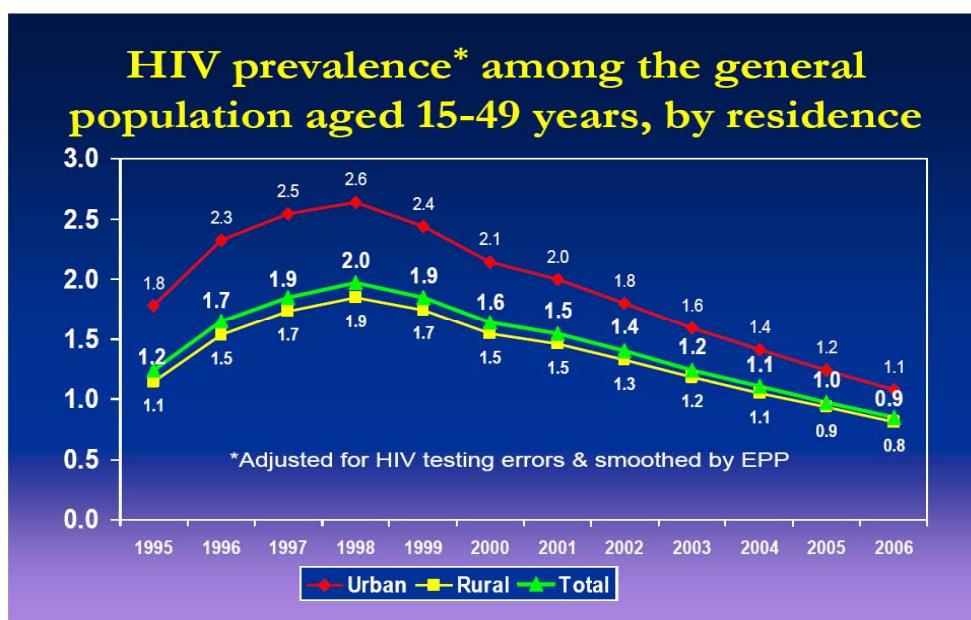


Figure 1: HIV prevalence among general population aged 15 – 49

1.2 NCHADS Priorities in 2008:

The Comprehensive Annual Operational Work Plan 2008: In December 2007, a Workshop was organized by NCHADS to review the achievements in 2007 and prepare the Annual Comprehensive Work Plan 2008 with 24 provinces and NGO partners. Three MoH departments (Planning, CENAT and NMCHC) and NAA also participated. At this meeting, Annual national and provincial targets were set. The result was the final draft of Annual Operational Comprehensive Plan for NCHADS Programme in 2008, which incorporated with many of the inputs and expected outputs of partners working in coordination with PAOs at provincial and national levels. This work plan was also firmly grounded within the Ministry of Health Annual Operational Plan 2008, prepared for the HSSP.

The Comprehensive Work Plan 2008 has three primary areas that included:

- Maintaining the success prevention programmes of 100% Condom Use, Outreach and Peer Education, and STI treatment, in sexual entertainment services, while improving and expanding their coverage. This work builds on the re-design of these programmes undertaken based on Strategic Plan 2008-2010.
- Continuing to expand the Continuum of Care, while stressing quality assurance and integration, both within the health services, and with other impact mitigation plans and programmes.
- Strengthening effective partnerships through comprehensive planning, optimal resource allocation, clear delineation of roles and responsibilities, and one effective monitoring and reporting systems.

These areas of focus are reflected in the implementation of the activities of the NCHADS Strategic Plan 2008-2010.

The NCHADS Annual Comprehensive Work Plan and budget plan including Incentives in 2008 has been developed based on Strategic Plan for implementation of HIV/AIDS Prevention and Care in Health Sector 2008 to 2010. With approval, it has the total budget of \$11,539,074 that is consisting of 20 different funding sources to implement HIV/AIDS and STI program at national and provincial levels. **The budget is allocated** 7% for prevention programs, 56% for continuum of care for HIV/AIDS patients (including reagents, OI/ARV drugs, consumables, etc), 9% for strategy information (surveillance, research and data management), 20% for programme management (planning, monitoring and reporting, and administration and finance and Incentives), and other 8% for supporting the running cost at provincial level.

1.3 GFATM Round 7 Grants

The GFATM Round 7 proposal has been approved in November 2007 for Scaling up Intervention for HIV Prevention, Care and Treatment, and Mitigation for Vulnerable and Marginalized Population at Risk in Cambodia. NCHADS was successfully elected by CCC to be the Principal Recipient (PR) for managing HIV/AIDS Component under the Global Fund Round 7 Grant. After attending the workshop on

“Effective Global Fund Grant Negotiation and Implementation Planning” in Manila, Philippines from 22 to 25 January 2008; and in order to prepare the Programme Grant Agreement for Phase 1 of GF-R7, PR/NCHADS team organized the series of meetings with all Sub-Recipients (SRs) to review and develop the Work Plan, Performance Frame Work indicators, Procurement Plan and Budget Plan (Detail and Summary) for 2 years.

The capacity and management of PR/NCHADS for managing GFATM-R7 grant was assessed by LFA team and led by Dr. Kim Yadany and Ms. Chan Rosa. PR/NCHADS team has then assessed the capacity of its sub-recipients under GF-R7 Grants. The purposes of this assessment were focused on Program Management, Monitoring and Evaluation system, and Finance and Procurement Systems of each SR.

Goals:

- *Goal 1:* To strengthen coordination and monitoring capacity within and across national and provincial multi-sectoral initiatives;
- *Goal 2:* To scale-up illicit drug related HIV/AIDS programs as a key component to achieve Cambodia's Universal Access targets;
- *Goal 3:* National scale up of HIV prevention, treatment and care for MSM;
- *Goal 4:* To strengthen and maintain outreach and related services for SWs and expand STI services (100% CUP) for all vulnerable groups in order to achieve universal access to HIV/AIDS services;
- *Goal 5:* To reduce the impact of HIV/AIDS on OVC in Cambodia; and
- *Goal 6:* To maintain and extend comprehensive care and treatment for PLHA through the CoC framework.

Objectives:

1. Strengthen coordination and capacity of multi-sectoral working groups;
2. Improve quality and accessibility of integrated services for prevention of illicit DU and HIV/AIDS transmission;
3. Develop, strengthen and improve national understanding and response to DU and HIV/AIDS;
4. Improve quality and accessibility of comprehensive detoxification, treatment and rehabilitation for DU/IDU.
5. Build national understanding of MSM issues through strategic information, enhanced advocacy and institutional capacity building.
6. Improve quality and increase coverage of targeted and comprehensive HIV prevention with MSM;
7. Improve access to quality HIV and STI treatment, care and support services and information;
8. Provide HIV/AIDS prevention and awareness messages to sex workers;
9. Improve access to health care treatment for SWs;
10. Strengthen STI services for SWs and other groups;
11. Strengthen government capacity to develop and implement policies and programs to protect, care and support OVC.
12. Strengthen capacity and community responses to protect, care and support OVC and families affected by HIV/AIDS and to ensure their increased access to

essential services;

13. Improve quality and accessibility of comprehensive care for PLHA through consolidation of HFBC services in selected sites;
14. Strengthen Strategic Information and data management systems for monitoring the Health Sector response to HIV/AIDS;
15. Provide community services to support increased access, uptake and adherence to HIV services (through CHBC, PLHA-SG and MMM activities).

Sub-recipients of GFATM-R7 Grant: there are 18 SRs, 6 of them are new SRs and 12 existing Sub-Recipients. The 18 SRs are the following: CRS, CWPD, FI, MSC, NAA, WOMEN, CPN+, FHI, KHANA, MEDiCam, MoSVY, NPH, NCHADS, RHAC, PSI, SEAD, SCA, and WVC.

The Program Grant Agreement of Phase I of GFATM Round 7 Grant was signed between the Chairman of CCC of the GF in Geneva, PR/NCHADS Director, and the Representative of Civil Society on **18 October 2008**. The PR/NCHADS has subsequently signed MoA for Phase 1 Grant with each SR dated on 02 January 2009.

This report describes what was achieved in implementing this Plan during the year 2008. Section B of this Report describes programme achievements against NCHADS targets, as set in the Strategic Plan in 2008. Section C describes financial disbursements against the plan budgets. The remainder of this section describes some of the key activities of NCHADS as a management system.

2. NCHADS MANAGEMENT SYSTEM

2.1 Planning and Monitoring Cycle in NCHADS: The GFATM-R4 and US-CDC Planning Workshop for the year 2009 was held in Sihanouk Ville in September with 8 provinces (Phnom Penh, Kampong Cham, Pursat, Pailin, Sihanouk Ville, Takeo, Battambang and Banteay Meanchey) supported by GFATM-R4 and US-CDC. The Planning Workshop for other 16 provinces was conducted as the part of the Annual Coordination Workshop held in December 2008 in order to review progress made during first 3 quarters, to provide the updates of technical concepts and strategies or Guidelines in the programme implementation, and to make the final review of the work plan for 2009. This workshop was supported by UNICEF.

2.2 Signing of LoAs: during the year 2008, NCHADS signed the Letter of Agreement with the following implementing partner:

1. *Marie Stopes Cambodia*, from January to December 2008, to implement and integrated VCCT in Baty OD in Takeo province.
2. *New Hope for Cambodian Children (NHCC)*, from January to December 2008 for the implementation of Social Support food-Hospital transportation for Children living with HIV/AIDS in Phnom Penh, Kandal, Kampong Speu, Prey Veng, Svay Rieng, Takeo and Kampong Chhnai province funded by USAID, private donors through Care Cambodia and NGOs Partners.

3. *Pharmaciens Sans Frontiere-Comite International (PSF-CI)* from October 2008 to September 2011 for the implementation of STI/RTI Prevention and Care in Cambodia under GFATM-R5 funded.
4. *Family Health International (FHI-Cambodia)* for year 2007-2008 for the implementation of STI/RTI Prevention and Care in 13 Family Health clinics of 9 provinces-cities.
5. *Action for Health Development (AHEAD)* for year 2008 - 2009 for the implementation of HIV/AIDS and STI Prevention and Care Programme in Battambang, Pailin and Banteay Mean Chey province.

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

During this year, NCHADS developed and revised several important Guidelines and curriculum such as:

1. SOP for Implementation of Programme Activities of US-CDC 2008 both in Khmer and English version were finalized and posted to NCHADS websites.
2. SOP for Syphilis Screening among Pregnant Women in Cambodia 2008 has been developed by NCHADS, NMCHC and STI/RTI Technical Working Group. This SOP (both in Khmer and English version) were finalized and posted to NCHADS websites.
3. Core Indicators and Targets for Monitoring and Evaluation of the Programme for HIV/AIDS and STI Prevention and Care in the Health Sector was reviewed based on the Strategic Plan for STD/HIV/AIDS Prevention and Care 2008-2010. This Guideline has been developed by NCHADS through the Technical Working Group (TWG) for Monitoring and Evaluation, which includes NCHADS Units, WHO, US-CDC, CENAT, NMCHC and partner NGOs (FHI, MSF, CARE, RHAC, and KHANA). This Guideline (both in Khmer and English version) will be approved and posted to NCHADS website.
4. In collaboration with National Authority for Combating Drugs and partners, the Standard Operating Procedures for demonstration sites for HIV testing and treatment for Illicit Drugs Users in Cambodia was developed. This SOP will be approved and published in 2009.

2.4 Procurement of Drugs, Consumables and Reagents:

ARV Drugs:

Procurement of ARV drugs were procured by PR/MoH, Health Sector Support Project (HSSP), and by NCHADS in 2008 totalled \$ 5,337,140. The ARV drug was co-supported by three major funding sources: The Global Fund to Fight AIDS, TB and Malaria, The World Bank, Asian Development Bank (ADB). In addition, the Clinton Foundation for HIV/AIDS Initiative (CHAI) provided a donation of paediatric ARV formulations to NCHADS.

Sources	Amounts
GFATM (R2, 4 &5)	\$ 2,953,030
WB	\$ 1,002,064
ADB	\$ 62,726
CHAI	\$ 1,319,320*
Total	\$ 5,337,140

*Donation of paediatric ARV formulations by CHAI to NCHADS.

OI Drugs:

Procurement of OI drugs were done by PR/MoH for NCHADS in 2008 totalled \$ 421,437, funded by GFATM R2, R4 and R5.

Sources	Amounts
GFATM (R2, 4 &5)	\$ 4 12,437
Total	\$ 421,437

Consumable and Reagents:

Items	US-CDC	GFATM (R2,R4&R5)	AHF	UNICEF	CHAI
VCCT Reagents	\$ 61,739	\$ 80,425	\$ 26,000	\$36,257	\$ 42,625
Consumables (for STD & VCCT)	\$ 18,697	\$ 75,364		\$ 47,954	\$ 2,403
Reagents for CD4 counts	\$ 19,631	\$ 1,597			\$ 354
Reagents for STD clinic		\$ 17,281			
DNA-PCR					\$ 862
Total	\$ 100,067	\$ 176,263	\$ 26,000	\$ 84,211	\$ 46,244
Grand Total	\$ 431,187				

2.5 Procurement of Medical Equipment

In order to provide the quality of care and treatment services for PLHAs, it needs to improve the quality of laboratory services at the public health facilities. With the funds supported from US-CDC, GFATM, WHO, UNSW/CTAP, and CHAI.

NCHADS supplied the Medical Equipment, and office equipment and furniture to service deliveries including VCCT centers, STD clinics, and Referral Hospitals.

Medical Equipment:

Description	Quantity	Funded by	Distributed to
Automatic pipettes	9	US-CDC	BMC, BTB, PLN
Water bath	2	US-CDC	BMC, PLN
Digital balance,	4	US-CDC	- PLN: 1 - BMC: 3
Refrigerator	1	US-CDC	PLN

Office Equipment:

Description	Quantity	Funded by	Distributed to
Desktop computers	7 sets	US-CDC	- PLN: 2 sets - BMC: 2 sets - PST: 1 set - BTB: 2 sets
Laptop computers	10 sets	- 3 sets by WHO - 1 set by UNSW/CTAP - 6 sets by US-CDC	- DMU/NCHADS: 3 sets - Research Unit/NCHADS: 1 set - NCHADS: 2 sets, - SHC/NCHADS: 1 set - BMC: 1 set - PST: 1 set - BTB: 1 set
Printer	6 sets	US-CDC	- PLN: 2 sets - BMC: 1 set - PST: 1 set - BTB: 2 sets
Printer for Hemato-Analyser machine	1 set	US-CDC	- BMC
Super Rolling Machine	5 sets	US-CDC	- BMC: 1, PST: 1, PLN: 1 and BTB: 2,
LCD Projector	2 sets	US-CDC	- NCHADS and PLN
Photocopy Machine	1 set	US-CDC	- NCHADS
Auto voltage	5 sets	US-CDC	- PLN: 2 sets - PST: 1 set - BTB: 2 sets

External Hard disk (160GB)	12 sets	US-CDC	- NCHADS: 8 - BTB: 2 - PLN: 2
Digital Camera	3 sets	US-CDC	- NCHADS: 2 - PST: 1
Switchers for Network system	3 sets	US-CDC	- NCHADS

Office Furniture:

Description	Quantity	Funded by
Folding Chair	16 sets	- US-CDC
Office Armchair	36 sets	- 6 sets GFATM-R4 - 9 sets by US-CDC - 21 sets by CHAI
Guest Chair	11 sets	- CHAI
Filling Cabinet	34 sets	- 6 sets by GFATM-R4 - 13 sets by US-CDC - 15 sets by CHAI
Office desk	53 sets	- 6 sets by GFATM-R4 - 20 sets by US-CDC - 27 sets by CHAI
Cupboard	17 sets	- 6 sets by GFATM-R4 - 11 sets by CHAI
Chair	52 sets	- CHAI
Plastic Chair	100 sets	- CHAI
Lab Chair	3 sets	- CHAI
Small Bed for consultation	5	- CHAI
Patient Bed	50	- CHAI
Small table for play room	15	- CHAI

2.6 Civil Work:

- The renovations of RHs and HCs in Prey Veng to implement the Link Response Approach in 3 RHs and 5 HCs (Mesang RH, Neak Loeung RH, Kampong Trabek RH, Svay Chrum HC, Cheung Phnom HC, Svayplos HC, Preypon HC, and Kampong Prasat HC) were completed and funded by CHAI.
- The construction of the Generator Room at Social Health funded by UNSW/CTAP Project.

- The renovation of Standard Integrated Laboratory in Mong Russey/Battambang province and Thmar Puok RH/Banteay Mean Chey province funded by US-CDC.

Sources	Amounts
US-CDC	\$ 52,838
UNSW/CTAP	\$ 4,772
CHAI	\$ 3,471
<i>Total</i>	\$ 61,080

2.7 Incentive Scheme

At the end of 2008, there were 1,358 staff received the incentives for both national and provincial level (OI/ART teams, Paediatric AIDS Care, VCCT, STI and HAMT team). Among those, there were 305 persons supported by AusAID/WHO, 651 persons by GFATM-R4 and R5, 20 persons by UN-PAF, 37 persons by CHAI, 101 persons by AHF and 244 persons by UNICEF.

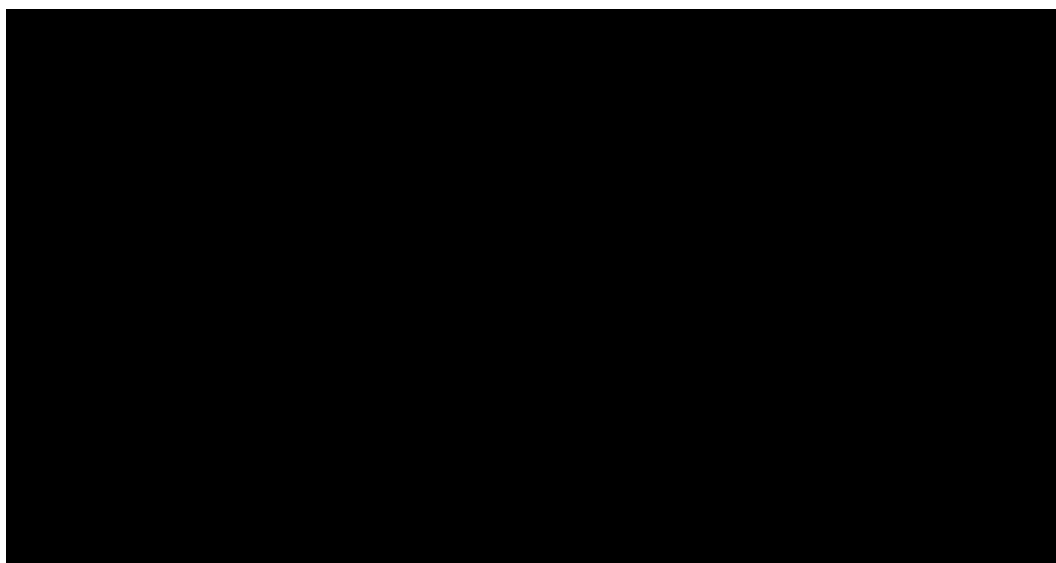


Figure 2: Trend staff received incentives by sources from 2005 to 2008

2.8 Surveillance

- The results of HSS 2006, BSS 2007, and HIV Prevalence and Behaviors among Drug Users in Cambodia were disseminated in a public forum and posted to NCHADS website.

NCHADS has established a Comprehensive HIV Drug Resistance surveillance system which includes 3 components:

1. **Monitoring of early warning indicators:** 7 Early Warning Indicators for HIV Drug Resistance were defined to collect at all sites:
 1. Percentage of quarters in which there were no ARV drug stock out.
 2. Percentage of quarters no expired ARV drug was found at ART site
 3. Percentage of ARV drugs are in storage conditions
 4. Percentage of patients started on standard recommended first line ART regimen
 5. Percentage of patients still on first line ART regimen 12 months after ART initiation
 6. Percentage of patients lost to follow up at 12 months after ART initiation
 7. Proportion of patients who kept all appointments (ART database) used as a proxy for adherence to ART
2. **Surveillance of primary HIV Drug Resistance transmission through threshold survey of recently infected people:** This survey was started in June 2008 in Phnom Penh, where ART has been provided for about 6 years. This study aims to assess the proportion of people who have been infected with HIV strain resistant to any drug in the standard first line regimen and to assess whether standard first line regimen will continue to be effective.
3. **Monitoring of secondary Drug Resistance occurring among patients on ART at sentinel sites.** This study aims to evaluate the suppression of Drug Resistance during the first year of ART in cohort of patients on first line regimen and evaluate the program factors potentially associated with Drug Resistance emergence. The study protocol was designed and data and specimen collection will start in 2009 at 2 ART sites.

2.9 Continuum Quality Improvement (CQI) for HIV Care:

NCHADS has started launching the Continuum Quality Improvement (CQI) for HIV Care project in 2 provinces (Battambang and Pursat) in late 2008. The project aims to improve the quality of care and treatment services to PLHA in Cambodia. Indicators below were defined to monitor for CQI:

1. The mortality indicators:
 - Percentage of patients under ART who died
 - Percentage of patients under ART who were lost to follow-up
 - Percentage of patients under OI who died or were lost to follow-up
2. Case-finding and prevention indicators
 - Percentage of new OI patients with an initial CD4 count of >250 (pre-OI)
 - Percentage of new TB patients who receive HIV testing and counseling (TB)
 - Percentage of ANC1 patients who receive HIV testing and counseling (PMTCT)
 - Percentage of known HIV+ pregnant women who receive prophylaxis and follow-up (pre-OI)

3. Quality of service indicators

- Percentage of patients on ART who kept all appointments in the last quarter (post-ART)
- Percentage of patients with CD4 count less than 200 and 100 receiving prophylaxis with Cotrimoxazol (CXT) and Fluconazole respectively
- Percentage of patients newly registered at the OI/ART site who were screened for TB (pre-ART)

2.10 Symposium on HIV/AIDS Prevention and Care

The second Phnom Penh Symposium on HIV/AIDS Prevention, Care and Treatment was organized at Phnom Penh Hotel. This Symposium aimed to share experiences among people working in the field, and to build capacity for delivering HIV/AIDS Prevention and Care across Cambodia at all levels (the clinical, nursing, Laboratory and home based care).

2.11 Steering Committees

- The First Steering Committee Meetings for Linked Response Approach between HIV and Reproductive Health was held at the Sunway Hotel, on the 12th December 2008. 118 participants from Prey Veng and Takeo (PHD, OD, RH, HC, PMTCT, and VCCT), representatives from partners involved in the implementation of this approach as well as representatives from organizations working for HBCs in the five ODs (OD Neak Loeung, Mesang, Kampong Trabek, Preah Sdech and OD Kirivong), and representative from donors (ITM/Belgium, CHAI, WHO, UNICEF, UNAIDS, US-CDC)...etc, attended the meeting. The meeting aimed to review the progress of the implementation the Linked Response Approach in Neak Loeung and OD Kirivong, to discuss on key issues and challenges faced during the implementations and plan for next steps, focusing on the strategy for scaling up and increasing the scope of the linked response approach.

2.12 External Audits

External audits for DFID, CDC and GFATM funds were conducted during the year. No issues occurred in any of the audits.

B. OUTCOME OF SERVICES DELIVERIES

1. HIV/AIDS prevention activities

From January to December 2008, there were a total of 32 Family Health Clinics (specialized government STI clinics) covering 21 of the 24 Cambodia provinces and cities (except Kandal, Mondulkiri province and Kep city). There are also 22 NGOs STI clinics (RHAC=17 clinics, Marie Stopes=3 clinics, MEC=1 clinic and PSF=1 clinic).

Of the 32 family health clinics 29 (96%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 23 labs are functioning (*Annex: STI indicator 2*). This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 222 Health Centers in 74 OD/24 provinces provide STI services using the Syndromic Approach. At these HCs, in 2008, 4,846 consultations for male patients and 26,526 for female patients were reported to the data management unit of NCHADS. Of 3,849 male STI/RTI Syndromes reported, 3,616 (92.9%) were urethral discharges; 214 (5.5%) were Genital ulcers and 64 (1.6%) were Genital warts. Of 24,215 female STI/RTI Syndromes reported, 11,660 (48.2 %) were treated for vaginitis; 10,982 (45.4%) were treated for cervicitis and vaginitis; 1,431 (5.9%) were PID and 122 (0.5%) were Genital ulcers. A total of 3,454 male partners and 5,167 female partners of STI patients were notified and treated for STI.

In 2008, 204,992 consultations were provided at the total of 51 specialized STI clinics (32 government and 19 NGO STI clinics) [19,397 consultations were provided to male patients, 3,399 to MSM, 142,903 to low-risk women and 39,293 to brothel based sex workers (BSWs) and entertainment workers (EWs) (13,921 for BSWs; 25,373 for EWs) of which 24,503 were monthly follow-up visits] (Figure 3).

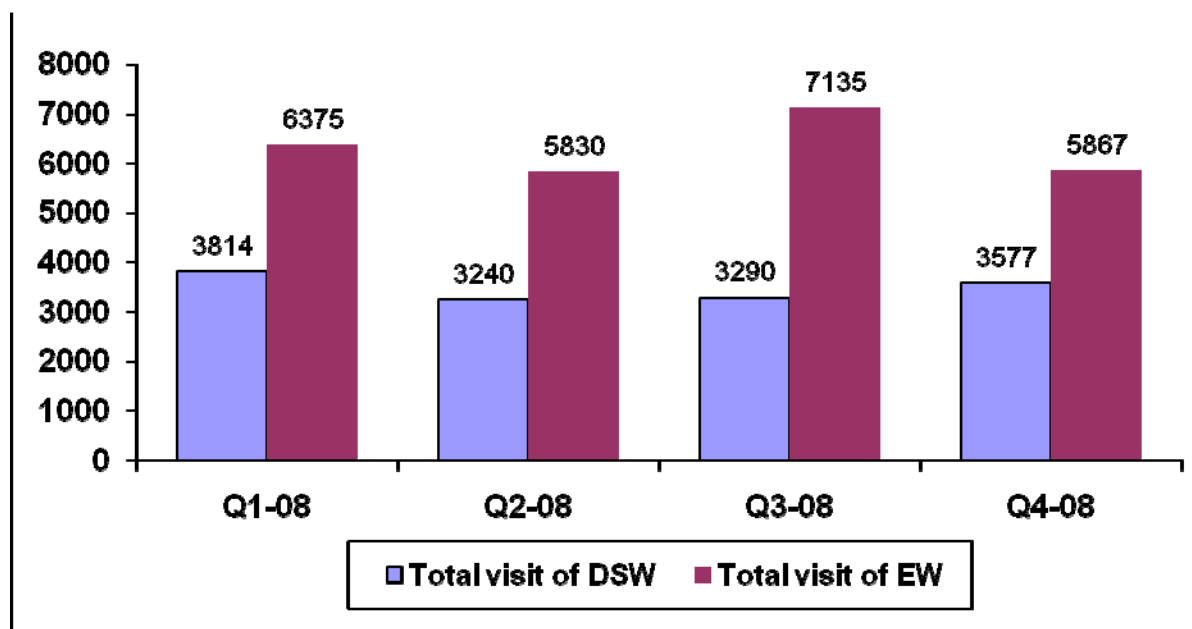


Figure 3: BSW and EW attendance to Family Health Clinics, from Q1 2008 to Q4- 2008

*The reports from Marie Stopes clinics are not available.

The RHAC clinics attract mostly low risk women whereas the 32 government STI clinics are used mostly by brothel based sex workers and entertainment workers. Most MSM visited MEC clinic in Phnom Penh city.

At the 51 specialized STI clinics, of 12,645 male STI syndromes reported from January to December 2008, 11,488 (90.9%) were urethral discharges; 91 (0.7%) were anal discharges, 646 (5.1%) were Ano-genital ulcers, 380 (3.0%) were Ano-genital warts and 29 (0.2%) were inguinal bubo. Of the 812 STI syndromes reported among

MSM, 366 (44.8%) were urethral discharges, 85 (10.5%) were anal discharges and 302 (37.2%) were ano-genital ulcers.

At the 51 specialized STI clinics, of 109,877 STI syndromes reported among low-risk women, 85,468 (77.8%) were treated for vaginitis, 22,616 (20.6%) were treated for cervicitis and vaginitis, 568 (0.5%) were PID, 830 (0.8%) were ano-genital ulcers and 395 (0.4%) were ano-genital warts.

In 2008, of the 4,724 BSWs who attended specialized clinics for their first visit, 2,943 (62.3%) were diagnosed with a STI, including 1,407 (29.8%) with cervicitis. Among 9,197 BSWs who attended specialized clinics for monthly follow-up visits, 3,177 (34.5%) were diagnosed with a STI, including 1,784 (19.4%) with cervicitis (*Annex: STI indicator 1*). -From January to December 2008, of the 10,066 EWs who attended specialized clinics for their first visit, 6,289 (62.5%) were diagnosed with a STI, including 3,430 (34.1%) with cervicitis. Of the 15,306 EWs who attended specialized clinics for monthly follow-up visits, 3,726 (24.3%) were diagnosed with a STI, including 1,705 (11.1%) with cervicitis.

In 2008, total of 3,992 RPR tests were conducted at the 32 government specialized STI clinics, PSF and MEC clinics, 61 (1.5%) were positive.

In 2008, specialized STI clinics have referred 13,987 patients to VCCT, 78 of HIV/AIDS patients (PLHA) to OI/ART services, 2,336 to ANC and 1,862 to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services, 165 patients from VCCT, 47 of patients from OI/ART services, 110 from ANC and 52 from Family Health Planning services.

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

2.1 Availability of Services

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 5 years, from 12 sites in 2000 to 212 sites by the end of December 2008 (*Annex: VCCT indicator 1*) (Figure 4).

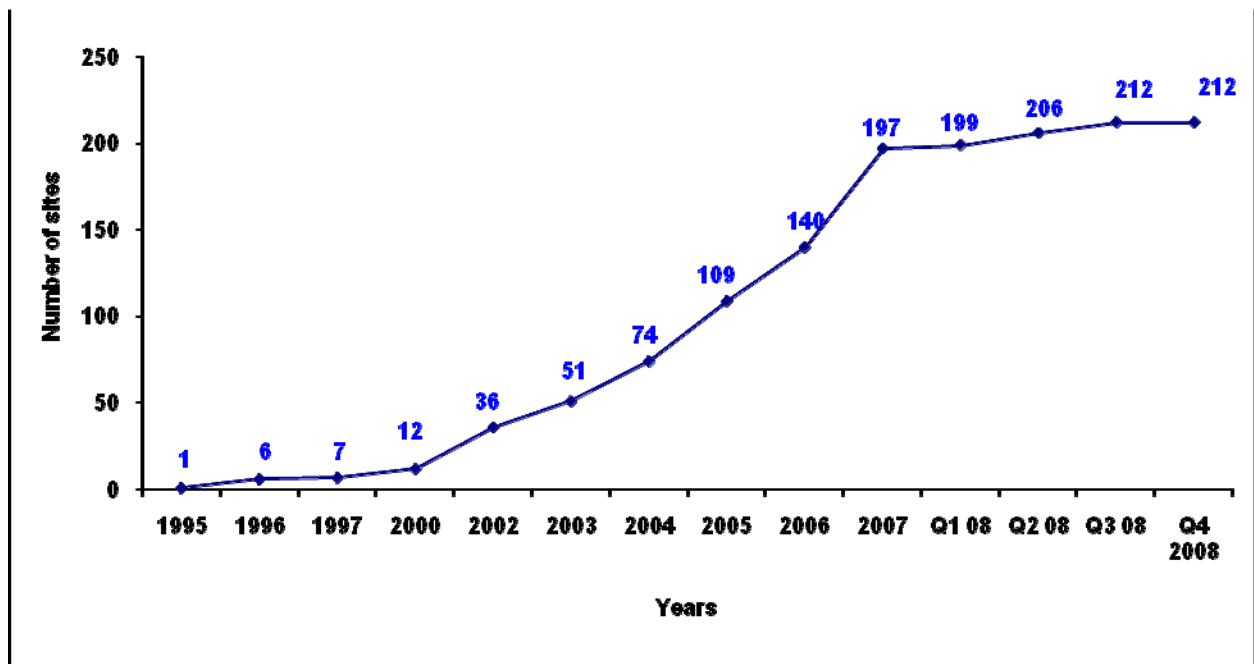


Figure 4: Trend in number of VCCT sites from 1995 to Q4-2008

Of the current 212 VCCT sites, 190 are supported directly by the Government and 22 by NGOs (RHAC, Marie Stope, MEC and Center of Hope).

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

In 2008, of 379,554 (including attendees from NMCH) VCCT clients 263,715 (69.5%) were self referred, 47,195 (12.4%) were referred by ANC services, 4,825 (1.3%) were referred by STD clinics, 19,608 (5.2%) were referred by TB program, 18,764 (4.9%) were referred by HBC, 13,722 (3.6%) were referred by general medicine, 895 (0.2%) were referred by Pediatric care, 6,217 (1.6%) were referred by Maternity services, 2,340 (0.6%) were referred by FP services and 2,273 (0.6%) were referred by other services (Figure 5).

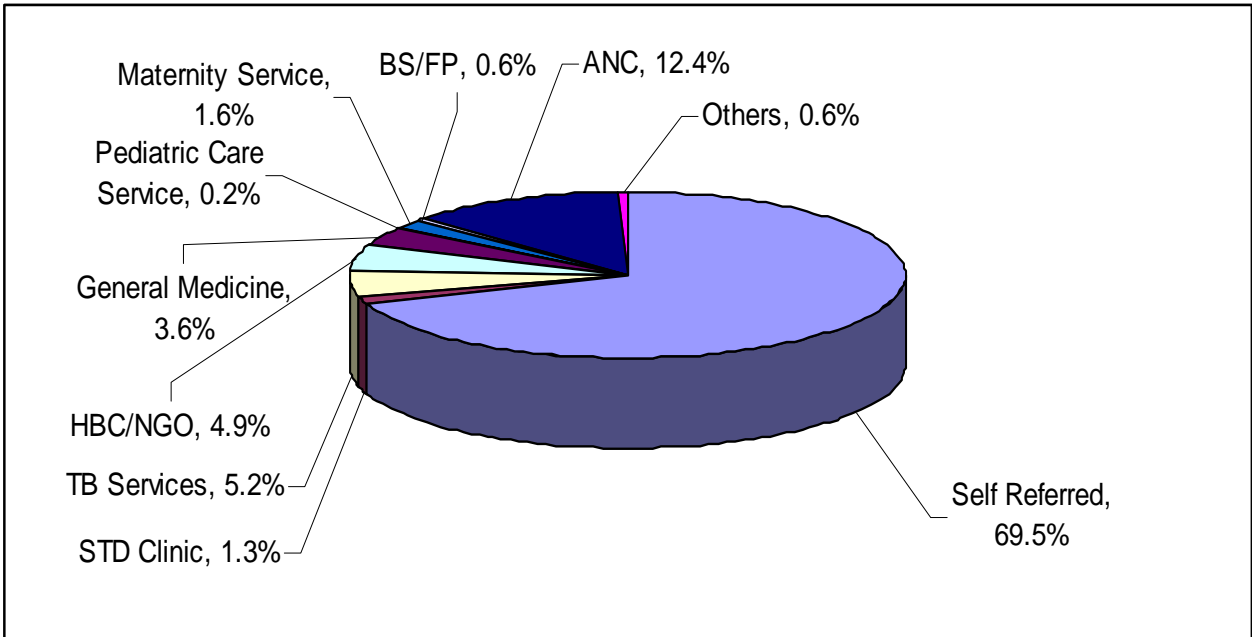


Figure 5: Trend in number of VCCT clients referred from other services in 2008

Of a total of 320,557 VCCT clients and TB patients, 299,368 persons have been tested for HIV at VCCT sites in 2008 (Figure 6).

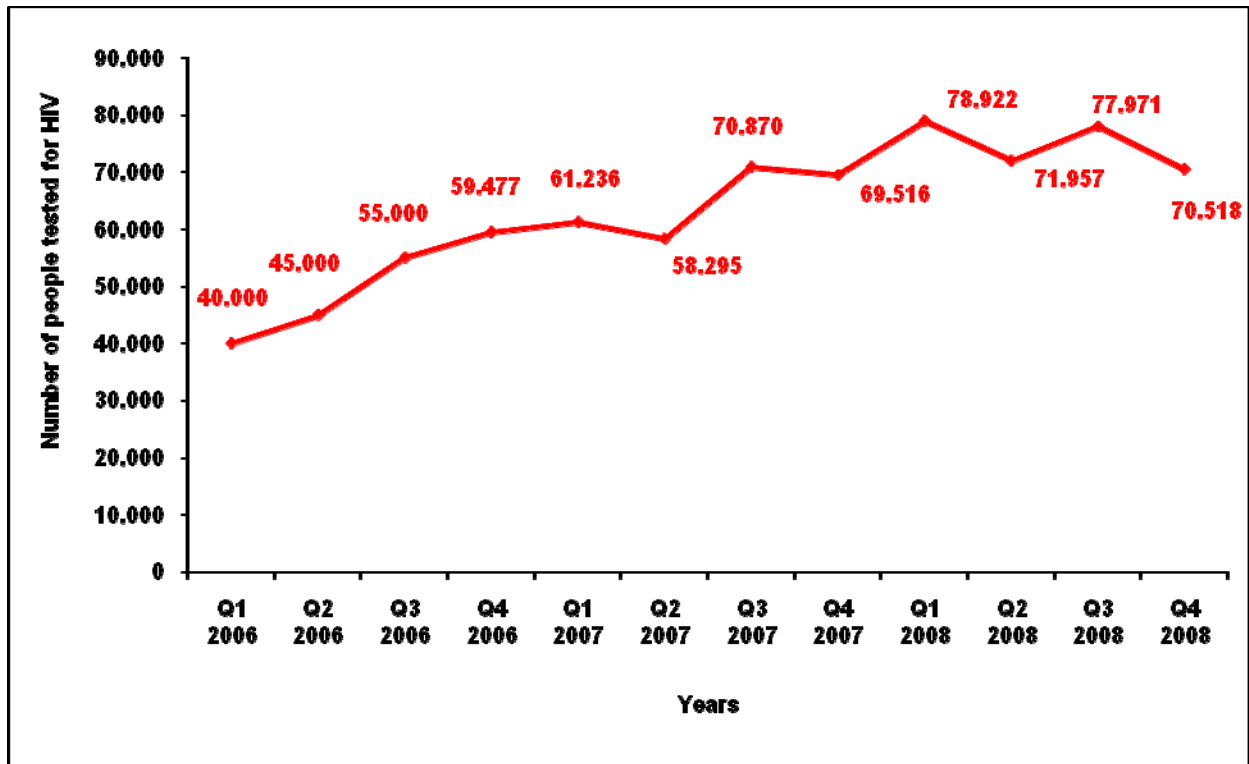


Figure 6: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q4-2008

Of the total number of people tested in 2008, 170,898 (57.1%) were female and 270,382 (90.3%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 299,368 No. (%)	People tested HIV positive N=11,670 No. (%)
Age		
≤14 years	11,425 (3.8)	1,051 (9.0)
15-49 years	270,382 (90.3)	9,945 (85.2)
> 49 years	17,561 (5.9)	674 (5.8)
Sex		
Male	128,470 (42.9)	5,658 (48.5)
Female	170,898 (57.1)	6,012 (51.5)

Table 1: Characteristics of clients tested at VCCT sites, In 2008

In 2008, a total of 270,382 persons were tested for HIV. Of those were aged 15-49 years (VCCT indicator 2)

In 2008, 99.0% (range: 85.8% - 100% across sites) of clients tested received their result through post-test counseling (*Annex: VCCT indicator 3*).

In 2008, of 320,557 VCCT clients, 19,608 (5.2%) were referred from the TB program (Figure 7) (VCCT indicator 4).

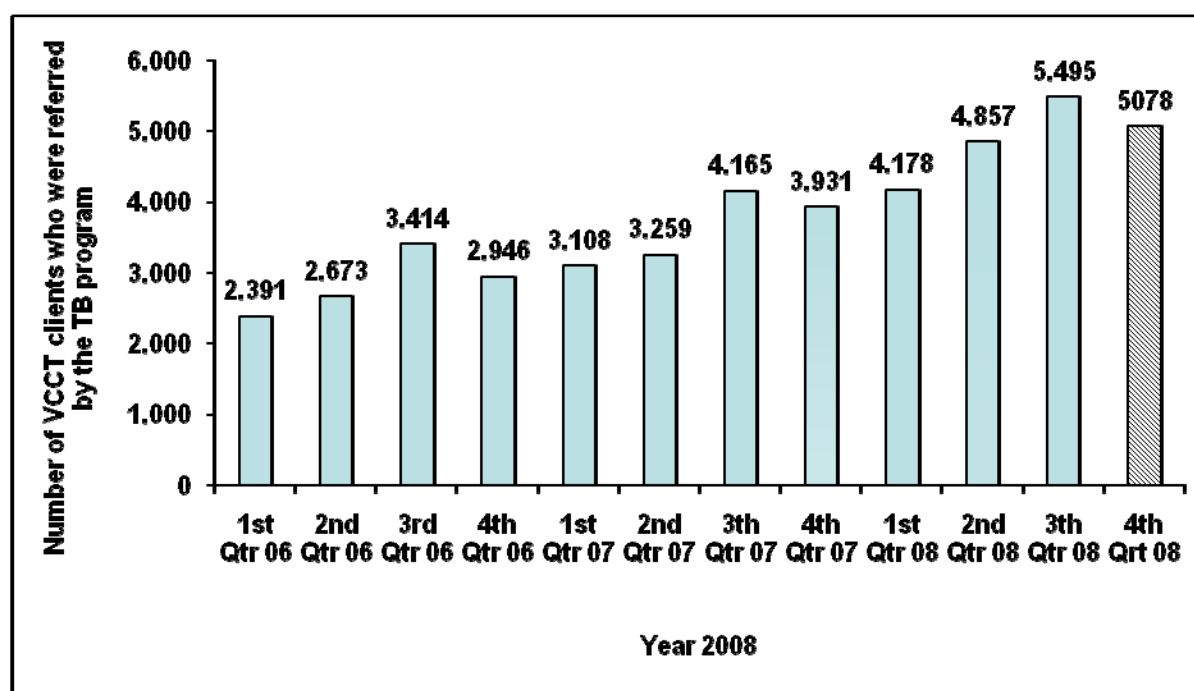


Figure 7: Trend in number of VCCT clients referred from TB program from

In 2008, a total of 11,670 persons nationwide were detected HIV positive at VCCT sites (Figure 8).

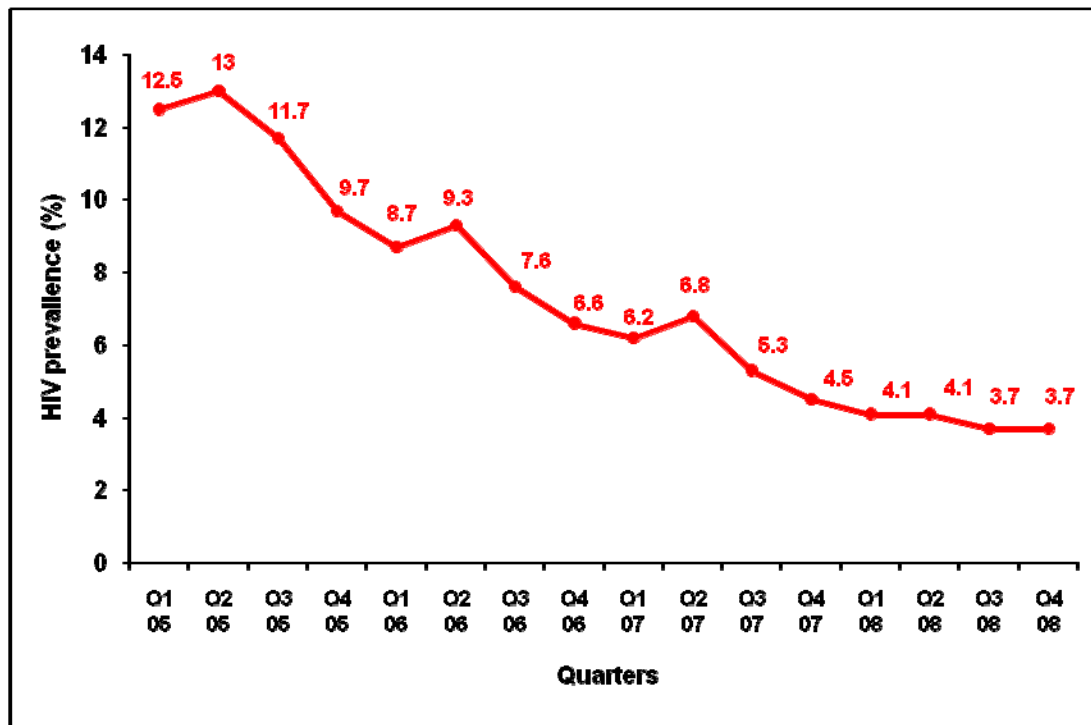


Figure 8: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q4-2008

2.1.2. OI and ART services

To date, 51 health facilities offer OI and ART services in 20 provinces. These 51 OI and ART services are supported by the government and by partner NGOs (*Annex: CoC indicator 2*). Of the total 51 OI/ART sites, 27 sites provide pediatric care.

In 2008, the numbers of Refresher Training for Pediatricians on management of OIs/ART are 160 and 21 for adults. There were 28 for Adult and 106 of Pediatric Counselling on Management of OIs/ART for Nurses. Numbers of Regional Clinicians Network meeting of OIs/ART for adults are 125. Regional meeting for 164 Pharmacies Responsible Dispensers and 43 pharmacies has been trained on Logistic managements (HFBC Indicator4

This 2008, 39 ODs have at least one facility that provides ART services (*Annex: CoC indicator 1*) (Figure 9).

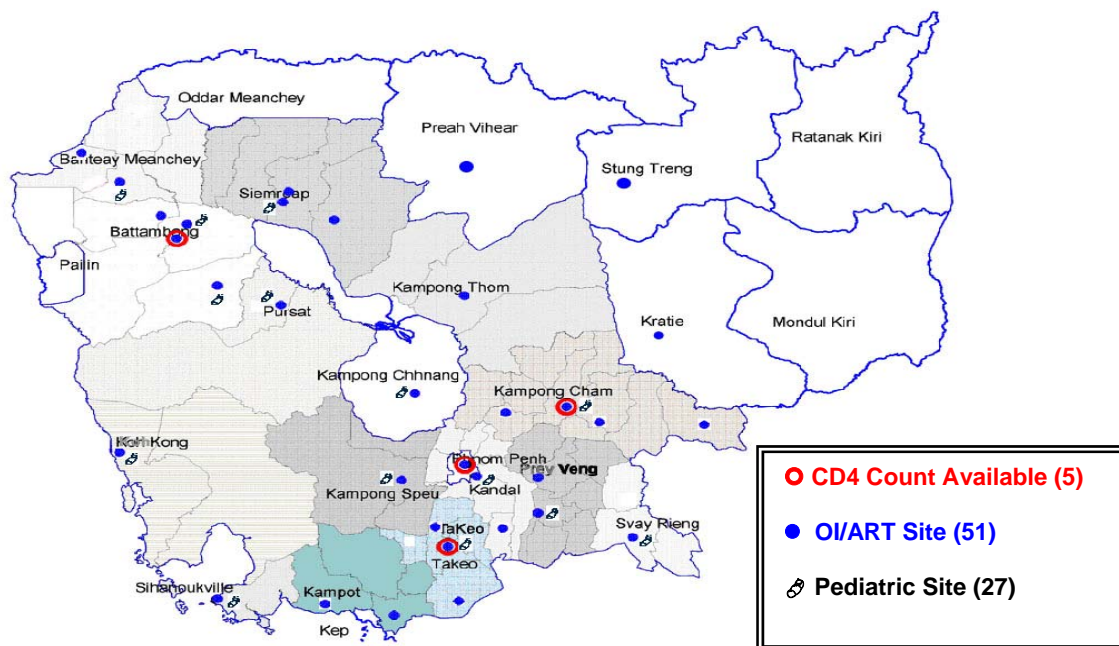


Figure 9: Location of facility-based OI/ART sites at the end of 2008

1. Laboratory Support

In 2008, 71,159 CD4 counts have been conducted in the four regional laboratories with the leased FACScounts (Takeo, Kompong Cham, Battambang and at NIPH in Phnom Penh) (Figure 8). CD4 count is also available at Pasteur Institute in Phnom Penh are 2,546 tested in 2008. CD4 % testing for children is conducted at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH.

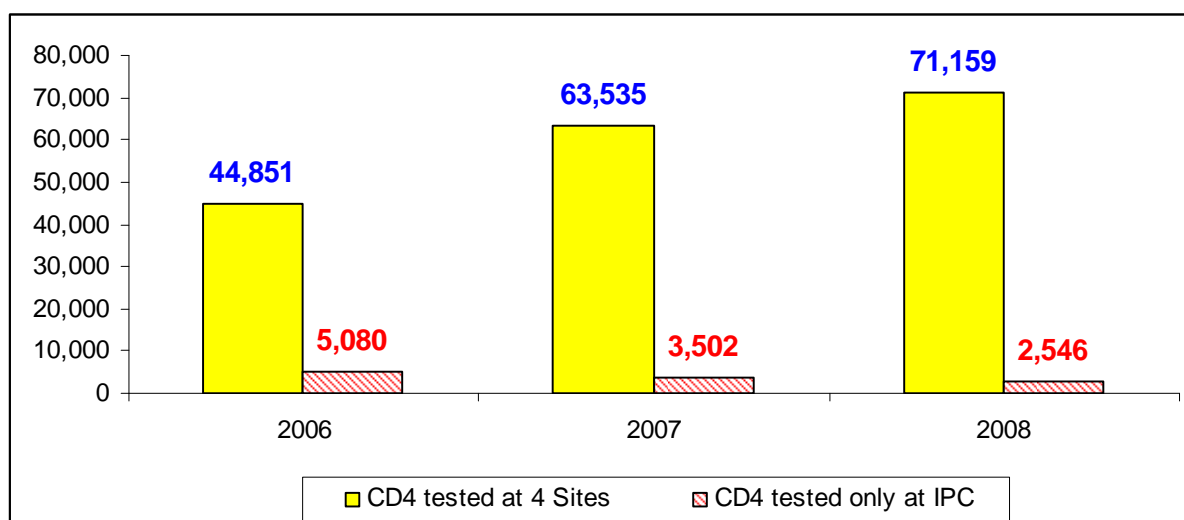


Figure 10 : Trend in the total number of CD4 tests conducted in Cambodia at 4 government sites and IPC from 2006 to 2008

In 2008, 410 RNA viral load tests have been conducted at NIPH which tested for Social Health Clinic facility. 7,258 RNA Viral load tests are also conducted at Institute Pasteur of Cambodia (IPC) (Figure 11).

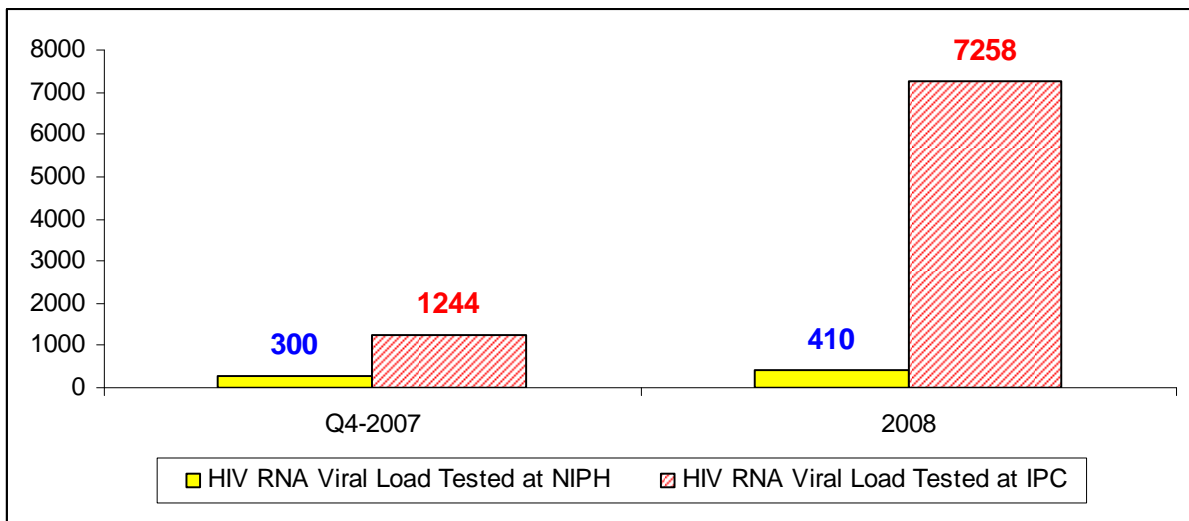


Figure 11: Trend in the total number of Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2007 to 2008

In 2008, 400 DNA PCR tests have been conducted at NIPH which found 40 positives. And 428 DNA PRC tests are also conducted at Institute Pasteur of Cambodia (IPC) (Figure 12).

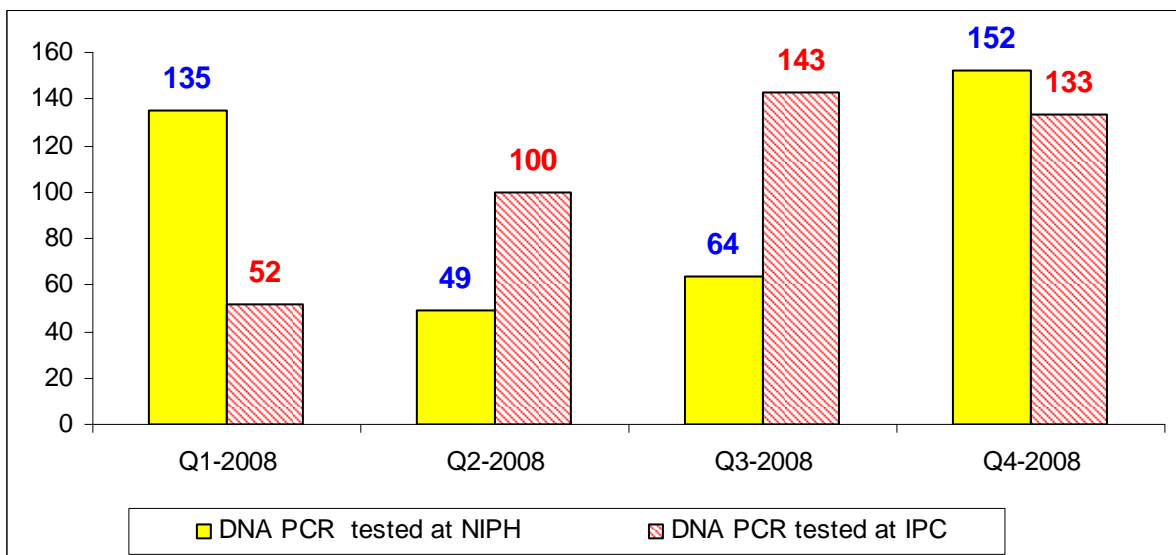


Figure 12: Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q4-2008

At the end of 2008, a total of 31,999 active patients, including 28,932 adults and 3,067 children were receiving ART (Figures 13 and 14) (Annex: HFBC indicator 5). Of the 30,500 estimated adults in need of ART in 2008. 28,932 (90.91%) are actually on ART

in December 2008. It is possible that the number of people in need of ART has been increased. The numbers of OI and ART patients are cumulative.

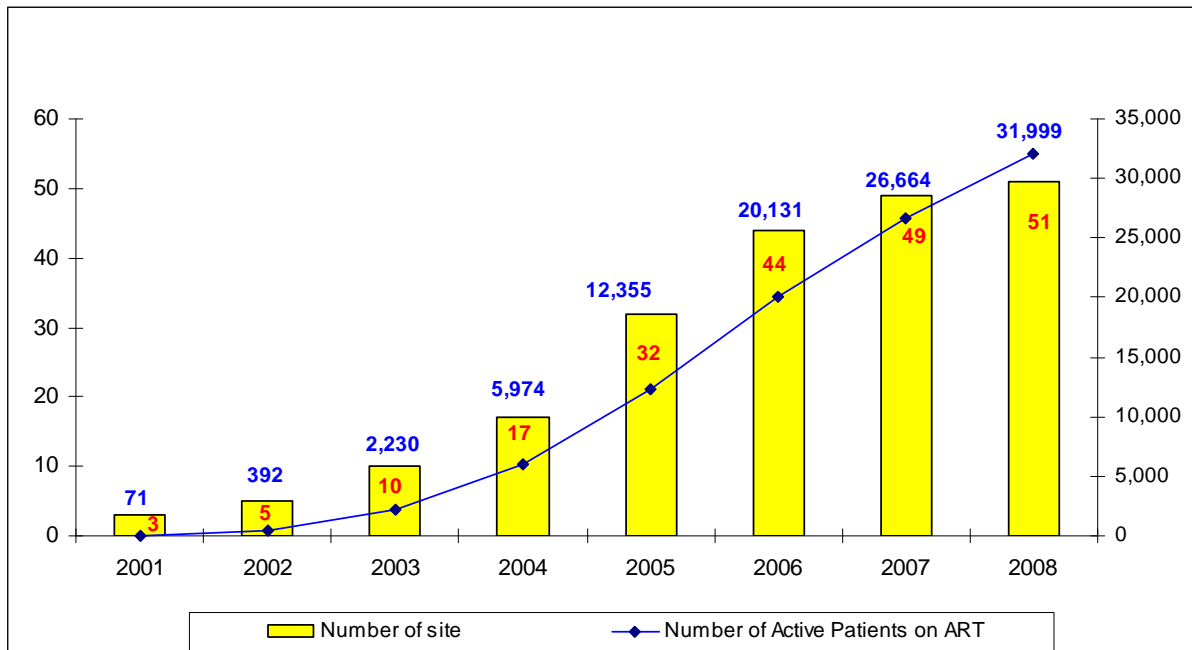


Figure 13: Trend in number of OI/ART sites and active patients on ART from 2001 to 2008

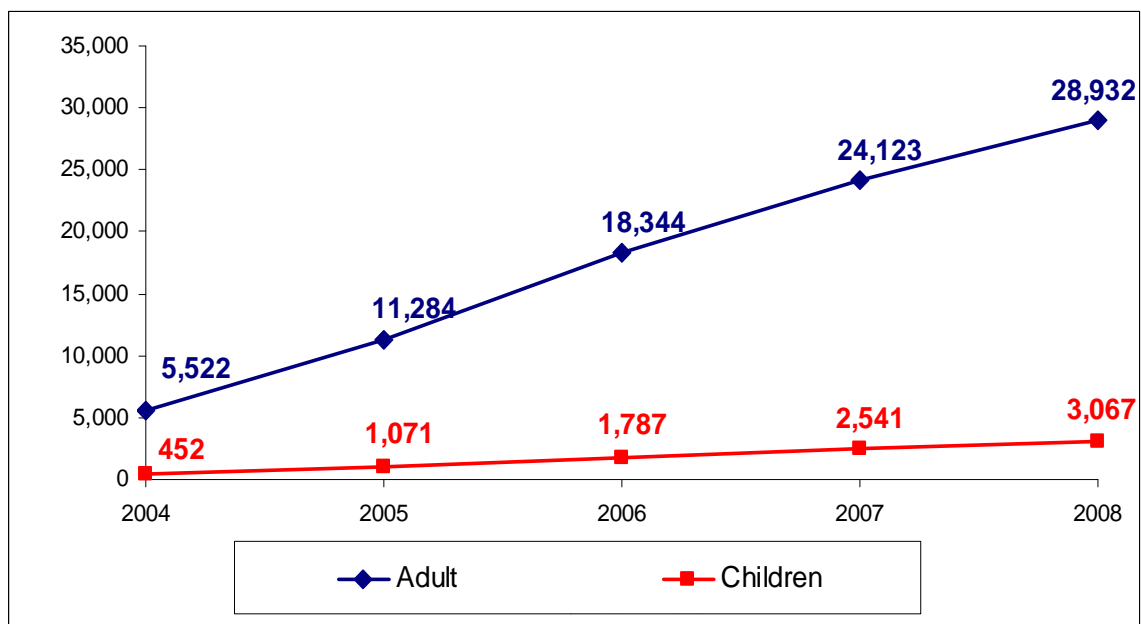


Figure 14: Trend in number of active adult and child patients on ART from 2004 to 2008

At the end of 2008, adult female patients accounted for 51.82% of all active patients on ART. At OI/ART sites, a total of 2,437 new patients (including 307 children) started OI prophylaxis and management and 1,603 new patients (including 158 children) started on ART in Q4-2008 (Figure 15). The number of new OI patients has been stable since 2007. However, the number of new ART patients has declined since 2007.

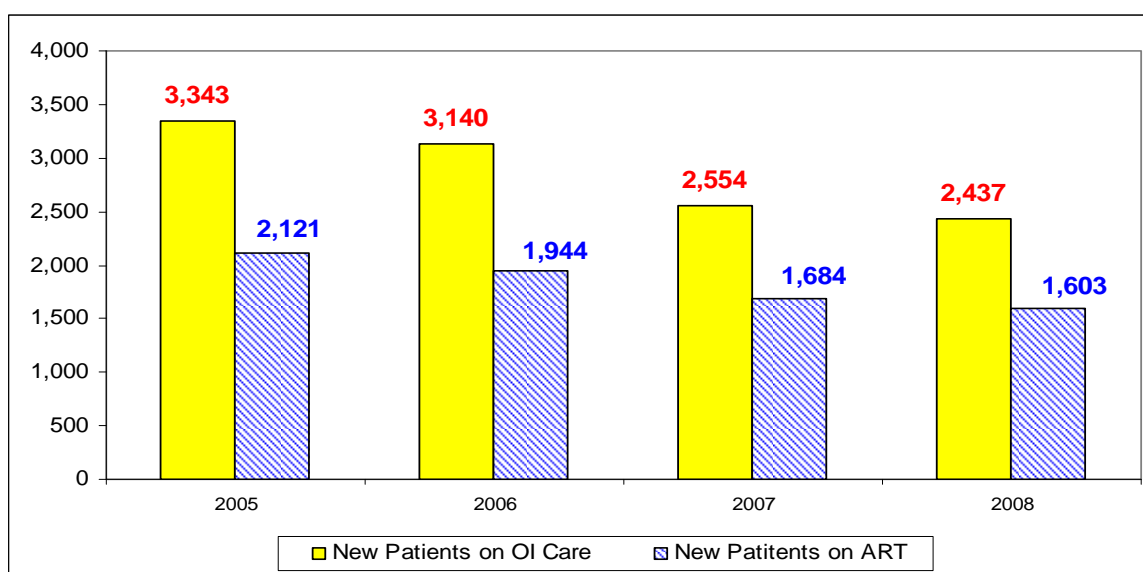


Figure 15: Trend in numbers of new patients on OI and ART from 2005 to 2008

There were a total of 8,880 active OI adult patients and 1,604 child OI patients not yet eligible for ART at the end of Q4-2008. Of those, 5,569 (63%) were female, representing mostly spouses of male patients started on OI/ART care some years ago.

A total of 2,062 OI adult patients and 259 child patients were eligible for ART but not yet on ART at the end of December 2008.

2. Patient mobility across services

At the end of 2008, a total of 1,150 ART patients were transferred out to new ART sites located closer to their home residence. At the end of 2008, 10 ART sites have cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,578 active patients on ART.

3. Drug and logistic support

At the end of 2008, all ART sites reported the number of patients on each ART regimen. Most prescribed regimens were d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP, whereas 3.20 % of adults and 4.37 % of children were on PI-based regimens (Table 2).

ARV drug regimen Q4 - 2008	Adults N= 28,980*		Children N= 3,339*	
	No.	(%)	No.	(%)
d4t+3TC+NVP	12,814	44.22 %	2,496	74.75 %
d4t+3TC+EFV	3,862	13.33 %	426	12.76 %
AZT+3TC+NVP	7,326	25.28 %	169	5.06 %

AZT+3TC+EFV	2,486	8.58 %	59	1.77 %
PI-based regimens	928	3.20 %	146	4.37 %
Other regimens	1,564	5.40 %	43	1.29 %

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

Table 2: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q4-2008

2.1.3. Community-based services

Home-based care (HBC)

From January to December 2008, the new format of home base care report was released in Quarter 3. There are 343 HBC teams in Cambodia (Annex: HBC indicator 1) (Figure 16). A total of 675 health centers and 1 health post are linked to HBC teams (Annex: HBC indicator 4) in 20 provinces within the CoC.

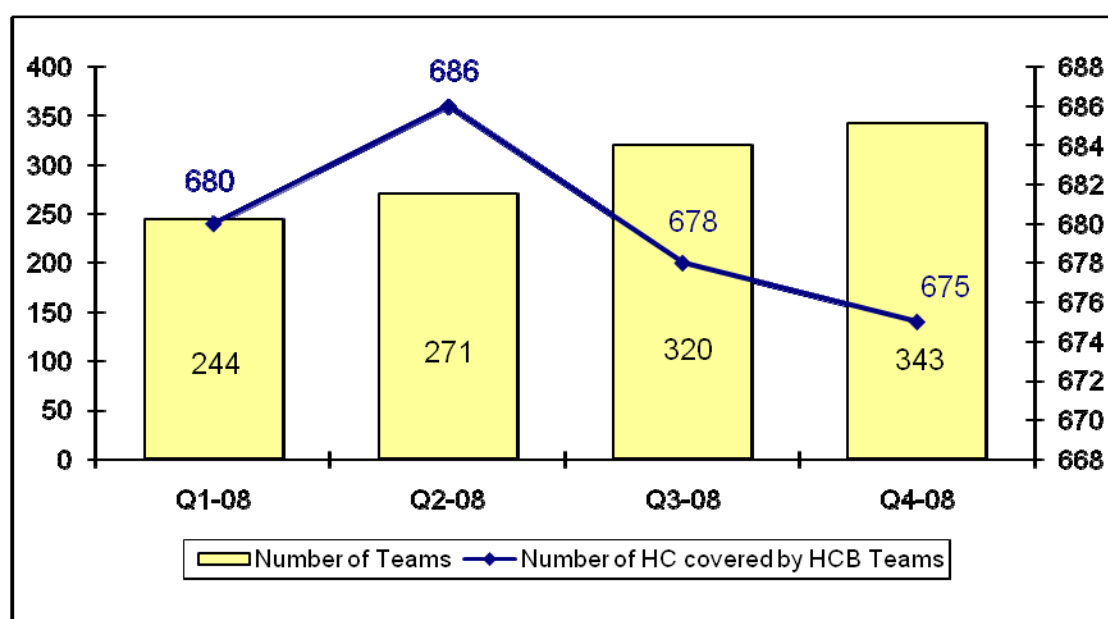


Figure 16: Trend in number of HBC teams form Q1-2008 to Q4-2008

These HBC teams are currently supporting a total of 27,280 PLHA (Annex: HBC indicator 2).

PLHA support groups (SG)

In 2008, 912 PLHA SG are active in Cambodia. These PLHA support groups are currently established in 15 provinces only (source: CPN+ report). The number of active PLHA supported by these support groups was 36,588 in 2008 (Figure 17).

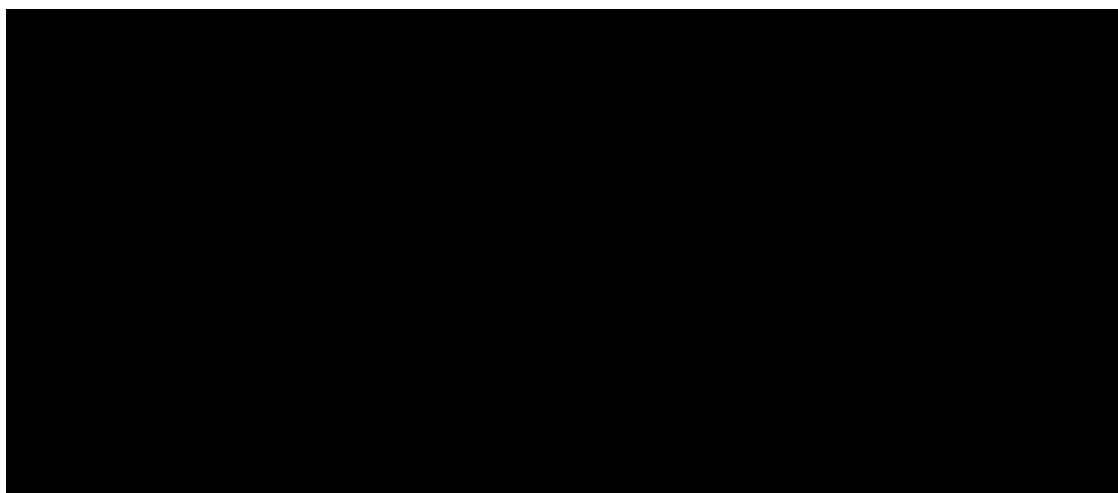


Figure 17: Trend in number of people supported by PLHA support groups from Q1 2007 to Q4 2008

TB/HIV collaboration

From Jan to September 2008, the information of TB patients is removed in the new report form and finally TB/HIV has no information in Q4 2008. 371 health centers have intensified TB/HIV collaborative activities in 19 provinces. In particular, health centers with HBC teams facilitate the transportation of TB patients from the community to the nearest VCCT site for HIV testing.

At the 371 HCs with special TB/HIV collaborative activities from Jan to September 2008, of the 2,314 diagnosed and old TB cases identified by HBC teams as still on treatment but not yet HIV tested, 3,937 were reported by HBC teams as having attended VCCT services for HIV testing. Of the 3,937 TB patients tested for HIV, 318 (8.1%) were detected HIV-positive. TB/HIV co-infected patients were referred to OI/ART sites.

In addition to the efforts of HBC teams to transport TB patients to VCCT, another 10,593 TB patients did reach VCCT sites by themselves from Jan to September 2008. Therefore, a total of 19,608 TB patients were seen at VCCT in 2008 and tested for HIV.

From Jan to December, 2008 CENAT reported that 36,942 new TB cases were registered for treatment including 9,240 TB cases with unknown HIV status. Of the TB cases with unknown HIV status, 19,963 (54.0%) were referred to VCCT and 18,645 (93.0%) were tested and had an HIV test result recorded in the TB register, of the 36,942 new TB cases registered in 2008.

2.2 PMTCT

2.2.1. Nationwide PMTCT Data provided by NMCHC

In December 2008, there were 66 of 76 ODs with at least one center providing PMTCT services (HFBC indicator 6).

From January to December 2008, of a total of 97,796 first ANC attendees at government ANC clinics with PMTCT services, 67,973 (69.5%) were tested for HIV. Amongst couples where the woman attended an ANC clinic with PMTCT services, 15,529 husbands/partners accepted testing (22.8% of pregnant women were tested with their husbands/partners). Among the 63,655 women who received the results of their HIV test at PMTCT services, 383 (0.6 %) were HIV positive and a further 363 known HIV-positive pregnant women were referred to PMTCT services.

A total of 633 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and December 2008. Of these mothers, 614 (94.2%) accessed ARV drugs: 186 (30.3%) received AZT during pregnancy (179 of them also received AZT + SD NVP during labour), 352 (57.3%) received HAART and 76 (12.4%) received ARV prophylaxis in labour alone. Of 635 infants born to HIV-infected mothers at PMTCT maternity sites from Jan to December 08, 622 (98.0%) received ARV prophylaxis, 482 received NVP and ZDV for 1 week and 137 for 4 weeks; 3 infants received single dose NVP alone. Of the HIV infected mothers who delivered at PMTCT maternity sites in 2008, 175 (28.0%) declared that they intended to use exclusive breastfeeding and 448 (71.9%) declared that they planned to use replacement feeding.

In 2008, of 600 HIV-exposed children tested for HIV, 32 (5.3%) were detected HIV-positive.

From January to December 2008, of an estimated 342,756 pregnant women nationwide, 103,768 (30.3%) were tested for HIV and received the test result (67,973 reported by NMCHC, 16,975 at RHAC clinics and 18,820 at Jayavaraman 7) (HFBC indicator 7). Of an estimated 2,879 (0.84% x 342,756) HIV-infected pregnant women, 777 (27%) received ARV prophylaxis at the government delivery health facilities (HFBC indicator 8).

NB: The population figures provided by the Ministry of Planning based on the last census are as follow:

Total Cambodia population in 2008 = 13,388,910 (from 2008 census)

Therefore, estimated number of pregnant women in 2008= 342,756 if Crude Birth Rate is 25.6 per 1,000 (CDHS 2005 chap 5 page 61)

Estimated 2008 HIV prevalence among ANC attendees (NCHADS) =0.84%

Estimated number of HIV-positive pregnant women in 2008 = 2,879

2.2.2. Linked Response data from demonstration project

HIV testing figures reported in the VCCT section of this report do not include the tests conducted after blood draw at HC level and sent directly to VCCT laboratory for HIV testing.

The experience and early outcome of the Linked Response demonstration project that started on April 01, 2008 in 4 ODs of Prey Veng province (Neak Leung, Kampong Trabek, Preah Sdach and Mesang) is reported below.

From April to September 2008, of 7,150 expected new pregnancies, 5,958 (83.3%) attended ANC1 and 4,984 (69.7%) were tested for HIV at ANC in the Prey Veng Linked Response catchment area, although not all tested pregnant women received their test result (HFBC indicator 8). Of the pregnant women tested for HIV in since April 2008, 9 were found to be HIV-positive and all of them received their test result through post test counselling. An additional 13 pregnant women who knew their HIV status prior to becoming pregnant have been integrated into the Linked Response PMTCT program. Therefore a total of 22 pregnant women with HIV test results were known to be HIV-infected and have been followed up for PMTCT since April 2008.

Of the 13 women who knew their HIV status before pregnancy and were enrolled in OI/ART services at Neak Leoung Referral Hospital: 11 were already on ART, 1 started ART subsequent to her enrolment in PMTCT, and 1 does not require ART for her own health, she remains in care and will begin ARV prophylaxis at 28 weeks;

Of the 9 newly detected women: 3 are eligible for or are receiving HAART, 4 are using ARV prophylaxis, and 2 have aborted or left the catchment area.

10 of the 22 women have delivered and 2 women have aborted. 3 of the births occurred at home, and 7 were administered by health care professionals in facilities.

Of the 10 women who have delivered to date, 9 children have had early infant diagnosis by DNA PCR; 4 have been found to be HIV-negative, one baby was found to be HIV+ and has died (home delivery), and 4 children await PCR test results.

In conclusion, the Linked Response project in 4 ODs of Prey Veng province has allowed a higher coverage of HIV testing among pregnant women than the nationwide average (HFBC indicator 8). The follow up of HIV-infected pregnant women has been improved by a strong coordination mechanism at OD level that facilitates collaboration between health facilities and HBC teams, and the incidence of women receiving incomplete prophylaxis regimens is being addressed with an increased emphasis on regular monitoring and strong encouragement facility delivery.

C. FINANCIAL REPORT:

This Report presents both expenditures against the proportion of planned budget disbursed and achievements of planned activities, as the major indicators of achievement. It included the ten main sources of NCHADS programme funding: DFID, GFATM, CDC, ITM, CHAI, UNSW/CTAP, WB, AHF, Treat Asia, WHO, WHO / AusAID, UNAIDS, UN-PAF and FHI.

The figure in column of annual expenditures were recorded in the NCHADS accounting system as allowable reconciled expenditure against advances are shown. These include both actual expenditures incurred and recorded during the year. For

FHI expenditures only achieved by NCHADS HQ, and expenditures for ODs not included in this table.

Table: Summary of Annual Expenditure by Sources in 2008

Sources	Annual Plan	Annual Exp	Annual %
DFID	\$ 1,779,939	\$ 294,104	17%
GFATM (R2, R4 and R5)	\$ 5,254,701	\$ 5,132,537	98%
US-CDC	\$ 702,732	\$ 387,348	55%
UNSW/CTAP	\$ 260,000	\$ 200,707	77%
WHO and WHO/AusAID	\$ 482,994	\$ 369,879	77%
FHI	\$ 41,447	\$ 68,874	166%
CHAI	\$ 455,260	\$ 415,526	91%
AHF	\$ 192,391	\$ 252,371	131%
WB/MoH	\$ 500,000	\$ 1,002,064	200%
AUSAID	\$ 187,559	\$ 51,291	27%
Treat Asia	\$ 49,213	\$ 24,966	51%
UN-PAF	\$ 170,000	\$ 147,089	87%
UNAIDS	\$ 17,278	\$ 15,980	92%
CIPRA	\$ 167,581	\$ 71,072	42%
ITM	\$ 76,600	\$ 76,519	100%
Grand Total	\$ 10,337,695	\$ 8,510,328	82%

Table : Summary of Expenditures by Components and by sources in 2008

Project Components	DFID	GFATM (R2, 4 &5)	CDC	ITM	UNSW/CTAP	WB	FHI	CHAI	AHF	CIPRA	AusAIDS	WHO	WHO/AusAID	UNAIDS /PAF	UNAIDS	Treat Asia	Grand Total
VAT Exp		775	-		486			-			39						1,299
IEC		50,500	5,830						6,066								62,396
Outreach		30,646	-														30,646
100% CUP		51,720	-														51,720
STD Management		64,889	-				41,539										106,427
Health Facility Based care		151,743	35,155					3,500	14,856							22,195	227,449
Home Based Care /Support Group	249,988	2,842	1,857	2,307				6,319	19,213			36,169					318,695
VCCT		40,624	35,745	6,609			6,240	30,824									120,042
PMTCT			6,805														6,805
CoC Referral Network		4,369	2,259					9,182	24,933								40,743
Surveillance			5,480				9,279					19,309					34,068
Research					200,221					96,509	51,253	2,500				2,771	353,254
Planning, Management & Monitoring		148,474	82,117	14,557			11,816	22,896	81,240					4,648	5,580		371,327
Data Management		8,813	5,465											24,683			38,961
Logistic Management		3,816,639	135,965	10,912		1,002,064		48,023	26,000					5,745			5,045,348

Admin & Finance		49,253	44,079	8,054				248,655	13,585					5,813			369,440
Renovation		241,357	9,507	-					1,499								252,363
Salary and Incentive	25,973	461,595	17,084	34,080				46,128	64,980				313,103	106,200	10,400		1,079,543
Consultants		8,298		-													8,298
Total Expenditure	275,961	5,132,537	387,348	76,519	200,707	1,002,064	68,874	415,526	252,371	96,509	51,291	57,978	313,103	147,089	15,980	24,966	8,518,824

D. CHALLENGES AND CONSTRAINTS

- Implication of Anti-Human Tracking Laws in Cambodia: impact of intervention of 100% CUP
 - Sex work shifting from brothels to other entertainment venues (Karaoke, Massage parlors, Beer Gardens, etc)
 - Decrease the number of SWs to check up at public STD clinics
- Limitation of human resources (RH, OD)
- Work load of health staff (NCHADS, PHD/OD, RH)
- Limitation of quality of laboratory and services
- Big demands of PLHAs : not only Care and treatment but also social support (foods, ..) due to poverty
- Funding issues: \$1.8 million of funds supported by DFID was interrupted in 2008.

E. CONCLUSION AND RECOMMENDATION

- Overall, , NCHADS and its partners were made great achievements against the target sets in 2008, we can therefore, conclude that working in partnership, the HIV/AIDS Prevention, Care and Treatment programs in Cambodia is moved towards the Universal Access by 2010. However, we should ensure long-term funding and political commitments to run the HIV/AIDS programs.
- NAA, MoWA, MoI and relevant partners should find the appropriate solution to avoid the conflict between the enforcement of Anti-Human Tracking Laws and the intervention of 100% CUP in Cambodia and to promote access of SWs to have a regular check-up at STI clinics Currently, NCHADS has worked closely with partners to find the appropriate effective strategies to deal with this target group (Entertainment Sex Workers) in order to sustain the high rate condom use.

ANNEX: Monitoring and Evaluation indicators

	STI Indicators	Type	2008 target No. (%)	2008 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 15%	34.5 %
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	24	23
3	Percentage of entertainment services workers who use STI services monthly	Output	DSW: 90% IDSW: 50%	DSW: 94% (3290/3476)

	CoC Indicators	Type	2008 target No. (%)	2008 score No. (%)
1	Total number of Operational Districts with a full Continuum of Care	Output	40	39
2	Number of CoC sites with ARV services	Output	50	51

	VCCT Indicators	Type	2008 target No. (%)	2008 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	220	212
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing (UA 3, 4, 5, 9).	Outcome	320,000 (4.3%)	270,382 from Jan to December 2008
3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99%

4	Number of VCCT clients that were referred from a TB programme	Output	18,000 at year end	19,608 from Jan to December 2008
5	Number and percentage of new TB patients tested for HIV (at targeted districts)	Output	70%	18,645/19,963 (93.0%)

	HFBC Indicators	Type	2008 target No. (%)	2008 score No. (%)
1	Percentage of people on ART alive 12 months after initiation	Impact	>85%	
2	Number of targeted OD with at least one centre that provides public ART services (UA 23).	Output	38 A: 38 C:28	39 A: 39 C:27
3	Percentage of health facilities that use virological testing services (eg PCR) for infant diagnosis (UA 2).	Output	100%	100%
4	Percentage of health facilities with PEP services available (UA 17)	Output	100%	100%
5	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	29,344 adults <u>4,000 children</u> 33,344 total	<u>28,932 adults</u> <u>+3,067 children</u> <u>31,999 total</u>
6	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	64 (85%)	66 (87%)
7	Number and percentage of pregnant women who were tested for HIV and received their test result		40%	30.3%

8	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		30%	27%
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Note: * For indicators number 7 and 8 of HFBC component, the values from NMCHC

	HBC Indicators	Type	2008 target No. (%)	2008 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	343
2	Number of PLHA supported by HBC teams	Output	27,000	27,280
3	Number of TB patients referred by HBC to VCCT, tested and received results through post-test counseling	Output	10,000 at year end	3,937 from Jan to September 2008. (October to December 2008 is not available).
4	Number and percentage of health centers with HBC team support	Output	720 (76%) of 942 HC	675

	Research Indicators	Type	2008 target No. (%)	2008 score No. (%)
1	Number of Research conducted	Output	2	7 (ongoing process)*

1. Predict study
2. IRD Study
3. Adherence study
4. Depression study
5. Sexual Behavior and related factors among PLHAs
6. Baseline for LR in Neak Loeung
7. IDI (injection Drug illicit)

	PMR Indicators	Type	2008 target No. (%)	2008 score No. (%)
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1	Percentage of major funding sources included in the Annual Comprehensive Work Plan	Output	90%	90%
2	No. of NGOs and partners with signed Letters of Agreement for annual work plans on HIV/AIDS & STI programme	Output	40	38
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	5

	DM Indicators	Type	2008 target No. (%)	2008 score No. (%)
1	Number of provinces with data management units	Output	11	11
2	Number of patient monitoring HIV/AIDS reports compiled	Output	5	5