

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**FIRST QUARTERLY COMPREHENSIVE REPORT, 2013
HIV/AIDS and STI PREVENTION, CARE and TREATMENT
PROGRAMME**



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

ACKNOWLEDGEMENTS

On behalf of National Center for HIV/AIDS Dermatology and STDs, I would like to acknowledge the hard work of all staff and partners in the implementation of HIV/AIDS Prevention, Care and Treatment Programs in line with to Strategic Plan For HIV/AIDS and STI Prevention and Care 2011-2015 with regularly send reports to Planning Monitoring and Reporting Unit and Data Management Unit of NCHADS. These achievements occurred to the great participation from provincial Health Departments/ Provincial AIDS and STI Program Office, Operational Districts, Referral Hospitals, and NCHADS Units and supported from all stakeholders and partners.

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National Center for HIV/AIDS Dermatology and STDs
Quarterly Comprehensive Report in period of
January to March, 2013



I. Introduction:

1. National Center for HIV/AIDS, Dermatology and STDs (NCHADS)

The NCHADS is an operational unit of the Ministry of Health. It provides health sector policy development for HIV/AIDS and STDs, programme management, provincial support for HIV/AIDS and STI programs, coordination with other partners in the health sector, guideline development for HIV/AIDS components, national health sector plan evaluation and dissemination of epidemiology, behavior and effective STD/HIV/AIDS prevention and care information. It conforms to the coordinating strategy of the National AIDS Authority (NAA) and works in partnership with other Government Ministries, Donor Bodies and Provincial Health Departments. The Centre manages the disbursement of program and government funds according to annual approved budget and work plans under its Strategic Plan. Subsequently, it monitors and reviews progress against those plans, taking action to achieve conformance where necessary. Additionally, NCHADS has responsibility for the management of the National Dermatology and STD Clinic.

II. Goal and Objectives:

1. Goal:

To develop, compile and publish the operational comprehensive report for HIV/AIDS and STI Prevention, Care, and Treatment programs in first quarter of 2013 and using it as an evaluation of first comprehensive quarterly work plan for 2013. As well, it can be used as a reference document for preparing next quarter comprehensive activities plan and as a lesson learn in order to improve the implementation of activity plans for the future.

2. Objectives:

Responding to above goal, the report has following objectives:

- To collect, clean, and analyze data from NCHADS monitoring system to be valid

scientific information.

- To coordinate and align among Units and people who are responsible for aggregating data within the report.
- To publish and disseminate comprehensively.

III. Methodology:

The first comprehensive report is prepared by Planning, Monitoring and Report unit of NCHADS through the national M&E system that collected from all national and international institutions, NGOs, and CSOs.

After preparing draft of the report, it was circulated to all units within NCHADS for comments, and then it was edited through those comments and submitted the final version to management team for final agreement.

IV. Results

1) PROGRAMME MANAGEMENT AND IMPLEMENTATION:

A. GFATM SSF-HIV Grant Management:

In order to capture the program implementation, the progress update and disbursement request (including share information of catch up targeted plans, challenges and lesson learned and financial reports), PR-NCHADS organized the Quarterly meeting with all sub-recipients to track their achievements against the intended targets at the end of program implementation from January–March, 2013, to share lesson learned, to identify issues and challenges, to look for the practical solution, and to address any issues related to the program implementation during the course of this reporting period.

B. NCHADS Program Implementation:

Under the Ministry of Health, NCHADS also plays a role as implementing agency to provide technical support on HIV/AIDS and STI prevention, care and treatment, and support programs to all partners involved including provincial AIDS and STI Programs (PASP) and NGOs. Within NCHADS Strategic Plan 2011-2015, there are main activities set in HIV/AIDS and STI components that are implemented by NCHADS, PASP, and NGOs.

1. Component 1: Continuum of Prevention to Care and Treatment (CoPCT)

For Most at Risk Populations: National Level:

- **National Level:**

- BCC Unit

Joined Supervision visits with STI Unit to monitor and to provide technical supports on OPC programs and STI prevention that were conducted by BCC and STI officers in Preah Vihea, Prey veng, Kompong Speu, Kompong Chhnang, Rattakirri, Battambang, Preah Sihanuk, Siem Reap, BanteayMeanchey, OudorMeanchey, and Mundulkirri.

- STI/RTI Unit

The STI/RTI unit organized the STI-TWG meetings to discuss some following key points:

- To increase target for access of syphilis testing and HIV test among pregnant women in expansion of linked response sites
- To provide care and treatment for pregnant women suffered from syphilis and their partner
- To treat and follow up infected baby who are born from mother suffering syphilis
- To strengthen drug and logistics management for STI/RTI

Joint Supervision visits with STI Unit to monitor and to provide technical supports on OPC program and STI prevention that were conducted by BCC and STI officers in Prey Veng, Kompong Speu, Kompong Chhnang, Siem Reap, Battambang, Preah Sihanuk, Kratie, Banteay Meanchey, Oddor Meanchey, Pursat, and Mondulkiri Province.

- **Provincial Level:**

Routine activities were done during this period including conducted the annual mapping for entertainment establishment services, organized the meetings such as P-CoPCT-CC, P-CoPCT-ST, D-CoPCT-CC, Owner meetings, and conducted monitoring visits to D-CoPCT on outreach activities and referral of EWs to STI clinic and other health services.

Conducted every month the mobile STI clinic for providing STI/RTI care and treatment for EWs in BaraySuntok OD, DounKeo, Prey Kabah, SteungTreng, Kampong Thom, Mebun, SvayAntor, Chhouk, Phnom Srouch, Kong Pisey, Bavith; and organized quarterly

coordination meetings on STI/RTI management.

2. Component 2: Facility Based Health Service Delivery (FBHSD)

NCHADS in collaboration with NMCHC and partners developing the Standard Operating Procedure (SoP) for Implementation of the Boosted Linked Response between HIV, SRH and TB Services to elimination of new pediatric HIV Infections and Congenital Syphilis in Cambodia, and the SoP was approved by Ministry of Health.

Conducted joined supervision trips between sub-components of AIDS Care unit to monitor the implementation of CoC, HBC and Linked Response activities in many provinces.

VCCT Unit staff conducted routine supervision visits to VCCT sites in some provinces. The purpose of the supervision visits were to review the VCCT and laboratory testing activities such as: register book, appointment cards, referral cards, process of pre and posttest counseling, lab activities (Rapid test), blood samples, used and stock of reagents and consumables, and provide capacity building for VCCT staff and HIV lab technicians.

3. Surveillance & Research package:

Surveillance:

❖ IBBSS for DU:

Listing and field assessment of HSS:

- Kratie and MondulKirri provincial hospital
- Steng Treng and Kompong Cham provincial hospital
- Oddor Meanchey and Kompong Thom provincial hospital
- Prey Veng and Rattakirri provincial hospital
- Kompong Speu and Koh Kong provincial hospital
- Kompong Chhnang and Pailin provincial hospital
- Siem Reap, Preah Vihear, Pursat, Bantean Meanchey, Battambang, Svay Rieng, and Preah Sihanouk

❖ Listing and field assessment of BSS:

- Siem Reap and Battambang
- ❖ Early warning indicator data collection
 - Prey Veng, Kratie, Steng Treng, Siem Reap, and Takeo provincial hospital
 - Pailin, Kompong Speu, Battambang, Pursat, Preah Sihanouk, and Kompong Cham

province

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

▪ NATIONAL LEVEL:

i. Planning Activities

- Reviewed and compiled NCHADS and provincial HIV/AIDS and STI activity plan for 2013
- Conducted joined supervision visits with finance and logistics management units in order to monitor Steng Treng, Prey Veng, Preah Vihear, Pailin, Kratie, Kompong Thom, Kompong Cham, Svay Rieng, Siem Reap, Kompong Speu, Koh Kong, Oddor MeanChey, Kompot, Rattanakiri, Banteay MeanChey, Mundulkiri.
- Coordinated to develop the 1st quarterly comprehensive work-plan 2013 for NCHADS and 24 provinces that were included the detailed activity and budget plans, expected outputs and allocated available funds from all funding sources.

ii. Monitoring Activities:

Developed the NCHADS 4th quarterly comprehensive report 2012, which is available at NCHADS' website at www.nchads.org. The report was also distributed to MoH, NAA, donors and other partners.

▪ PROVINCIAL LEVEL:

- Provincial AIDS and STI Programs of 24 provinces-cities developed the 1st Quarterly Operational Comprehensive Plan for 2013 which incorporated with many of the inputs and expected outputs from partners working at their ODs and Provinces.
- Organized the Quarterly Coordination meeting with partners to review the progress achievements and to identify the issues and solved the problem.
- Conducted supervision visits to monitor activities at health services
- Developed monthly report and quarterly report

b. Data Management:

- Backlogged data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for Q1, 2013.
- Conducted supervision visits to provinces on data management, checked and entering data
- Reviewed and provided feedback all data for HIV/AIDS and STI programs collected from provincial level.
- Joined supervision visits to monitor and provided technical support for provincial data staff on data management and collection related to linked response activities in some provinces.
- Provincial Data Management Officers conducted the supervision to check and review the quarterly data at the OI/ART sites, VCCT sites and STI.

c. Logistic Management:

- Prepared lists for distribution of the drugs, reagents and consumables according to the CMS schedule.
- Monitored and followed up the distributed drugs, reagents and consumables.
- Worked closely with procurement unit for forecast OI/ARV drug, reagent and Consumable.
- Joined supervision visit with Planning, Monitoring and Finance Unit to Steng Treng, Prey Veng, Preah Vihea, Pailin, Kratie, Kompong Thom, Kompong Cham, Svay Rieng, Siem Reap, Kompong Speu, Koh Kong, Takeo, Rattanakirri, Banteay Meanchey, and MundulKirri province.

2) Results of Health Service Deliveries:**1. HIV/AIDS prevention activities**

In first quarterly report of 2013, there were a total of 58 Family Health Clinics (34 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep province); and 24 NGO STI clinics (including RHAC: 16 clinics, Marie Stopes: 5 clinics, MEC: 1 clinic, Chhouk Sar: 2 clinic).

Of the 32 family health clinics, 32 (100%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 33 labs are functioning. This laboratory

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

In addition to family health clinics, 210 health centers in 74 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in 1st quarter 2013, 1,067 consultations for male patients and 8,310 for female patients were reported to the data management unit of NCHADS. Of 998 male patients who having STI/RTI syndromes reported, 846 of those (80%) suffered from urethral discharges; 144 (13%) from Genital ulcers and 8 (0.75%) from Genital warts respectively. Of 8,310 female patients who having STI/RTI Syndromes reported, 3,840 of those (50%) suffered from vaginitis, 3,443 (45%) from cervicitis and vaginitis; 316 (4%) from PID, 49 (0.6%) from Genital ulcers and from genital warts 1 (0.01%) respectively. A total of 735 male partners and 1,066 female partners of STI patients were notified and treated for STI.

62,795 consultations were provided at a total of 58 specialized STI clinics (34 government and 24 NGO STI clinics), Among those consultations, 4,203 consultations were provided to male clients, 2,640 to MSM, 39,733 to low-risk women, and 5,043 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (65 for BEW; 4,973 for NBEW) of which 4,341 were monthly follow-up visits (Figure 1).

The RHAC clinics attracted mostly low risk women whereas the 34 government STI clinics are used mostly by brothel entertainment workers and non-brothel entertainment workers. Most MSM population visited MEC clinic in Phnom Penh city.

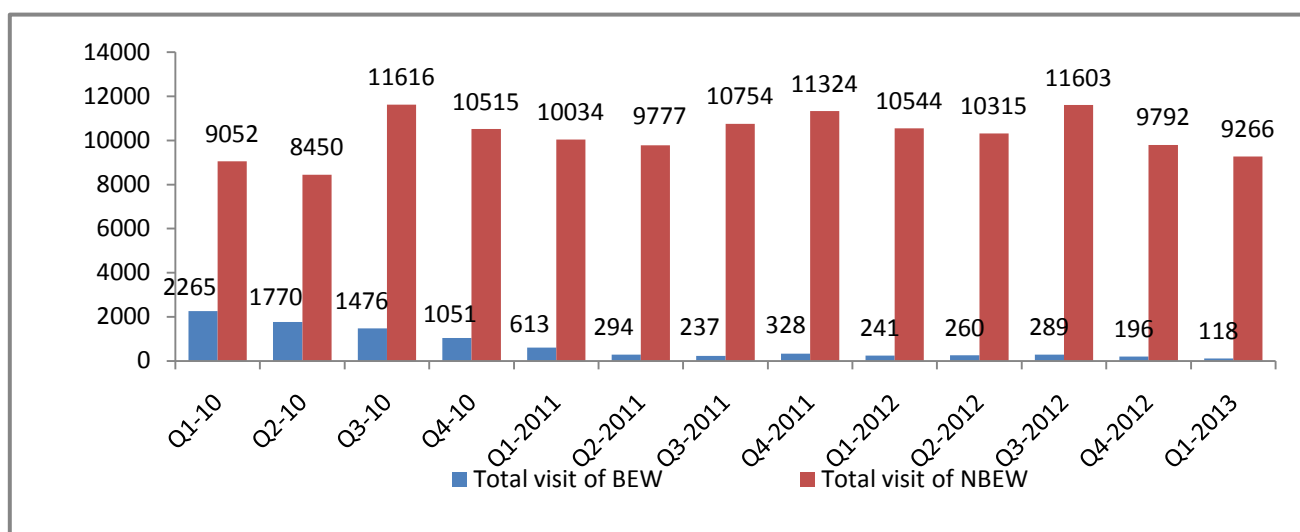


Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2009 to Q1- 2013

At the 58 specialized STI clinics, among the 3,370 male STI syndromes reported in this quarter, 2,928 (86.9%) of them got urethral discharges, 23 (0.7%) of them got anal discharges, 266(7.9%) of them got Ano-genital ulcers, 120 (3.6%) of them got Ano-genital warts, 29 (0.9%) of them got Scrotum swelling, and 4 (0.1%) of them were inguinal bubo. Among the 750 MSM patients who were having STI syndromes, 475 (63.3%) of them suffered from urethral discharges, 31 (4.1%) of them from anal discharges, 174 (23.2%) from Ano-genital ulcers, 58 (7.7%) of them got Ano-Genital warts, and 12 (1.6%) of them got scrotum swelling.

At the 58 specialized STI clinics, among the 42,812 low-risk women STI syndromes reported that 37,131 (86.7%) were treated for vaginitis, 5,116 (12%) were treated for cervicitis and vaginitis, 76 (0.18%) were PID, 339 (0.8%) were ano-genital ulcers and 150 (0.35%) were ano-genital warts.

During the 1st quarter of 2013, of the 65 BEW who attended specialized clinics for their first visit, 67 cases were diagnosed with a STI, including 20 (29.9%) with cervicitis. Among the 53 BEW who attended specialized clinics for monthly follow-up visits, 19 (35.8%) of those were diagnosed with a STI, including 10 (52.6%) with cervicitis. In quarter 1 -2013, of the 4,978 NBEW who attended specialized clinics for their first visit, 4,126 cases were diagnosed with a STI, including 1,730 (42%) with cervicitis. Of the 4,288 NBEW who attended specialized clinics for monthly follow-up visits, 1,915 (44.7%) were diagnosed with a STI, including 690 (36%) with cervicitis.

Of a total of 650 RPR tests were conducted in first quarter 2013 at the 32 government specialized STI clinics and MEC clinics, 55 (8.5%) were positive.

During this quarter, specialized STI clinics have referred 1,450 patients to VCCT, 16 of HIV/AIDS patients (PLHA) to OI/ART services, 37 pregnant women to ANC, and 80 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 605 patients from VCCT, 243 of patients from OI/ART services, 45 pregnant women from ANC and 49 women from Family Planning services.

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

2.1. VCCT

The number of VCCT services has increased drastically over the last 12 years, from 12 sites in 2000 to 253 sites by the end of Q1-2013 (Figure 2).

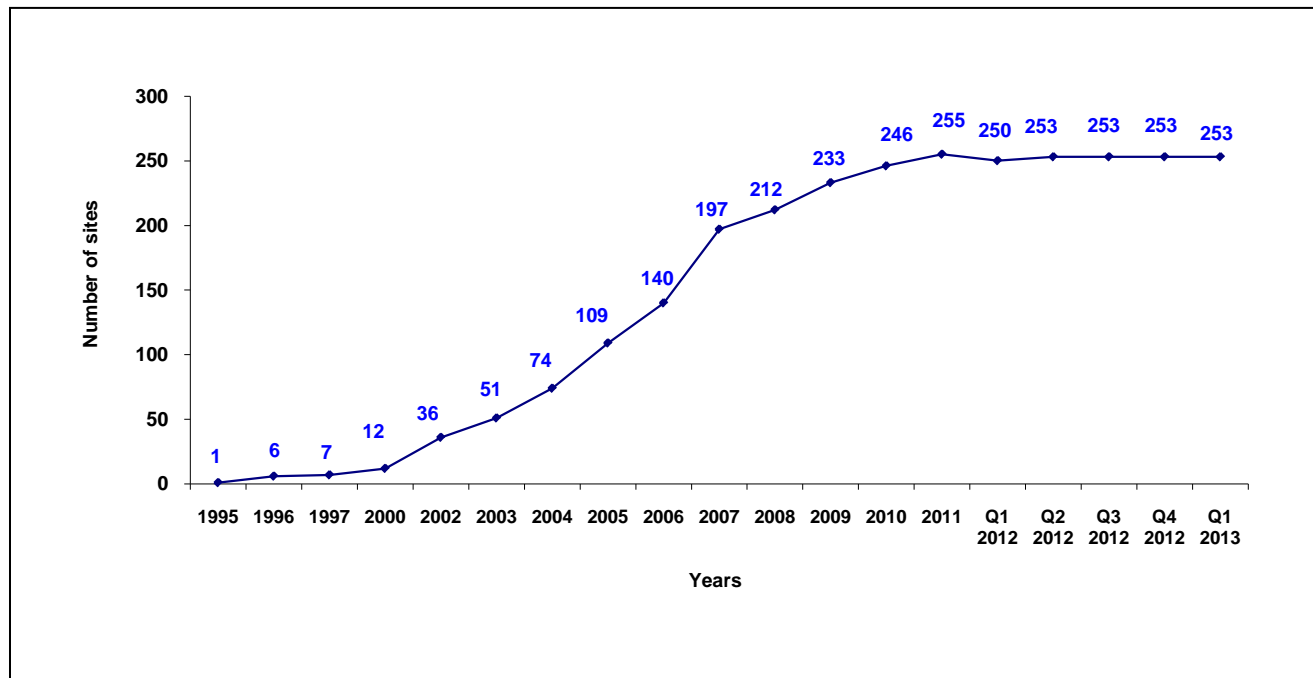


Figure 2: Trend in number of VCCT sites from 1995 to Q1-2013

Notes: Since quarter 1, 2012, there are 8 sites were removed from VCCT report (4 government’s and 4 NGO’s sites)

There is no new VCCT site has been opened in Q1-2013. Of the current 253 VCCT sites, 229 are supported directly by the government and 24 by NGOs (RHAC:16, Marie Stopes:3, MEC:1, Center of Hope:1, Institute Pasture Cambodia:1 and Chhouk Sar Clinic: 2).

In Q1-2013, of 126,800 VCCT clients, 43,702(34.50%) of them were self-referred, 64,545(51%) of them were referred by ANC services, 2,033 (1.6%) of them were referred by STD clinics, 3,386 (2.7%) of them were referred by TB program, 6086 (4.8%) of them were referred by HBC/NGO, 3864 (3.0%) of them were referred by general medicine, 209 (0.16%) of them were referred by pediatric care, 699 (0.55%) of them were referred by maternity services, 303 (0.23%) of them were referred by BS/FP services, 1,354 (1.07%) of them were referred by Health centers and 619(0.50%) of them were referred by others services (table 1).

<u>Self Referred</u>	<u>STD Clinic</u>	<u>TB Services</u>	<u>HBC/NGO</u>	<u>General Medicine</u>	<u>Pediatric Care Service</u>	<u>Maternity Service</u>	<u>BS/FP</u>	<u>ANC</u>	<u>Others</u>	<u>Health Center</u>
34.5%	1.6%	2.7%	4.8%	3.0%	0.16%	0.55%	0.23%	51%	0.50%	1.07%

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

Table 1: Percentage of VCCT clients referred from other services in Q1-2013

A total of 126, 285 clients have been tested for HIV in quarter 1-2013, including 63,716 VCCT clients, 3,118 TB patients, 51,655 pregnant women and 10,914 male partners of pregnant women (at government facilities only).

The figure 3 and Table 6 below show the trends and characteristics of the subset of VCCT clients and TB patients tested for HIV at VCCT services, these figures do not include pregnant women. A total of 66,834 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q1-2013 (Figure 4).

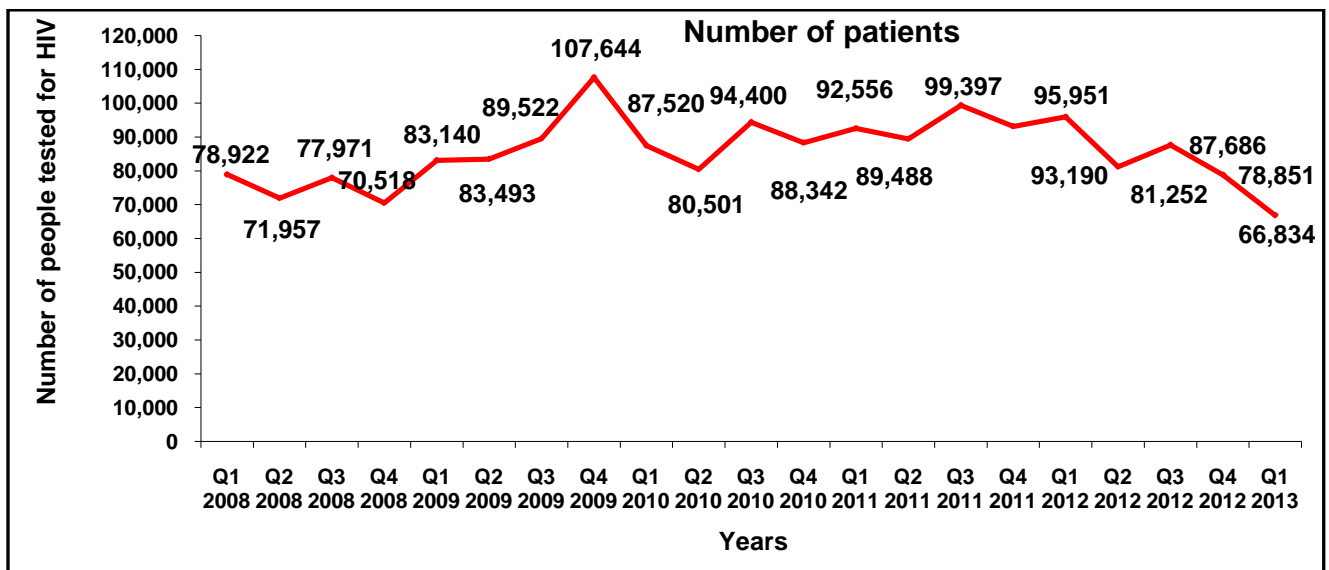


Figure 3: Trend in numbers of people tested for HIV at VCCT services from Q1-2009 to Q1- 2013

Of the total number of VCCT clients and TB patients tested in Q1-2013, 47,079 (53.7%) were female and 80,211 (91.5%) were aged 15-49 years (Table 2).

	People tested for HIV N=63,716 No. (%)	People tested HIV positive N=1,160 No. (%)
Age		
≤14 years	1,201 (1.88%)	58 (5%)
15-49 years	59,261 (93%)	1,012(87.2%)
> 49 years	3,254 (5.1%)	90 (7.8%)
Sex		
Male	29,308 (46%)	588 (51%)
Female	34,408 (54%)	572 (49%)

Table 2: Characteristics of clients tested at VCCT sites, In Q1-2013

In Q1-2013, 99.2% (range: 88.4% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q1-2013, of 64,231 VCCT clients, 3,386 (5.3%) were referred from the TB program. (Figure4).

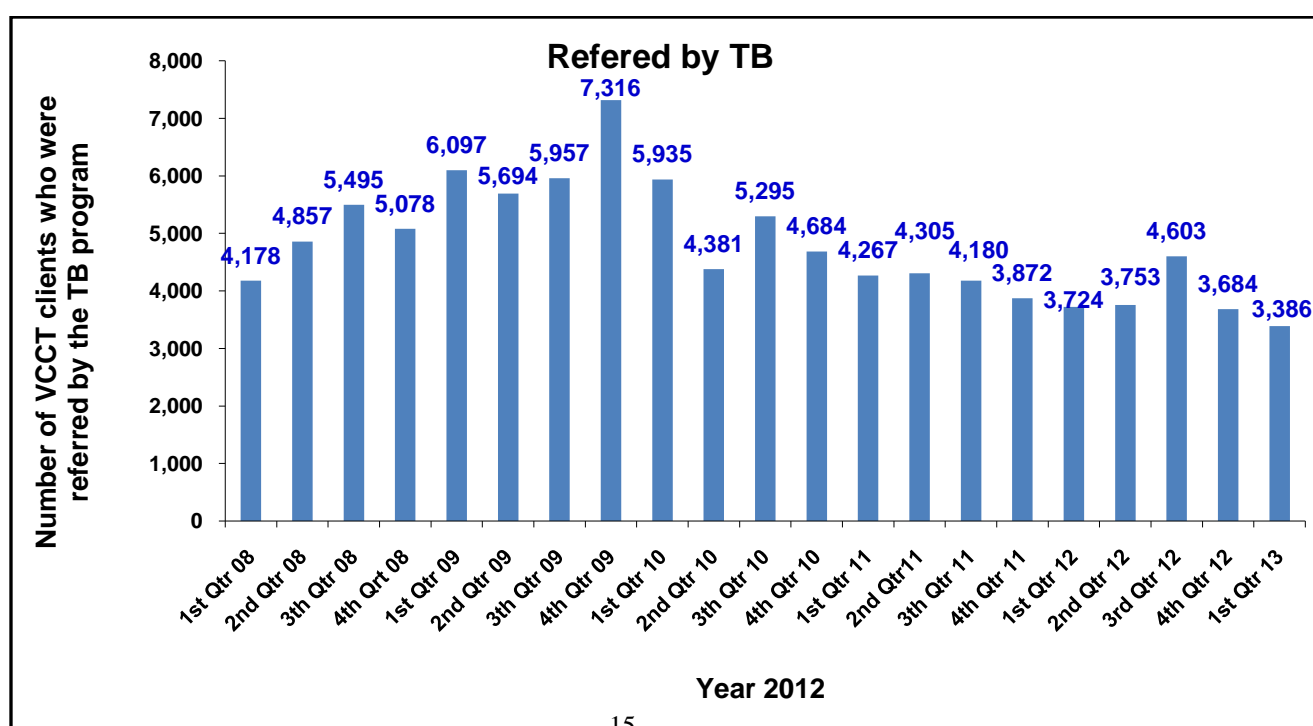


Figure 4: Trend in number of VCCT clients referred from TB program from Q1- 2009 to Q1-2013

In Q1-2013, of the 63,716 VCCT clients and TB patients tested at VCCT sites nationwide, 1,160 (1.8 %) were detected HIV positive at VCCT sites (Figure 5).

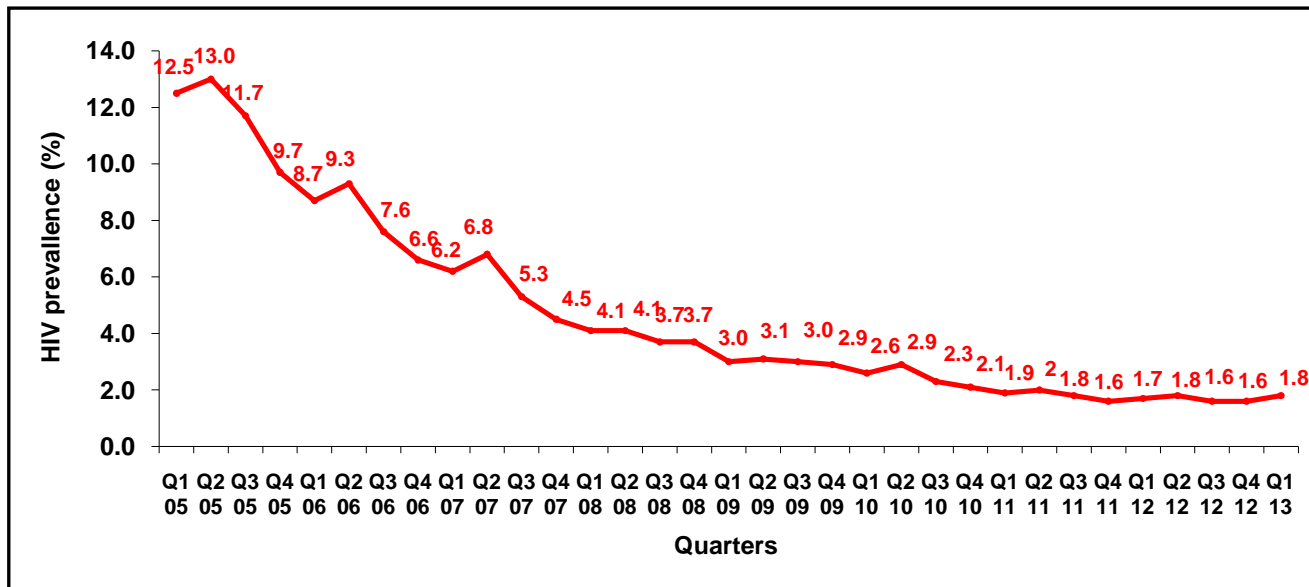


Figure 5: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q1-2013

2.2. OI and ART services

In Q1 2013, there are 61 health facilities offer OI and ART services in 50 Operational Districts in 21 provinces and cities. These 61 OI and ART services are supported by the government for 57 sites and other 4 sites by NGOs and partner. Of the total 61 OI/ART sites, there are 35 sites provide pediatric care services in 34 Operational Districts.

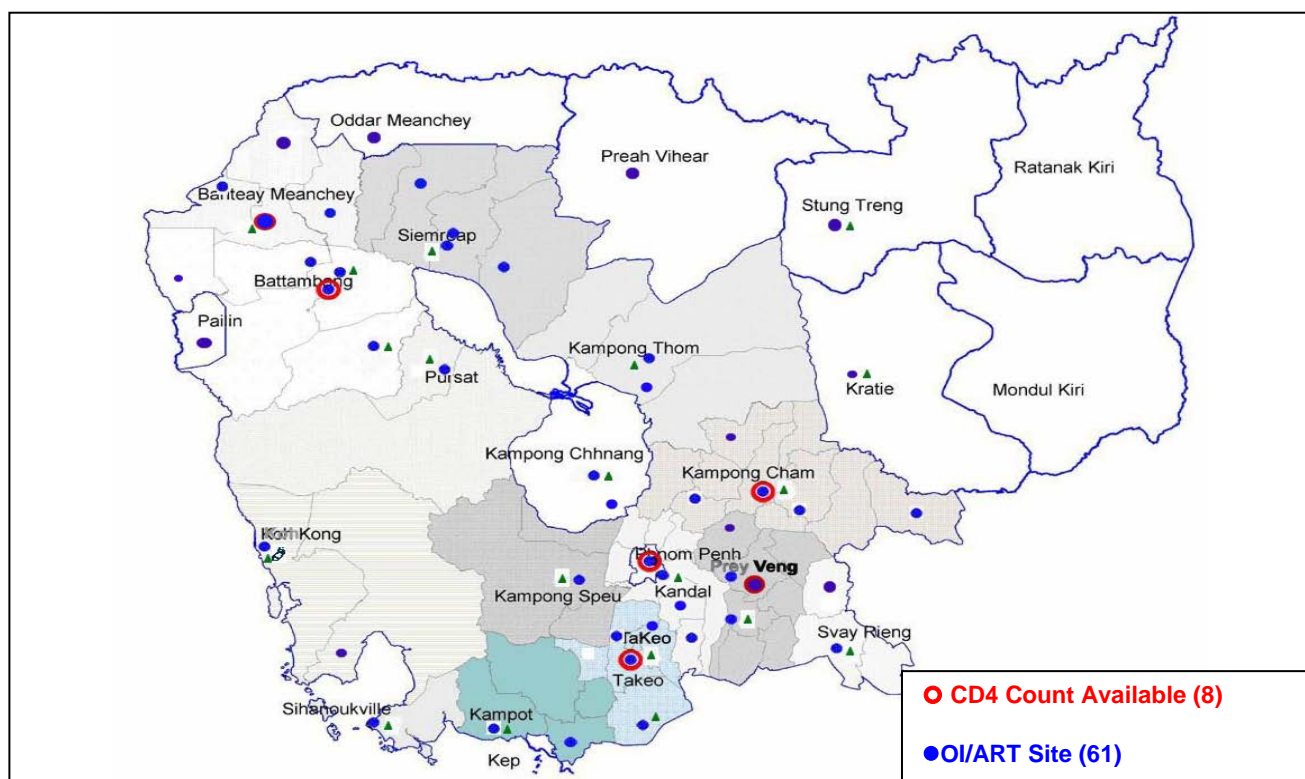


Figure 6: Location of facility-based OI/ART sites as of 30th March 2013

This Q1-2013, a total of 49,415 active patients including 44,867 adults and 4,548 children are receiving ART (Figures 7 and 8).

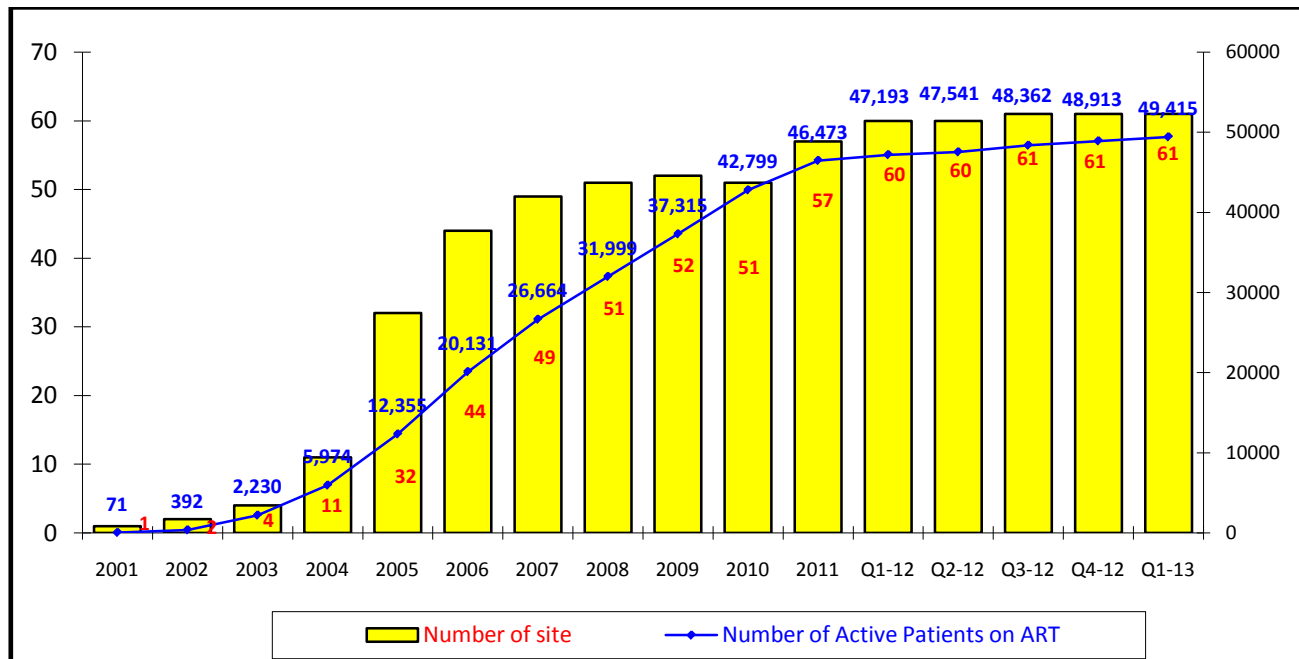


Figure 7: Trend in number of OI/ART sites and active patients on ART from 2001 to Q1-2013

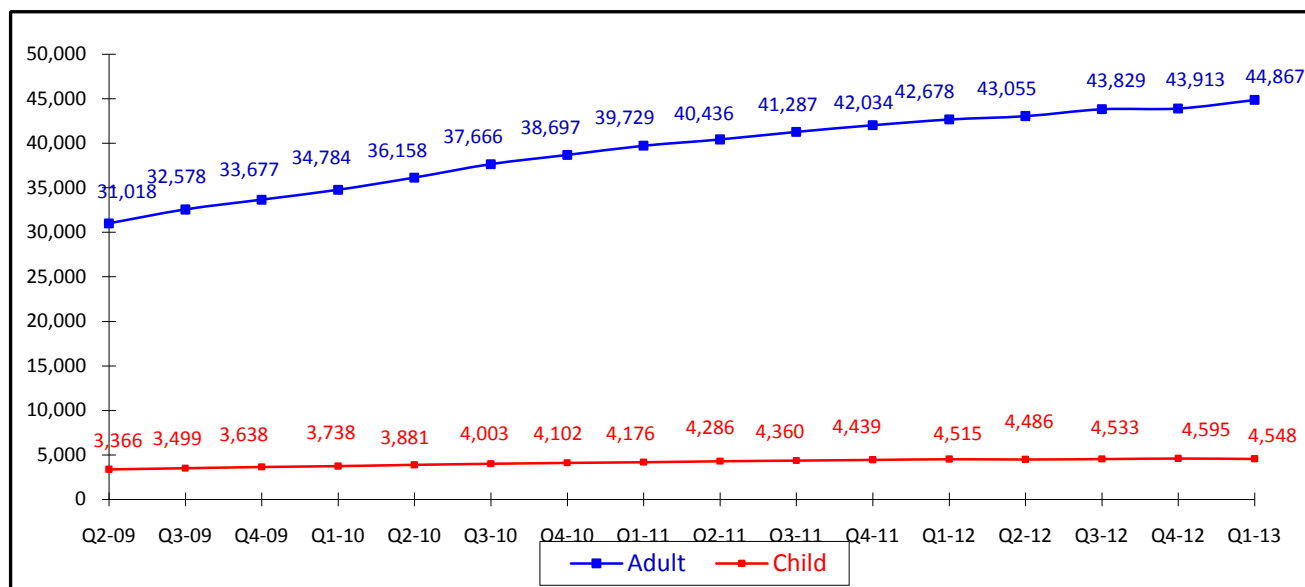


Figure 8: Trend in number of active adult and child patients on ART care from Q2 2009 to Q1-2013

In Q1-2013, female adult patients accounted for 48.9 % (24,167) of all active patients on ART. At OI/ART sites, a total of 1,010 new patients (including 74 children) started OI prophylaxis and management and 936 new patients (including 74 children) started on ART in

Q1-2013 (Figure 10). The number of new patients on Pre-ART care has been slightly decreased since Q4 2010. On the other hand, the numbers of new patients on ART were significantly increased than Q2 2011. In this quarter there are 263 patients lost and 42 died in Pre-ART care.

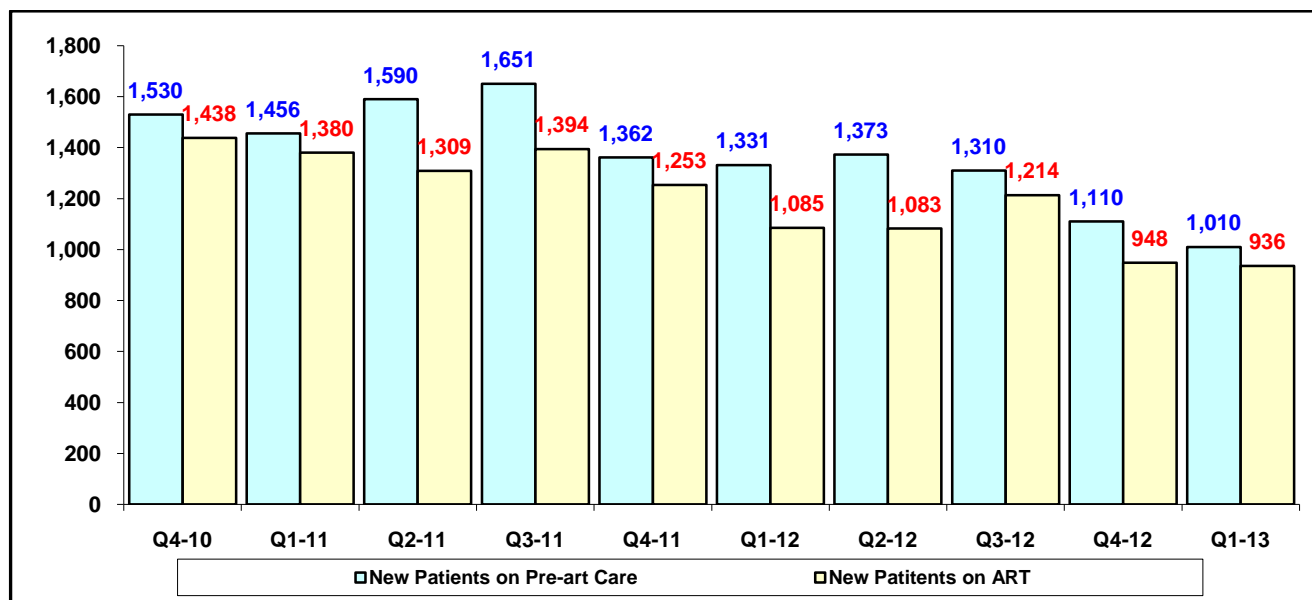


Figure 9: Trend in numbers of new patients on Pre-ART and ART from Q4-2010 to Q1-2013

There were a total of 4,008 active adult patients and 1,179 child patients with opportunistic infections who are not eligible for ART yet at the end of Q1-2013. Of those, 2,543 (63.4%) were female patients represented mostly the spouses of male patients who are started on Pre-ART care since years ago.

A total of 901 adult patients and 187 child patients on Pre-ART care were eligible to prepare on ART at the end of March 2013.

a. Patient mobility across services, lost and died

In Q1-2013, a total of 281 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 307 ART patients lost treatment and 147 patients died during this quarter. At the end of Q1-2013, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,490 active patients on ART.

b. Drug and logistic support

In Q1-2013, the number of patients on different ART regimens has been reported from all ART sites. Most AIDS patients were prescribed for 1st line of regimen, including d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP; whereas 4.9 % of adults and 10.8 % of children were on PI-based regimens (Table 3).

ARV drug regimen Q1 - 2013	Adults N= 45,621*		Children N= 4,535*	
	No. (%)		No. (%)	
d4t+3TC+NVP	15,623	34.2 %	2,681	59.1 %
d4t+3TC+EFV	4,615	10.1 %	425	9.4 %
AZT+3TC+NVP	13,039	28.6 %	714	15.7 %
AZT+3TC+EFV	6,083	13.3 %	179	3.9 %
PI-based regimens	2,240	4.9 %	492	10.8 %
Other regimens	4,021	8.8 %	44	1.0 %

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

Table 3: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q1-2013

d. TB Screening of new OI Patients

In Q1-2013, there were 1,108 new Pre-ART patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,031 new adult patients on Pre-ART, 842 (81.7%) were screened for TB Symptom during the quarter. Of the 322 patients suspect TB infected was screened for TB, 113 were detected as TB Pulmonary and TB Extra-pulmonary, among 113 TB Diagnosed detected 85 were TB treatment. The number of TB screened among new OI patients were slightly increased than Q4 2012.

e. Implementation of Three "I" Strategy

. Isoniazid Prevention Therapy (IPT)

During the first quarter of 2013, there're 3 OI/ART sites implemented TST and 50

implemented non-TST. A total of 945 new Pre-ART patients registered at 53 sites implementing the Three "I" Strategy (3 TST sites= 93 new patients and 50 Non-TST sites = 852 new patients). Of these, new Pre-ART patients, 803 patients was screen for TB Symptom and 488 not found any TB symptom, so there are 222 patients started IPT (TST sites = 5 patients and non-TST =217 patients), and total 260 active patients on Pre-ART started IPT (TST sites = 4 patients, and non-TST sites =256) among all active patients adult on Pre-ART = 4,909.

- Pre-ART (OI)

There're 1,031 of new adult Pre-ART patients registered at OI/ART sites. Of these 842 received TB symptom screening that identified that 322 patients had at least one of three TB symptoms in the last 4 weeks (fever, cough and drenching night sweats for two weeks or more). Among the 322 patients with screened positive for TB symptoms, 113 were diagnosed to have TB (BK+/-, EP), 85 started TB treatments, and 222 started IPT as they did not present TB symptom and put on IPT. There were 80 active patients on Pre-ART diagnosed with TB (BK+/EP), of which 60 patients started TB treatment, 87 TB-HIV patients started cotrimoxazole prophylaxis and 260 patients started on IPT during this quarter.

- ART

This quarter 936 new adult ART patients registered at Pre-ART/ART sites. Of these, 137 were diagnosed with TB (BK+/- EP), 62 patients started TB treatment. Of the 44,867 of active patients, there're 206 were diagnosed as having TB (BK+/-, EP), 84 started TB treatment and 103 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- Pregnancy and abortion

This quarter there're 538 new Pre-ART female patients registered at Pre-ART sites, among these new female 39 became pregnant. Of all 3,106 active female patients on Pre-ART until this last quarter, 36 got pregnant and 21 of them started ARV prophylaxis. There are 2 patients who reported to have spontaneous abortion and no patients induced abortion during this quarter.

There were 503 new ART female patients registered at ART sites, among these new female 47 became pregnant. Of all 24,167 active female patients on ART in this quarter 144 of them got pregnant. Three women were reported to have spontaneous abortion, and other two women were reported to have induced abortion during this quarter.

- Positive Prevention

This quarter, there were 1,031 new Pre-ART patients registered at OI/ART sites, there're 720 patients (380 female) received counseling for positive prevention among 43 OI/ART sites reported. And there are 936 new ART patients registered at ART sites, 621 patients (337 female) received counseling for positive prevention among 43 sites reported.

2.3. Linked Response

74 Reporting LR ODs, January to March 2013

In Q1 2013, of the 75 ODs implementing the Linked Response Approach, 75 ODs had reported data. From January to March 2013, of a total of 78,951 first ANC attendees at Linked Response sites and outreach services, 47,578 (60%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 10,551 (13.3%) husbands/partners accepted testing. Among the 42,085 pregnant women who received an HIV test, 50 (0.1%) was HIV positive.

A total of 117 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and March 2013. Of this quarter, 106 (90.6%) accessed ARV drugs: 77 (72.6%) received ART and 29 (27.4%) received ARV prophylaxis. Of 120 infants born to HIV-infected mothers at PMTCT maternity sites, 113 (94%) received NVP, 95 (79%) received Cotrimoxazole and 81 Exposed infants received DNA-PCR1 tests before 2 months and 38 after 2 months of age, 2 was DNA-PCR1 positive and 1 exposed infant was died.

2.4 Community-based services

As reported in 1st quarter 2013, there are 345 HBC teams covered over 845 Health Centers in 71 operational districts (OD) in 20 provinces including Kep. In this quarter, Preah Vihear provinces still have no report, because NGO that operated CoC finished their project in coverage and supporting PLHAs and still waiting for new NGOs (Figure 13) within the CoC established in.

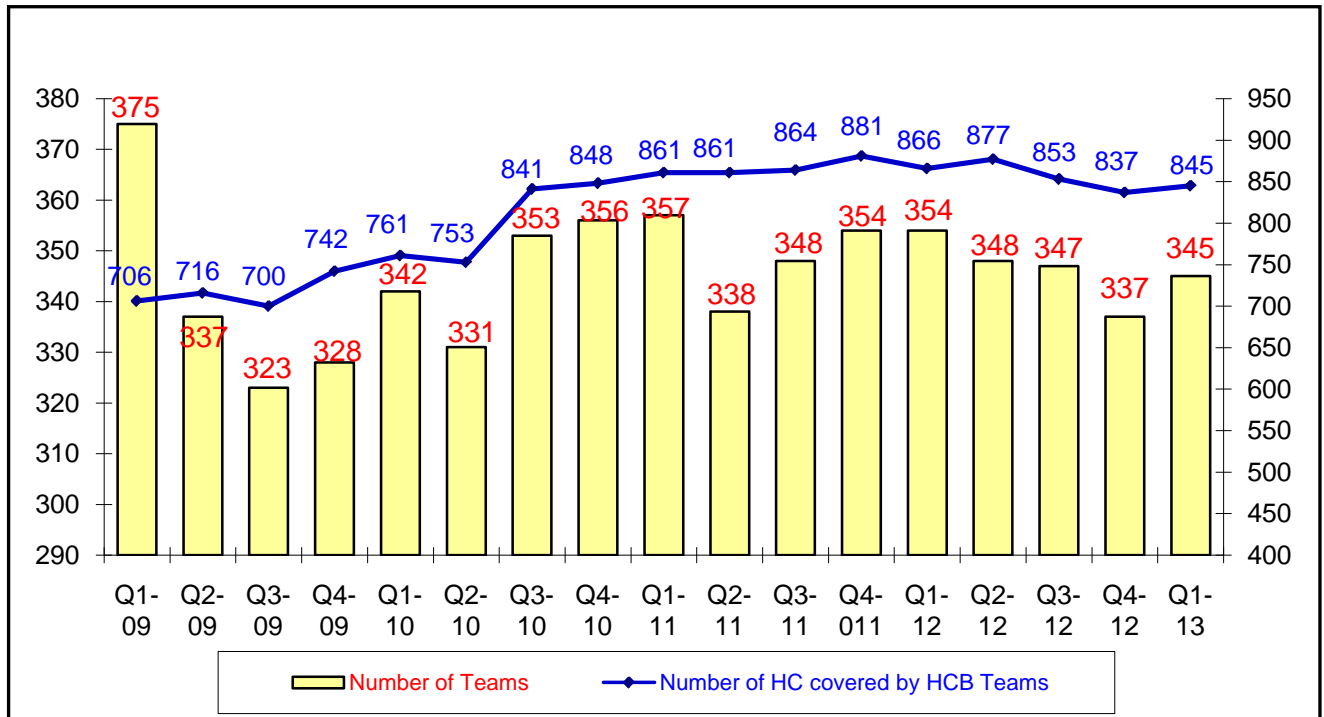


Figure 10: Trend in number of HBC teams form Q1-2009 to Q1-2013

These HBC teams are currently supporting for a total of 23,661 PLHA, which 3,750 were registered in Pre-ART (OI) and other 19,911 were registered in ART.

IV. Challenges and Constraints:

- Critical activities and services such as treatment and testing to PLHIVs and those at risk continued by the national program, despite the lack of funding.

V. Conclusion and Recommendation

In overall, most of targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for care and treatment components, set for the first quarter in 2013 were achieved as planned. At the same time, NCHADS with the supports from partners conducted the Continuum of Quality Improvement and Early Warning Indicators in order to improve the quality of care and treatment services at OI/ART sites level.