

**KINGDOM OF CAMBODIA
NATION RELIGION KING**



**FIRST QUARTERLY COMPREHENSIVE REPORT, 2010
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**



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

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NCHADS' Quarterly Comprehensive Report January to March 2010



Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 1st quarter of year 2010. The report is intended to aggregate data and information collected from all OI/ART, VCCT, Family Health Clinics, HBC, and PMTCT sites from the whole country to be represented as the National Comprehensive Report for the health sector response to HIV/AIDS and STI in Cambodia. The following sections reported the main three program areas implemented for this period that are including: I) Programme management and implementation; II) Results from health service deliveries; and III) Financial Report for describe the financial disbursements against the first quarterly budget plan.

I. PROGRAMME MANAGEMENT AND IMPLEMENTATION :

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) is the institution of the Ministry of Health whose mandate is to coordinate and develop Policies, Strategies, and Guidelines for implementation of HIV/AIDS and STI Prevention, Care, Support and Treatment activities within the health sector. It plays an important role in mobilizing and allocating resources for the implementation of activities at national and provincial levels to achieve the objectives and goals of NCHADS Strategic Plan 2008-2015, as well as to move towards to the universal access by 2010.

A. GFATM Round 7 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 R7 sub-recipients to track their achievements against the targets at the end of second 6 month period of program implementation (June-December 2009), to share lesson learned, to identify issues and challenges, to look for the practical solution, and to address any issues related to the program implementation during the course of the reporting period. Manager and key persons who are responsible for Programmatic, M&E, Finance and Procurement of each SRs are invited to participate and present their achievements in the 2nd Semi-annual 2009 in the Quarterly Meeting which was held at NCHADS's meeting room, from 14th -15th January 2010. *(Please see the report in Annex 3).*

PR/NCHADS was organised a Principle Recipient Technical Review Team (PRTRT) meeting on 9th February 2010 to review a 2nd Semi-Annual Report 2009 of PR/NCHADS which consisted of three main parts: programmatic, financial and procurement section. The main purpose of the meeting were to review, to clarify, to comment, and to recommend to improve the quality of report before submitting to LFA for further review, before the final submission of this report to the GFATM. The Principle Recipient Technical Review Team members (PRTRT) on HIV/AIDS component were invited to participate in this meeting. To standardise and harmonised arrangement of the GFATM Grant Management in Cambodia, PR/NCHADS was invited the similar panellist members to joint this meeting. They come from NGOs, Public and Civil Society which have a range of expertise in

developing, implementing, and assessing relevant programs in Cambodia. (Please see the report in Annex 3).

As agreed during the meeting with LFA and PR/NCHADS, PR/NCHADS will organized the meeting with all SRs and LFA team in 2nd week after submits the quarterly and semi-annual report to LFA in order to get clearly clarification from some concerned SRs before submitting the report to GFATM and to prepare the disbursement Request for the next period on time. This meeting took place at the meeting room of the National Center for HIV/AIDS Dermatology and STD, held on 12th March 2010. The Program Managers and key responsible persons of each component: M&E, Finance and Procurement of each SR were invited to participate in this meeting to clarify the queries of the 2nd Semi-Annual Report 2009 of program implementation.

Signing of Letter of Agreement (LoA) with all Provincial Health Department:

The provincial Annual Comprehensive work plan 2010 with micro-budgets were submitted by Provincial AIDS Office (PAO) managers of 24 provinces-cities to Planning, Monitoring and Reporting Unit and Finance Unit of NCHADS for reviewing, before submitted to NCHADS Director for approval. To ensure the management of funds allocated in NCHADS comprehensive work plan and the completion of activities approved in the provincial work plan in 2010, the LoA for HIV/AIDS Programme Management between the HIV/AIDS Management Team of 24 provinces-cities and NCHADS were signed. In addition, NGOs among those who are involved in members of technical working group on HIV/AIDS and STI prevention, care, support and treatment were signed LoA with NCHADS or provincial health departments in order to collaborate and coordinate the implementation of HIV/AIDS prevention and care program.

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, supported and treatment program to all partners involved including provincial AIDS offices and NGOs. Within NCHADS Strategic Plan 2008-2010, there are main activities set in HIV/AIDS and STI components of the strategic plan that are implemented by NCHADS, provinces, and NGOs.

Planning and Monitoring Cycle in NCHADS:

In October 2009, a Workshop was organized by Planning, Monitoring and Reporting (PMR) Unit of NCHADS to review the achievements of program implementation in 2009 and to develop the Annual Comprehensive Work Plan in 2010 that was aligned to the Strategic Plan for implementation of HIV/AIDS Prevention and Care in Health Sector 2008 to 2010. There were about 24 provinces-cities and NGOs partners participated in the workshop. The result of the workshop obtained the final draft of Annual Operational Comprehensive Plan (AOCP) for NCHADS Programme in 2010, which incorporated with many of the inputs and expected outputs from partners working in coordination with PAOs at provincial and national levels. This AOCP was also firmly grounded on the Ministry of Health Annual Operational Plan 2010 to support healthy. Finally, the NCHADS Annual Comprehensive Work Plan and budget plan including incentives for staff for 2010 has been approved. It has the total budget of \$19,260,386 that is consisting of 12 different funding sources to implement HIV/AIDS and STI program at national and provincial

levels. Based on this work-plan 2010, the quarterly activity work-plans and budget plan are developed respectively.

The following descriptions are the detailed report of activities in each component that have been done during this quarter at national and provincial level.

1. Prevention Package:

National Level:

a. Behavioral Chang Communication (BCC):

i. Technical Working Group Meeting:

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

ii. Trainings and Workshops:

One 3-day Regional network meeting on Continuum of Prevention to Care and Treatment for Women Entertainment especially focus on condom use for prevent HIV/STI transmission among high risk group population which was held in Battambang province. 68 participants were invited to attend in this meeting including PAO Manger, BCC officer, STI officer and STI clinic manger from 8 provinces (BMC, PLN, BTB, PST, KCN, OMC, KDL and PNP) and representative of CWPD, RHAC, PSF, KHANA, UNFPA and relevant units of NCHADS. The objective of this meeting is to monitor and follow up the implementation of new SOP for Continuum of Prevention to Care and Treatment for Women Entertainment and also provided opportunity for each province to review their achievements, share experiences, discuss challenges during the implementation and find out the appropriate solution for the future.

Joint Supervision visits with STI/RTI Unit to monitor and to provide technical supports on OPC program and STI prevention were conducted by BCC and STI officers in Pursat, Battambang, Pailin, Preah Sihanouk, Takeo, Kampong Cham, Kandal, Kratie, Siem Reap, Prey Veng, Svay Rieng, Preah Vihear, Banteay Meanchey, Koh Kong, Kampong Speu, Stung Treng, Rattanakiri and Kampong Chhnaing province. *(Report in file)*

Provincial Level:

Due to delayed in signing of LoA between NCHADS and Provinces on the provincial Annual Comprehensive work plan 2010, only some activities were done in the first three months of 2010, including developed the annual mapping of Entertainment Establishment, organized the meetings such as P-CoPCT-CC, P-CoPCT-ST, D-CoPCT-CC, Owner meeting, and monitor to DPCT on outreach activities and referral of EWs to STI clinic and health services.

Table 1: Summary of P-CoPCT-CC, P-CoPCT-ST, D-CoPCT-CC and Owner meeting by each province

Provinces	P-CoPCT-CC meetings		P-CoPCT-ST meetings		D-CoPCT-CC meetings		Owner meetings	
	# of meeting	# of participants	# of meeting	# of participants	# of meeting	# of participants	# of meeting	# of participants
1 KRT	1	9p	1	9p	1	13p	1	41p
2 KPT	1	17p	1	12p			1	31p
3 KTM					1	15p		
4 SVR			1	13p	2	110p	1	35p

b. Sexual Transmit Infection/ Reproductive Tract Infection (STI/RTI):

National Level

i. Technical Working Group Meeting:

In order to improve the quality of STI/RTI care and treatment in Cambodia, the National Center for HIV/AIDS, Dermatology and STIs in close collaboration with other health institutions and non-governmental organizations (NGOs) has reviewed and revised the existing national guidelines on STI/RTI case management. It is updated to respond to the current situation of STI/RTI care and treatment service based on laboratory approach. This Guideline was approved by Ministry of Health in early January 2010. In addition, STI/RTI Unit of NCHADS with collaborate with other National Program and NGOs reviewed and revised the existing Instruction Manual for Training on STI/RTI case management because these documents are to be used as a device to improve and broaden the knowledge and skill of health care providers who are working in STI/RTI care and treatment in order to improve the quality of health care services in Cambodia.

STI/RTI Unit of NCHADS conducted a monthly TWG meeting to review as following:

- The situation of Family Clinic (STI/RTI clinic) and the result of these services
- The Standard Quality of Family Health Clinic on STI/RTI treatment and care, based on the SOP and Experience in public and NGOs services,
- Report on Data collection, analysis for Gonococcal Antimicrobial Susceptibility Monitoring in Cambodia.

ii. Trainings and Workshops:

Trainings and workshops were organized during this period including:

- In collaboration with BCC Unit and partners, STI/RTI Unit conducted for 2 days of Coordination Meeting on STI/RTI Management at Family Health Clinic with and other health services in public and NGOs partners, which was held in Kampong Cham province. Around 100 participants from PAO Manager, PAO officer who responsible for STI/RTI, OD officers who responsible for Logistic Management from 22 provinces-cities (except MDK and Kep), and representative from NGOs partners who are responsible for Prevention, Care and Treatment of STI and Outreach and Peer Education Program including MEC, FHI, RHAC, MSIC, PSF, CWPD, PSI, and KHANA and from relevant Units of NCHADS. The meeting aims to:
 - Monitor and follow up on strengthening the using of STI clinic in public and NGOs services for EWs and other high risk groups.
 - Discuss and share experience on STI/RTI management and Logistic Management including on STI drug, reagent and consumable supply.
 - Improve the quality of STI clinic.
- Facilitate in the training on Syphilis screening for Pregnant Women for Health Care providers who are working at the HCs in OD Siem Reap, Angkor Chum, Sampov Meas, Bakan and Pailin with funded by RACHA, and in OD Serei Sophorn, Poi Pet, Thmar Puok and Preah Net Preah funded by FHI.
- Data of STI cases and serological and bacteriological testing from National STI Clinic are summarized in Table 2, 3 and 4.

Table 2: Consultation and treatment

Disease	Dermatology		STD		Surgery	
	Male	Female	Male	Female	Male	Female
Month						
January	886	1018	38	126	05	03
February	785	946	26	39	06	07
March						

Table 3: Serological testing

Test	RPR		TPPA		HBs-Ag		HBs-Ab		HCV-Ab		HIV-Ab	
	Total	+	Total	+	Total	+	Total	+	Total	+	Total	+
Month												
January	32	0	29	0	51	4	51	14	50	0	31	0
February	00	0	00	0	48	0	48	12	48	0	25	0
March												

Table 4: Bacteriological testing

Method	Gram Stain			Wet mount		
	GNID	PMNs >10	# of test	Yeast	Trichomonas	# of test
Months						
January	0	0	12	0	0	0
February	0	0	0	0	0	0
March						

iii. Monitoring and Supervision

- STI/RTI Unit in collaboration with clinicians and lab technicians from National STD clinic conducted jointed supervision visits to monitor and provide technical support to STD clinics in Preah Vihear, Pursat, Stung Treng, Kratie, Siem Reap, Kampong Thom and Kampot to monitor and provide technical support to STI clinic staff and assess on the laboratory for this service, with sold some problems and provide some recommendation to improve the STI clinic (Reports in file).

PROVINCIAL LEVEL:

- Mobile STI clinic was conducted every month for Entertainment workers at districts in Baray Santok/Kampong Thom, Mebon and Svay Antor/Prey Veng, Chhouk/Kampot Phnom Sruoch and Korng Pisey/ Kampong Speu, and Bavet/Svay Rieng. The following tables (5 and 6) are summarizing activities that have done at provincial and district levels.

Table 5: *STI/RTI Refresher Training and STI/RTI Coordination meeting*

		Refresher Training	Coordination meeting
1	Kampong Thom	21p	
2	Kratie		14p
3	Svay Rieng		14p
4	Kampot		9p

Table 6: *Summary of Supervision on STI/RTI conducted by provinces during Q.2010*

Provinces	Supervision from PAO to ODs and STD clinics		Supervision from ODs to HCs	
	# of trips	# of sites	# of trips	# of sites
1 Kratie	2	2	6	6
2 Kampong Thom	3	3	3	9
3 Kampot	4	4	12	12
4 Phnom Penh	5	5		
5 Kampong Speu	2	2		
6 Svay Rieng	2	2	9	9

2. Care Package:**a. Health Facility and Home Based Care:****NATIONAL LEVEL:****i. SOP or Guidelines developed:**

Standard Operating Procedures (SOP) for Implementing the 3Is in Continuum of Care CoC Setting

Since 2000, the National Centre for Tuberculosis and Leprosy Control (CENAT) and the National Centre for HIV/AIDS, Dermatology and STD (NCHADS) together with partners have been working to define the key activities necessary to reduce the impact of TB-HIV co-infection and develop the National Framework for TB/HIV in Cambodia as well as Standard Operational Procedure (SOP) for prompt HIV testing of TB patients. However, the implementation of TB/HIV activities in Cambodia has been slow. More intensified efforts are required to scale up intensified TB case finding (ICF) among PLHIV and their household contacts, isoniazid preventive therapy (IPT) for PLHIV unlikely to have active TB, and to strengthen TB infection control (IC) measures at Continuum of Care (CoC) settings, known as Three I's strategy. These SOP for implementing the Three I's in Continuum of Care Settings have been developed by the Technical Working Group on TB/HIV to provide guidance to managers and health care providers working at the at the Operational District (OD) level and all partners in implementing the Strategy. This SOP will be finalized and approved soon.

ii. Training/ Workshop:

- 8th Batch of the Training course on Counseling on OI/ARV for Adults was conducted with 36 nurses from Kampong Cham RH, Cheung Prey RH, Srey Santhor RH, Chamkarleu RH, TharPuok RH, Sampov Loun RH, Donkeo RH, Kirivong RH, Sreambel RH, Kong Pisey RH, Sampovmeas RH, and 16 Makra RH in Preah Vihear,

- Khmer-Soviet Friendship RH, Preah Kosamak RH, Preah Ketomealea, Clinic Chhouk Sar, Social Health Clinic, Marynol and CHC that funded by GFATM-R4 (Reports in file).
- 1 session of Refresher Training course on Counseling on OI/ARV for Adults was conducted with 23 nurses from Battambang RH, Mong Ressey RH, Thmarkol RH, Sampovloun RH, Military No. 5 Battambang Hospital, Mungkul Borey RH, Ochrov RH, Serei Sophorn RH, Thmar Puok RH, Sampov Meas RH, Pailin RH, and Preah Ketomealea Hospital that funded by US-CDC (Reports in file).
 - 1 session of Refresher Training course on OI/ARV Case Management for Adults was conducted with 24 clinicians from Battambang RH, Mong Ressey RH, Thmarkol RH, Sampovloun RH, Military No. 5 Battambang Hospital, Mungkul Borey RH, Ochrov RH, Serei Sophorn RH, Thmar Puok RH, Sampov Meas RH, Pailin RH, and Social Health Clinic that funded by US-CDC (Reports in file).
 - 2 sessions of Regional Pediatrician Network meeting on OI/ART Counseling were conducted at Kampot and Kampong Thom Provincial Health Department, funded by GFATM-R4. The objectives of these meetings were to show the achievement of Continuum of Care for PLHAs, and also provide an opportunity for Counselors from all Pediatric OI/ART sites to gain new knowledge, to share experiences from treatment sites across the regions, to discuss challenging cases observed and treated, and to raise quality improvement issues (Reports in file).
 - 3 sessions of Regional Counseling Network meeting on OI/ART Management for Adult were conducted in 3 different provinces (Kampong Chhnang, Svay Rieng, and Preah Vihear) funded by GFATM-R4. This meeting provided an opportunity for Counselors from OI/ART sites to gain new knowledge, to share experiences from treatment sites across the regions, to discuss challenging cases observed and treated, and to raise quality improvement issues (Reports in file).
 - 2 sessions of Regional Network meeting for Home and Community Based Care for HIV/AIDS was conducted in 2 different provinces. The 1st session was held in Battambang province, with 62 participants from 4 provinces (Battambang, Pursat, Banteay Meanchey and Pailin) and NGOs partners including KHANA, FHI, AHEAD, BFD, PC, BWAP, CSCN, KYA, SEADO, US-CDC and USAID that funded by US-CDC. The 2nd session was held in Takeo province, with 65 participants from 4 provinces (Takeo, Kampot, Preah Sihanouk and Koh Kong) and NGOs partners including KHANA, RACHA, AFD, PC, KWCD, RACHANA and CHC that funded by GFATM-R4. The objectives of these meetings were to review the achievement and discuss on other issues or challenges faced during the implementation in 2009 including reporting format, reporting flow, and to share experiences among Home Based Care team (Reports in file).
 - One day Coordination Meeting on Implementation of linked Response approach for HIV/AIDS and Reproductive Health with health care providers and NGOs were held in Korng Pisey OD/ Kampong Speu province, in Chamkarleu-Stung Trang and in Prey-Chhor-Kang Meas OD/ Kampong Cham province. The meeting aims to review on the HIV testing among pregnant women, TB patient and coordination mechanism between health center staff and community especially with Home based Care team members (Reports in file).

iii. Supervision :

- Joint supervision trips conducted to monitor on CoC and HBC activities in Prey Veng, Preah Sihanouk, Koh Kong, Stung Treng, Kratie, Kampong Thom, Preah Vihear, Svay Rieng, and Banteay Meanchey. The purposes of the supervision were to review on the activities in OI/ART sites, HBC team, provide technical support and the coordination between community and Health facilities (Reports in file).

PROVINCIAL LEVEL:

- Monthly CoC coordination committee meetings and MMM activities were conducted and summarized in Table 6.
- Clinician meeting was conducted in Kampot with 28p.

Table 6: CoC CC meetings and MMM Activities

	# of MMM/mmm meeting	# of PLHA attended	# of CoC meeting	# of participants	# of OIs team meeting	# of participants
1 KRT	2	275p				
2 KTM			1	25p	1	20p
3 KPT	1	66p	1	23p	2	33p

b. VCCT:

i. Workshop/Training:

- Two 5-days of Initial training on HIV/AIDS Counseling for Counselors from VCCT and health care providers from the HCs that will be implementing the linked Response approach for HIV/AIDS and Reproductive Health. The participants were come from Prey Veng, Banteay Meanchey, Takeo, Phnom Penh, Kampong Chhnang, Koh kong, Stung Treng, and Chouk Sor clinic which supported by GFATM-R4.
- One 5-days refresher training on HIV/AIDS Counseling was conducted, with 20 participants from VCCT in Phnom Penh, Siem Reap, Takeo, and CARITAS which supported by GFATM-R7.
- Two 5-days initial training on Laboratory of HIV testing, with 48 participants from VCCT/HCs in Kampong Cham, Phnom Penh, Prey Veng, Kampong Speu, Takeo, Kratie, Kampong Chhnang, Kandal, Oddor Mean Cheay, which supported by GFATM-R4.
- 2 sessions of Training courses on Testing Serology for HIV/AIDS and STI, with 29 lab technicians in Phnom Penh, Kandal, Takeo, Kampong Cham, Prey Veng, Kampot, Svay Rieng, Kampong Chhnang, Kampong Speu, Battambang, Pailin, Oddor Mean Cheay, Banteay Meanchey, Kratie, which supported by GFATM-R7.
- 2 sessions of Regional Meeting for counselors at the VCCTs, with 66 participants from Preah Sihanouk, Koh Kong, Pursat, Battambang, Kampong Cham, Kampong Chhnang, Prey Veng, which supported by GFATM-R4.

ii. Monitoring and Supervision:

- Monitoring and supervision trips were conducted to monitor the activities at the VCCTs sites in Kampong Chhnang, Svay Rieng, Kampong Cham, Oddor Mean Cheay, Pailin Siem Reap, Pursat, Koh Kong, and Battambang province. The purpose of the

supervision were to review the VCCT activities such as: register book, appointment cards, referral cards, process of pre and post test counseling, lab activities (Rapid test), blood samples, used and stock of reagents and consumables.

3. Surveillance & Research package:

a. Surveillance:

i HSS Round 10:

- The protocol, Specimen collection form and field Guideline for HSS round 10 were developed, reviewed, and finalized.
- Listing and Mapping the target groups (Brothel and non brothel based sex workers, Police and Pregnant women at ANC clinics) for HSS Round 10 in Provinces (Preah vihear, Oddor Meanchey, Stung Treng, Rattanakiti, Banteay Meanchey, Battambang, Koh Kong, Pailin, Kampong Chnaing, Pursat, Kampot, Siem Reap, Kratie, and Prey Veng).

ii BSS Round 8:

- The protocol and field Guideline for BSS round 8 were developed and reviewed.
- Listing and Mapping the target groups (Entertainment workers, Motodup, PLHAs who received OI/ARV treatment at OI/ART sites) for BSS Round 8 in 5 Provinces (Battambang, Siem Reap, Preah Sihanouk, Kampong Cham and Phnom Penh).

iii Monitoring of HIV Drug Resistance Early Warning Indicators :

During this quarter, the second round of EWI was continued, by collected the data from OI/ART sites including Pailin RH, Kampong Speu RH, Mungkul Borey RH, Preah Vihear RH, Tbong Khmum RH, Cheung Prey RH, Siem Reap, Kralanh RH, Serey Sophorn RH, Komar Angkor Hospital, Thmar Puok RH, Pearaing RH, Kirivong RH, and Ang Roka RH).

iv Other activities:

The results of Drug Users Population Size Estimation in 2007 in Cambodia were disseminated in a public forum and posted to NCHADS website. This Unit also organized the technical meeting with TWG for surveillance to integrated Analysis of HIV and STI information.

b. Research:

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

During this quarter, Research Unit conducted the need assessment and collected and analyzed the data related to 10 key indicators for starting to implement the CQI in Prey Veng RH and in Siem Reap RH.

For implementing the CQI, Research team, OI/ART team, counselors, PLHAs, and partners discussed and analyzed the problems based on 3 criteria in different 10 key indicators: importance, urgency and feasibility. Table below are the results of 10 Key indicators in Prey Veng RH before starting the CQI.

After discussion on the results of these indicators, 2 core indicators were selected to monitor and follow up during 6 months of quality of health care services in Prey Veng RH:

- “Percentage of patients on ART who kept all appointments in the last quarter (post-ART) or Percentage of late visit beyond drug buffer by quarter” with importance score 23/24; urgency score: 23/24 and feasibility score: 22/24 and
- “Percentage of patient with CD4 less than 250 or WHO stage 4 who start ART after than 60days (Pre-ART)” with importance score 22/24; urgency score: 23/24 and feasibility score: 23/24 and

Table 7: The results of 10 Key indicators in Prey Veng RH before starting the CQI

	Indicators	Q1. 06	Q2.06	Q3. 06	Q4. 06	Q1. 07	Q2. 07	Q3. 07	Q4. 07	Q1. 08	Q2. 08	Q3. 08	Q4. 08	Q1. 09	Q2. 09	Q3. 09	Q4. 09
1	Percentage of adult patients under ART who died	1.40	2.00	1.30	1.50	0.60	0.00	2.00	0.80	1.60	1.00	1.40	0.50	0.00	0.08	0.60	0.08
2	Percentage of adult patients under ART who were lost to follow - up	0.00	1.00	0.00	0.00	0.30	0.90	0.80	0.30	0.80	1.50	1.00	0.70	1.10	0.40	0.20	0.20
3	Percentage of adult patients under OI	1.40	2.30	2.50	3.20	2.20	4.60	4.10	4.50	6.80	7.30	8.30	7.10	2.50	8.90	9.40	6.10
4	Percentage of late visit beyond buffer by	4.70	4.10	4.40	3.60	5.30	5.30	5.10	5.40	5.20	4.50	5.60	6.60	5.30	5.00	3.70	4.60
	<i>Percentage of late visit within buffer by quarter</i>	8.40	9.40	7.80	7.90	4.90	7.80	4.40	5.10	8.40	7.30	7.30	6.40	14.50	6.10	7.60	4.30
	<i>Percentage of visit exactly on schedule by quarter</i>	58.30	65.40	68.00	70.50	72.30	70.20	72.50	72.90	71.20	72.70	73.00	71.90	65.40	77.70	76.70	81.50
	<i>Percentage of early visit by quarter</i>	28.60	21.10	19.80	18.00	17.50	16.70	18.00	16.60	15.20	15.50	14.10	15.10	14.80	11.20	12.00	9.60
5	Percentage of patients whose CD4<250 or WHO stage 4 who start ART	73.00	66.70	57.60	55.60	33.30	32.10	33.30	25.00	58.50	34.80	39.10	20.00	19.00	45.40	21.90	50.00
	<i>Percentage of Patients whose CD4<200 and received Cotrimoxazole</i>	81.82	92.86	88.89	100.00	75.86	75.00	50.00	66.70	86.11	91.13	100.00	91.07	93.18	85.23	50.00	19.57
	<i>Percentage of Patients whose CD4>=200 and CD4<200 received</i>	32.00	39.29	50.94	32.14	32.76	45.45	25.00	16.67	13.56	19.34	25.00	40.54	13.34	9.83	13.16	19.38
6	Percentage of Patients whose CD4<100 and received Fluconazole by quarter																
	<i>CD4<100</i>	50.00	25.00	38.46	50.00	36.84	20.00		60.00	75.00	77.08	85.71	84.00	92.31	96.77	74.07	84.62

	<i>CD4>=100</i>	23.33	10.53	17.91	8.57	2.94		7.14	18.75	6.67	2.19	7.27	14.79	5.73	8.54	5.34	8.81
7	Percentage of new TB Patients who were					47.62	41.67	39.29	41.67	43.33	52.17	36.36	56.52	66.67	54.17	38.89	67.86
8	Percentage of patients who has CD4>250 at initial visit by quarter	41.18	52.00	46.84	40.26	27.87	37.68	26.19	54.29	41.18	37.04	32.73	46.67	25.00	48.78	41.67	41.67
	<i>Mean of CD4 of patients at initial visit by quarter</i>	227.14	333.23	278.24	222.04	208.05	262.48	198.07	335.94	202.67	226.29	197.47	250.10	158.54	247.29	213.72	245.95
9	Percentage of patients still on first line after the 12 months and 24 months on ART																
	<i>12 months</i>																98.6
	<i>24 months</i>																97.5
	<i>36 months</i>																96
10	Percentage of HIV Testing among ANC 1 by Quarter					92.94	68.39	89.71	53.90	69.61	56.29	86.05	48.89	62.79	81.46	62.05	98.69
11	Percentage of delivered women with known HIV status Quarter					7.80	0.00	55.95	83.33	75.25	100.00	47.66	22.22	67.22	47.15	41.46	62.50
	<i>Percentage of HIV + Women who received any prophylaxis or HAART during Labor by Quarter</i>							1.00		1.00	1.00			1.00	1.00	1.00	1.00

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

Coordinated to develop an annual and 1st quarterly comprehensive work-plan 2010 for NCHADS and 24 provinces that were included the detail activity plans, expected outputs and allocated available funds from all funding sources.

ii Coordination Meeting:

Coordination meeting with Logistic Management Unit, Procurement and relevant's NCHADS Units were conducted. The main objectives of the meeting are to quantify of the forecasting need of OI/ARV drugs, reagents, consumables for VCCTs, CD4, and STI clinics in 2010, to update the current stocks of these health products and commodity at NCHADS and CMS, and to monitor and follow up the supply management to avoid stock out at the services delivery levels.

iii Monitoring Activities:

Developed the NCHADS Annual Comprehensive Report 2009, which is available at NCHADS' website at www.nchads.org. The report was also distributed to MoH, NAA, donors and other partners. The report was summary the key achievements in 2009, feedback, and lessons learn to provide the strategically thinking and decision making of NCHADS and Provincial Health Department management leaders, health care professional, and stakeholders to develop strategies, SOPs, and set new targets for 2010.

PROVINCIAL LEVEL:

- Provincial AIDS Office of 24 provinces-cities developed the Annual and 1st Quarterly Operational Comprehensive Plan for year 2010 which incorporated with many of the inputs and expected outputs from partners working at their ODs and Provinces.
- Organized the Quarterly Coordination meeting with partners to review the progress achievements and to identify the issues and solve the problem.
- Developed monthly report and quarterly report.

b. Data Management:

- Backlog data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for year 2009.
- Conducted supervision to province on data management, checked and entering OI/ART data in Svay Rieng, Kandal, Preah Sihanouk, Battambang, Kampong Cham.
- Mission to Takeo RH for on-site training for OI/ART Data Management and import data from Fuchia (MSF/B) to NCHADS OI/ART database.
- Provincial Data Management Officers in Kampot and Kratie province conducted the supervision to check and review the data at the sites such as OI/ART sites, VCCT sites and STI every quarter.

c. Logistic Management:

- One session of 2-day workshop on the use of the report form, request form for VCCTs with 49 participants from 9 provinces including TKV, PLN, PST, BTB, KCM, MDK, STG and OMC. The objectives of this workshop were:

- To explain to health care provider on how to develop the report format and request form,
- Submit the report regularly and on time, and
- Request the reagent and consumable based on the NCHADS schedule to avoid the stock out of reagents.
- One 5-day Refresher Training on Management of OI/ARV drug for 16p from 12 provinces including KCM, KSP, KPT, BMC, SRP, OMC, KDL, PVG, SVR, KHK, PVH and STG. The objectives of this workshop were:
 - To explain on how to classify the OI/ARV Drug
 - To quantify need for ARV drug for PMTCT, ARV drug for Pediatric and Adults,
 - ARV Regiment
 - Stock management
 - How to develop the report format and request form,
 - Submit the report regularly and on time, and
 - Request the Drug, reagent and consumable based on the NCHADS schedule to avoid the stock out of reagents.
- Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities

In quarter 1 -2010, there were a total of 58 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 26 NGO STI clinics; RHAC: 18 clinics, Marie Stopes: 6 clinics, MEC: 1 clinic and PSF: 1 clinic).

Of the 32 family health clinics, 32 (100%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 30 labs are functioning (Annex: STI indicator 2). This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 210 health centers in 71 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in quarter 1 2010, 1,484 consultations for male patients and 9,778 for female patients were reported to the data management unit of NCHADS. Of 1,307 male patients who having STI/RTI syndromes reported, 1,251 of those (95.7%) suffered from urethral discharges; 51 (3.9 %) from Genital ulcers and 5 (0.4%) from Genital warts respectively. Of 9,043 female patients who having STI/RTI Syndromes reported, 4,779 of those (52.8 %) suffered from vaginitis, 3,935 (43.5%) from cervicitis and vaginitis; 314 (3.5%) from PID, 14 (0.1%) from Genital ulcers and from genital warts 1 (0.01%) respectively. A total of 1,097 male partners and 2,029 female partners of STI patients were notified and treated for STI.

In 1st quarter, 2010, 53,901 consultations were provided at a total of 58 specialized STI clinics (32 government and 26 *NGO STI clinics, clinic Mariestopes Koh Kong has been provided the report to NCHADS in Q1 2010). Among those consultations, 4,797 consultations were provided to male patients, 2,044 to MSM , 35,743 to low-risk women, and 11,317 to brothel entertainment workers

(DSWs) and non-brothel entertainment workers (EWs) (2,265 for DSWs; 9,052 for EWs) of which 5,957 were monthly follow-up visits] (Figure 1).

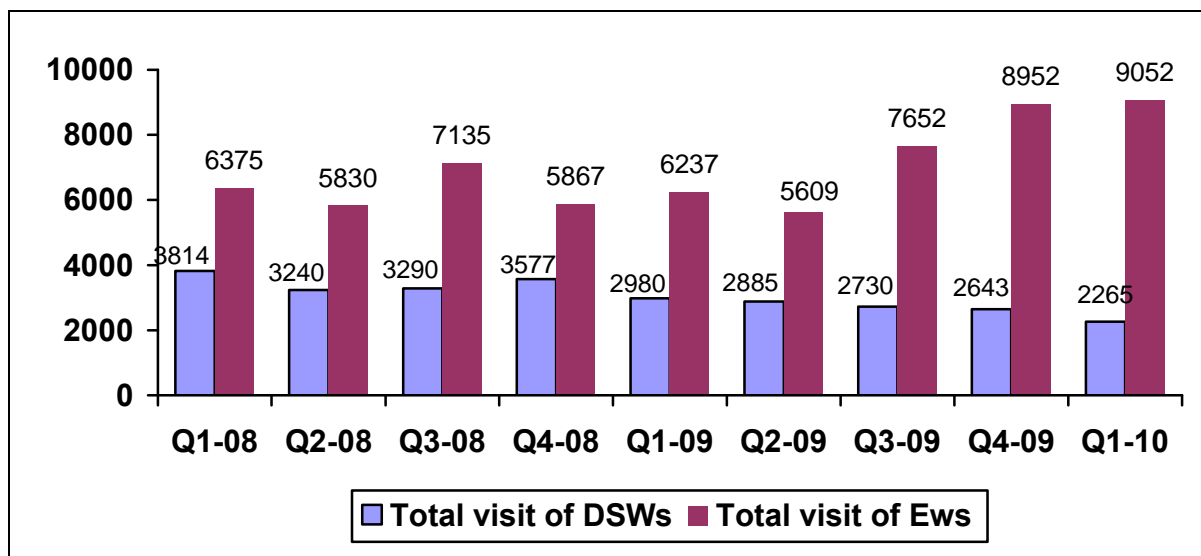


Figure 1: DSW and EW attendance to Family Health Clinics, from Q1 2008 to Q1- 2010

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

At the 53 specialized STI clinics, among the 2,937 male patients who having STI syndromes reported in this quarter, 2,614 (89%) got urethral discharges, 14 (0.5%) got anal discharges, 212 (7.0%) got Ano-genital ulcers, 79 (2.7%) got Ano-genital warts, and 9 (0.3%) were inguinal bubo. Among the 391 MSM people having STI syndromes, 270 (69.1%) suffered from urethral discharges, 16 (4.1%) from anal discharges, and 69 (17.6%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 36,893 low-risk women having STI syndromes reported that 29,715 (80.5%) were treated for vaginitis, 6,638(18.0%) were treated for cervicitis and vaginitis, 159 (0.4%) were PID, 298 (0.8%) were ano-genital ulcers and 83 (0.2%) were ano-genital warts.

During the first quarter of 2010, of the 886 DSWs who attended specialized clinics for their first visit, 724 (82%) were diagnosed with a STI, including 239 (27%) with cervicitis. Among the 1,380 DSWs who attended specialized clinics for monthly follow-up visits, 435 (32%) of those were diagnosed with a STI, including 214 (16.0%) with cervicitis (Annex: STI indicator 1). In quarter 4 - 2009, of the 4,475 EWs who attended specialized clinics for their first visit, 3,198 (71.0%) were diagnosed with a STI, including 1,620 (36.0%) with cervicitis. Of the 4,577 EWs who attended specialized clinics for monthly follow-up visits, 1,978 (43.0%) were diagnosed with a STI, including 940 (21.0%) with cervicitis.

Of a total of 1,708 RPR tests were conducted in 1st quarter 2010 at the 32 government specialized STI clinics, and PSF and MEC clinics, 27 (1.6%) were positive.

During this quarter, specialized STI clinics have referred 2,914 patients to VCCT, 9 of HIV/AIDS patients (PLHA) to OI/ART services, 54 pregnant women to ANC, and 86 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 93 patients from VCCT, 85 of patients from OI/ART services, 55 pregnant women from ANC and 30 women from Family Planning services.

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 10 years, from 12 sites in 2000 to 233 sites by the end of Q1 2010 (Annex: VCCT indicator 1) (Figure 2).

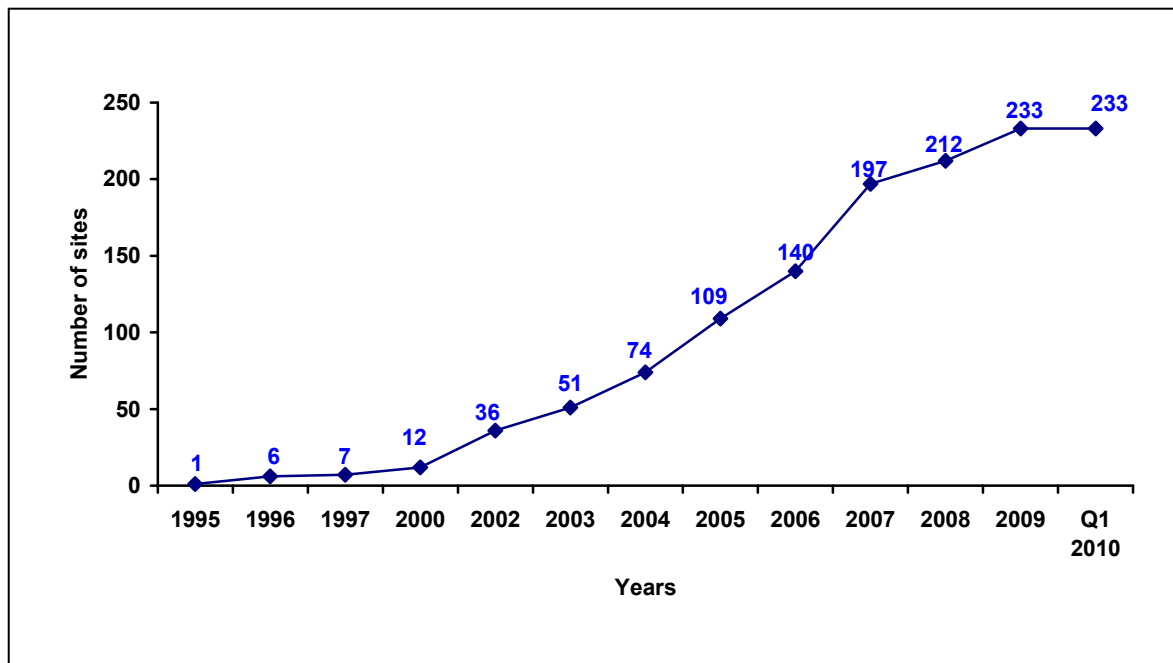


Figure 2: Trend in number of VCCT sites from 1995 to Q1-2010

There is no new VCCT sites have been opened in Q1-2010. Of the current 233 VCCT sites, 208 are supported directly by the Government and 25 by NGOs (RHAC, Marie Stopes, MEC and Center of Hope).

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

In Q1-2010, of 118,422 (including 30,684 ANC attendees from NMCH) VCCT clients 60,776 (51.3%) were self referred, 33,257 (28.1%) were referred by ANC services, 1,913 (1.6%) were referred by STD clinics, 5,935 (5.0%) were referred by TB program, 5,550 (6.1%) were referred by HBC/NGO, 5,393 (4.6%) were referred by general medicine, 210 (0.2%) were referred by Pediatric

care, 1,515 (1.3%) were referred by Maternity services, 417 (0.4%) were referred by BS/FP services and 3,456 (2.9%) were referred by other services (Figure 3).

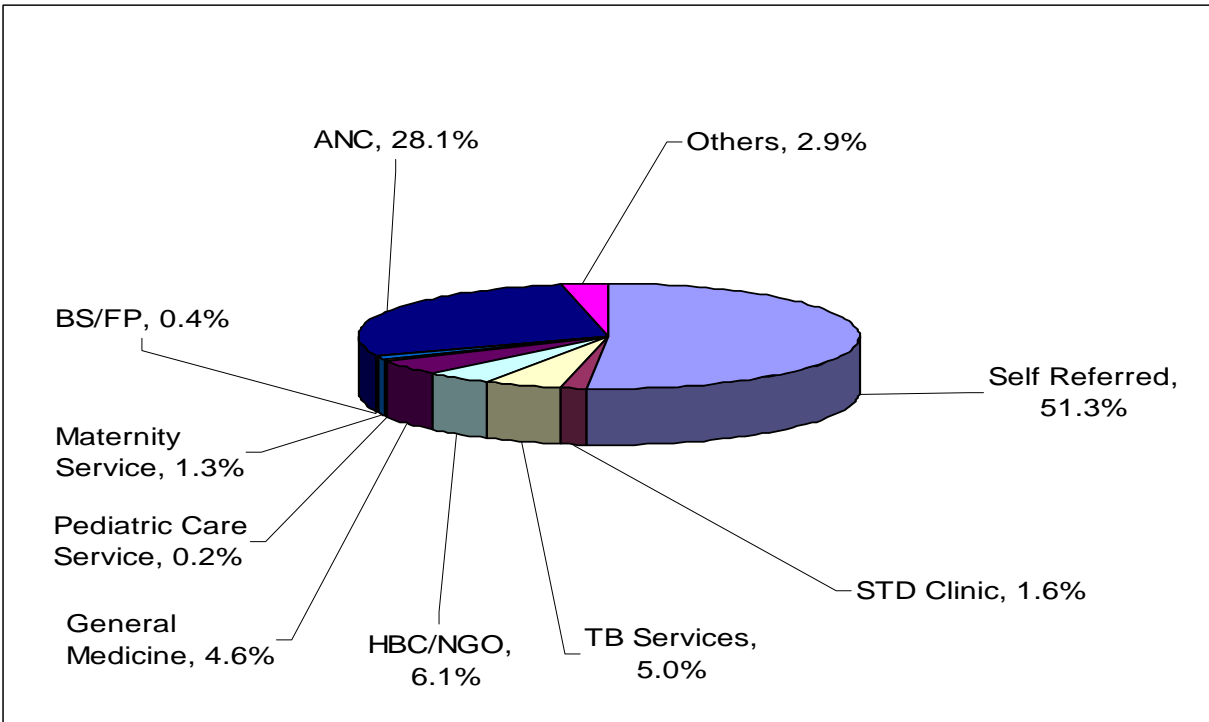


Figure 3: Trend in number of VCCT clients referred from other services in Q1-2010

A total of 117,070 clients have been tested for HIV in quarter 1-2010, including 87,520 VCCT clients, 5,555 TB patients, 26,598 pregnant women (23,753 at government facilities and 2,845 at RHAC clinics) and 6,002 male partners of pregnant women (5,797 at government facilities and 205 at RHAC clinics).

The figure 4 and Table 1 below show the trends and characteristics of the subset of VCCT clients and TB patients tested for HIV at VCCT services, these figures do not include pregnant women. A total of 87,520 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q1-2010 (Figure 4).

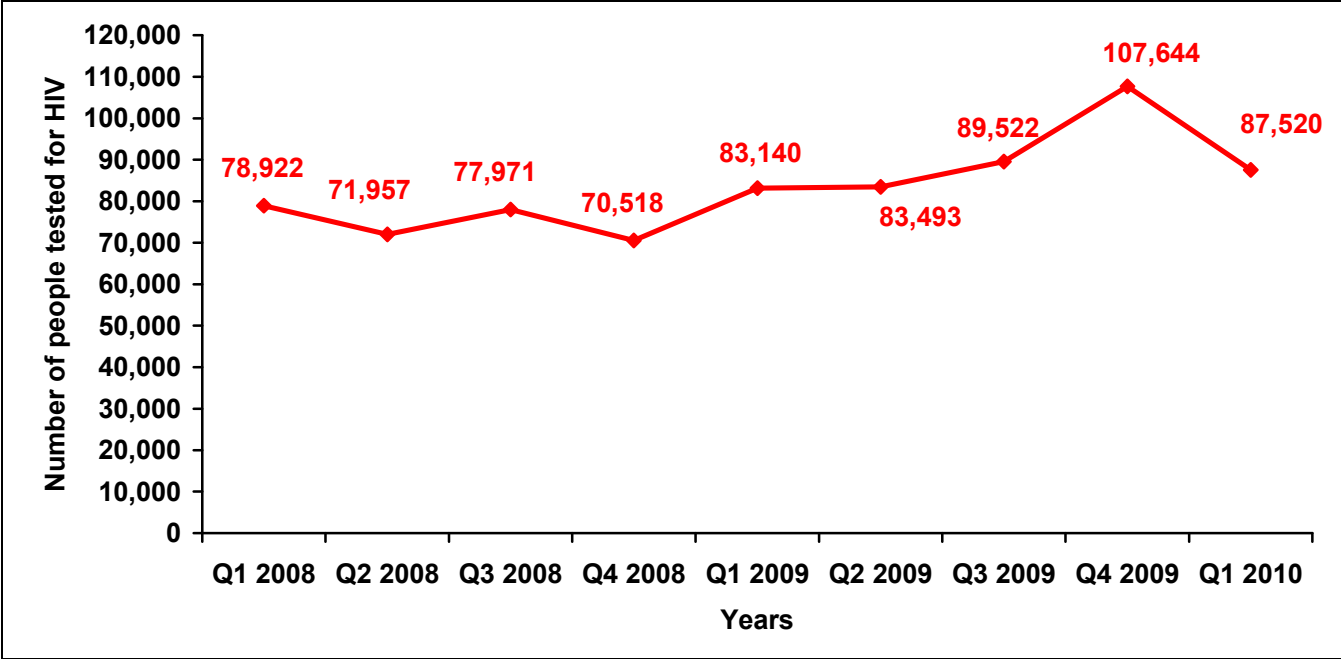


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2008 to Q1- 2010

Of the total number of VCCT clients and TB patients tested in Q1-2010, 49,307 (56.3%) were female and 80,155 (91.6%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 87,520 No. (%)	People tested HIV positive N=2,257 No. (%)
Age		
≤14 years	2,421 (2.8%)	186 (8.2%)
15-49 years	80,155 (91.6%)	1,914 (84.8%)
> 49 years	4,944 (5.6%)	157 (7.0%)
Sex		
Male	38,213 (43.7%)	1,070 (47.4%)
Female	49,307 (56.3%)	1,187(52.6%)

Table 8: Characteristics of clients tested at VCCT sites, In Q1-2010

In Q1-2010, 99.5% (range: 88.4% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q1-2010, of 118,422 VCCT clients, 5,935 (5.0%) were referred from the TB program. (Figure 5). The number of patients referred by the TB program for HIV testing has increased steadily over time since 2006.

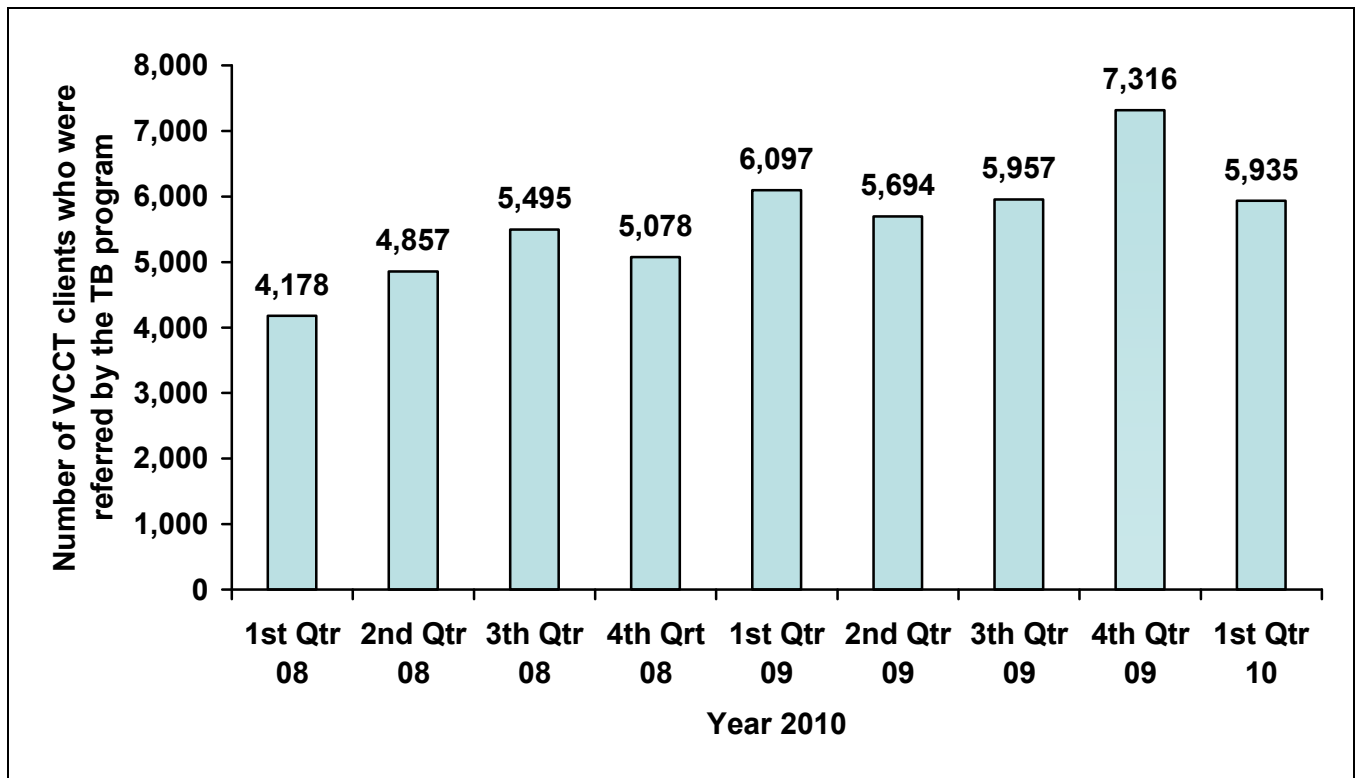


Figure 5: Trend in number of VCCT clients referred from TB program from Q1-2008 to Q1-2010

In Q1-2010, of the 87,520 VCCT clients and TB patients tested at VCCT sites nationwide, 2,257 (2.6%) were detected HIV positive at VCCT sites (Figure 6).

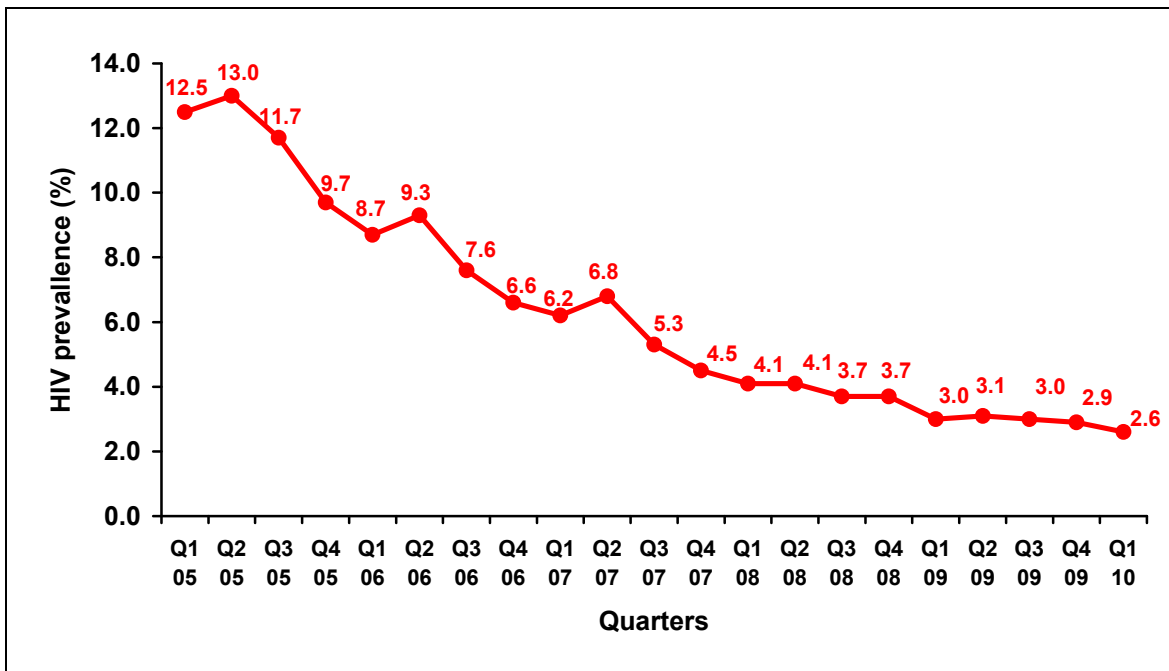


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q1-2010

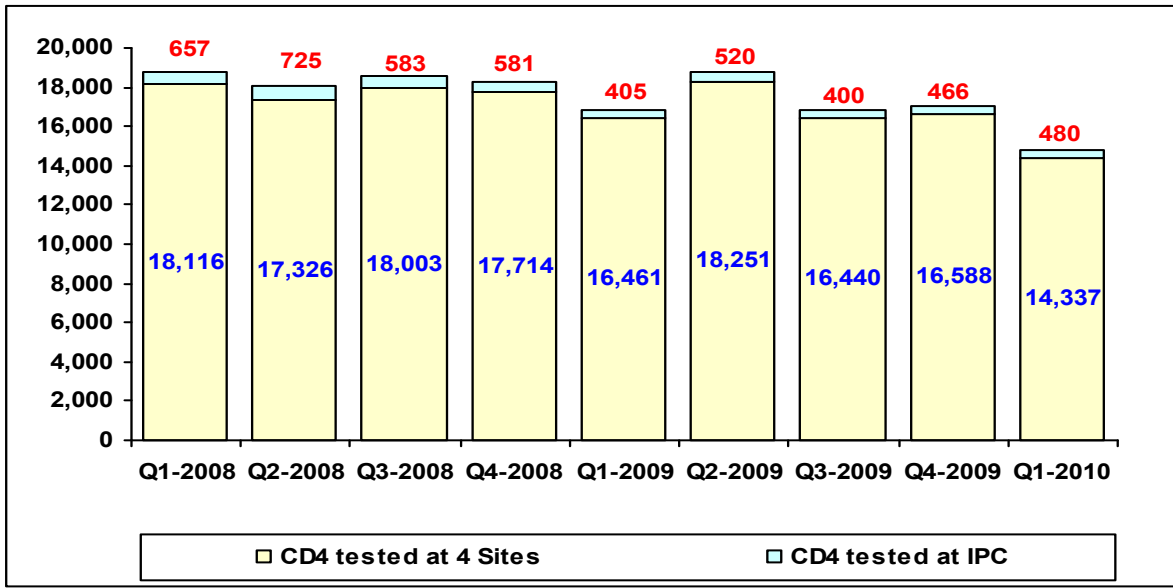


Figure 8 : Trend in the total number of CD4 tests conducted in Cambodia at 5 government sites and IPC from Q1-2008 to Q1-2010

In Q1-2010, there are no HIV RNA viral load tests for patients in Social Health Clinic at NIPH. However, there are 1,575 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

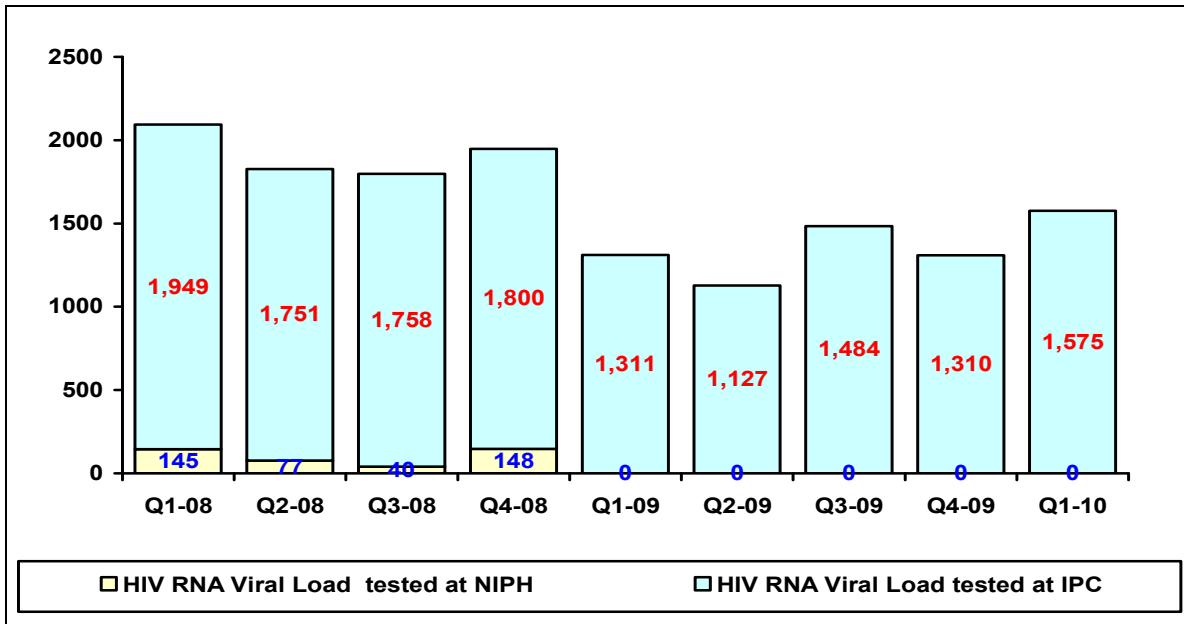


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2007 to Q1-2010

In Q1-2010, 180 DNA PCR tests for early infant diagnostic (EID) were conducted at NIPH, and 204 tests at Institut Pasteur of Cambodia (IPC) (Figure 10).

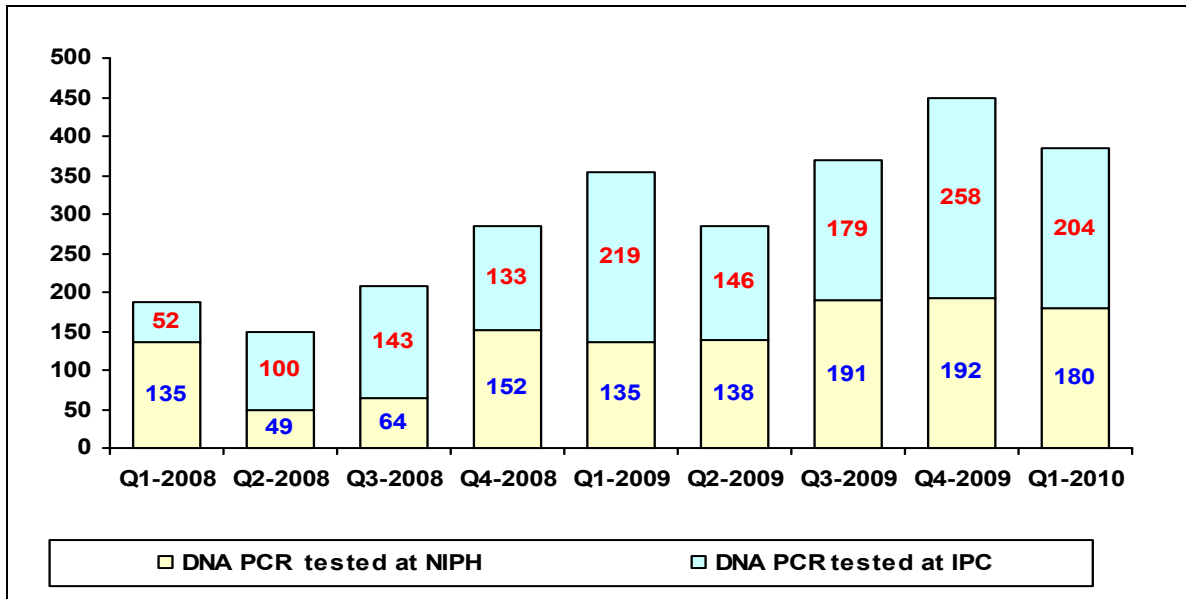


Figure 10: Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q1-2010

This Q1-2010, a total of 38,522 active patients including 34,784 adults and 3,738 children are receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3). According to Asian Epi-Modal 2006-2012, the estimated need of Adults HIV/AIDS patients on ART are projected about 35,100 patients in 2010, it is 99% if compared with the actual number of Adults AIDS patients on ART as reported in March 2010.

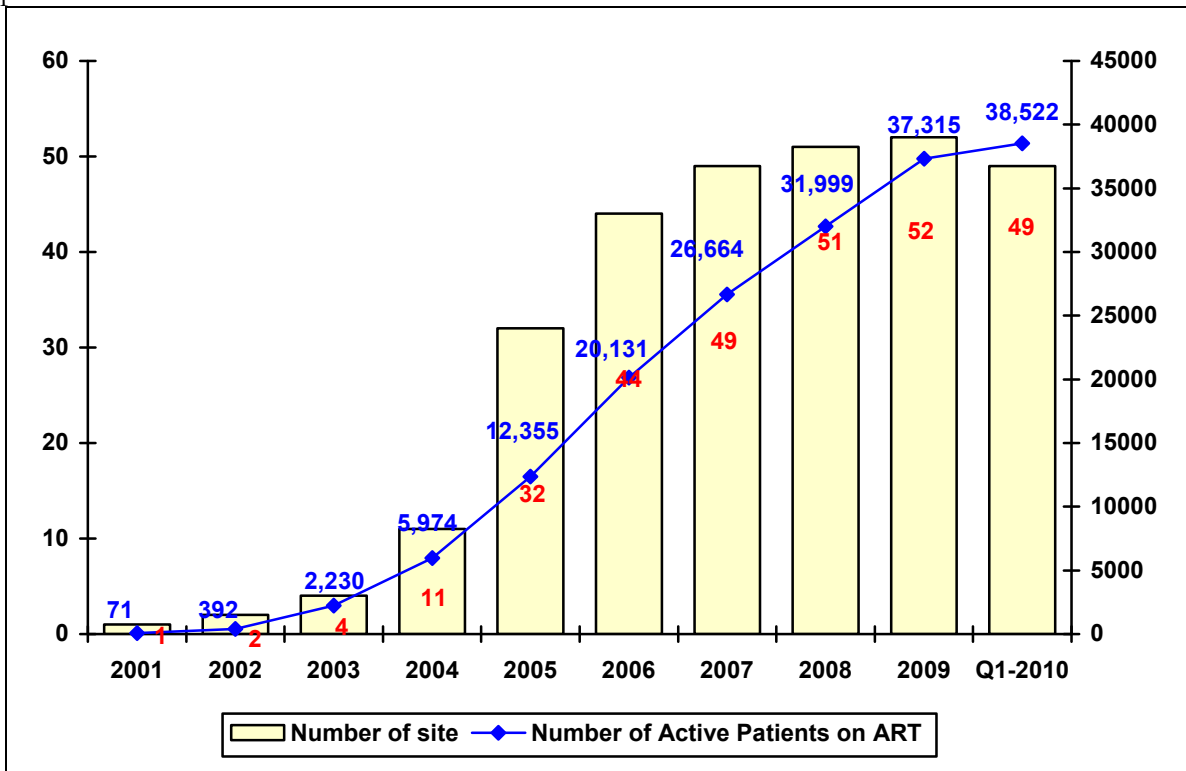


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q1-2010

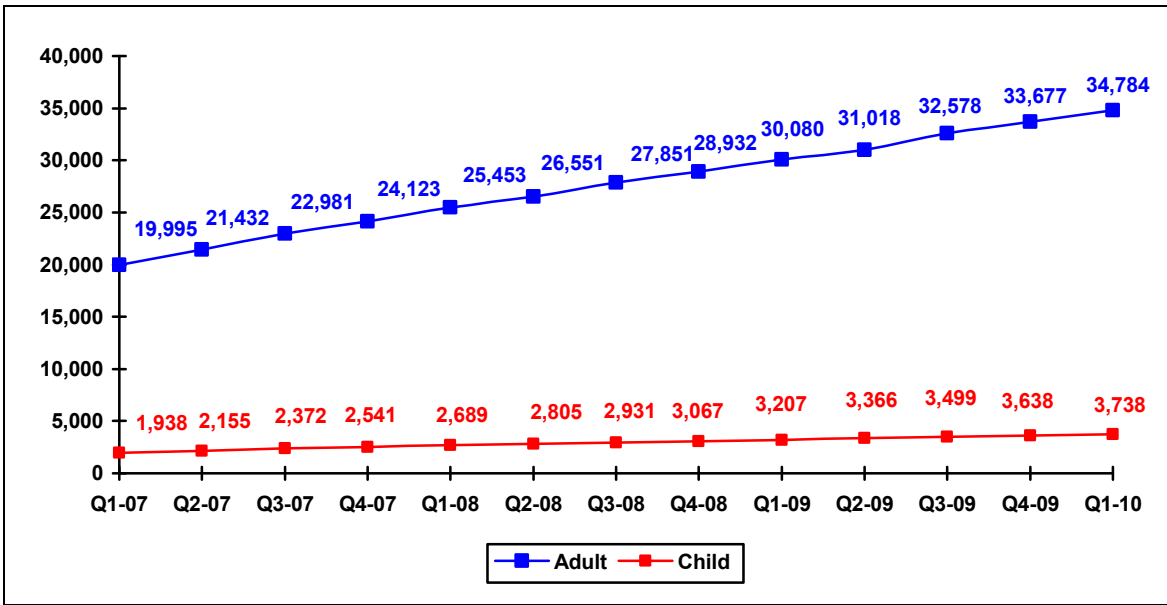


Figure 12: Trend in number of active adult and child patients from Q1 2007 to Q1-2010

In Q1-2010, female adult patients accounted for 52.7% (18,346) of all active patients on ART. At OI/ART sites, a total of 1,847 new patients (including 179 children) started OI prophylaxis and management and 1,625 new patients (including 170 children) started on ART in Q1-2010 (Figure 13). The number of new patients on OI care has been deeply decreased than Q4 2009. On the other hand, the numbers of new patients on ART were significantly decreased as from Q4 2008, and it is a slight increased in Q1 2010 if compared to the number reported in Q4 2009.

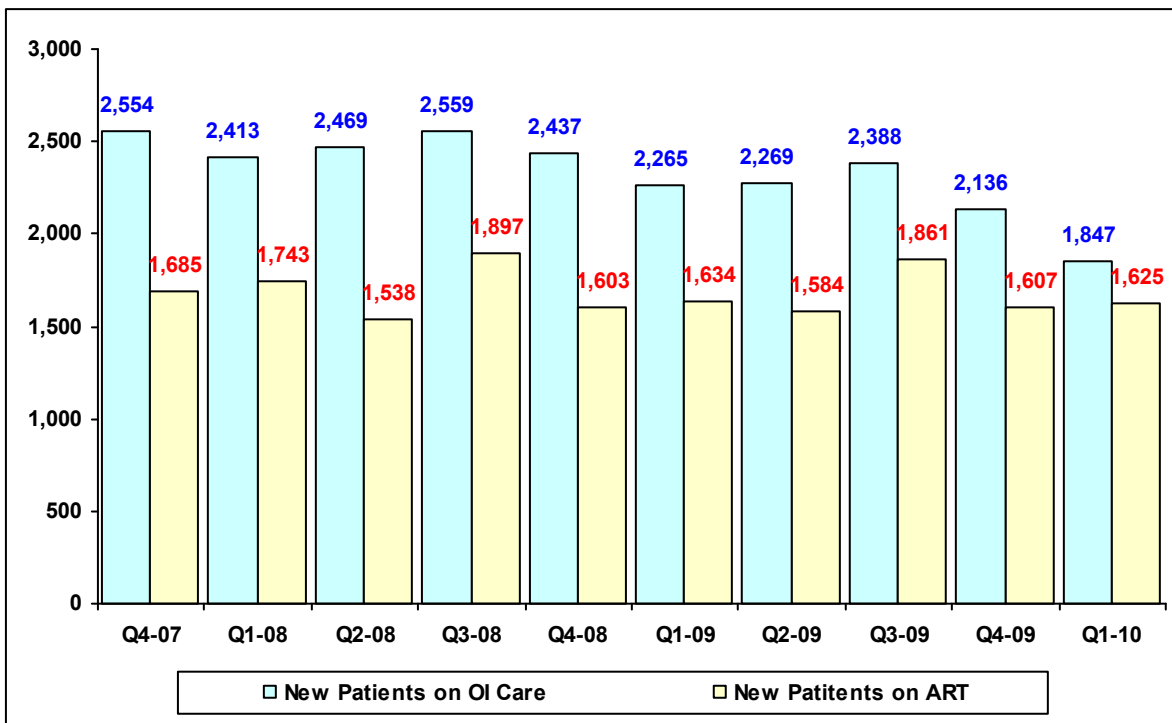


Figure 13: Trend in numbers of new patients on OI and ART from Q2-2007 to Q1-2010

There were a total of 8,231 active adult patients and 1,580 child patients with opportunistic infections who are not eligible for ART yet at the end of Q1-2010. Of those, 5,143 (62.5%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,263 adult patients and 217 child patients on OI care were eligible to prepare on ART at the end of March 2010.

Patient mobility across services

In Q1-2010, a total of 237 ART patients were transferred out to new ART sites located closer to their home residence. At the end of Q1-2010, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,646 active patients on ART.

Drug and logistic support

In Q1-2010, 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 4.2 % of adults and 6.6 % of children were on PI-based regimens (Table 8).

ARV drug regimen Q1 - 2010	Adults N= 36,222* No. (%)		Children N= 3,801* No. (%)	
d4t+3TC+NVP	15,443	42.6 %	2,925	77.0 %
d4t+3TC+EFV	4,550	12.6 %	441	11.6 %
AZT+3TC+NVP	9,453	26.1 %	139	3.7 %
AZT+3TC+EFV	3,167	8.7 %	37	1.0 %
PI-based regimens	1,516	4.2 %	249	6.6 %
Other regimens	2,093	5.8 %	10	0.3 %

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

Table 9: *Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q1-2010*

TB Screening of new OI Patients

In Q1 2010, there were 1,847 new OI patients registered at OI-ART Sites. Of these 1,847 new OI patients, 1,223 (66.2%) were screened for TB (smear/chest X-Ray) during the quarter. Of the 1,223 patients screened for TB, 221 were detected as TB Pulmonary, 86 were detected as Extra-pulmonary TB detected and 827 delivered a negative result. The number of TB screened among new OI patients were low (66.2%) due to 7 OI-ART sites which didn't report for TB-Screening to NCHADS.

2.1.3. Community-based services

As reported in 1st quarter 2009, there are 342 HBC teams covered over 761 Health Centers in 70 operational districts (OD) in 18 provinces. In this quarter Koh Kong and 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 (Annex: HBC indicator 1) (Figure 13) within the CoC established in place (Annex: HBC indicator 4).

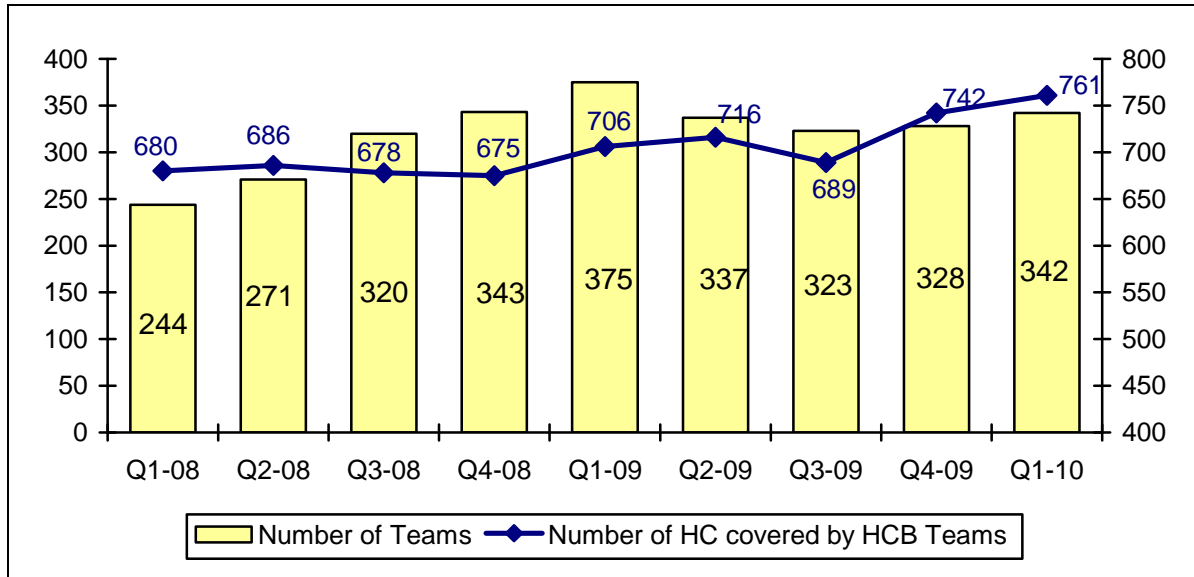


Figure 13: Trend in number of HBC teams form Q1-2008 to Q1-2010

These HBC teams are currently supporting for a total of 28,027 PLHA (Annex: HBC indicator 2), which 8,899 were registered in Pre-ART (OI) and other 19,128 were registered in ART.

2.2.1. Nationwide PMTCT Data provided by NMCHC

In March 2010, there were 67 ODs with at least one center providing PMTCT services (HFBC indicator 4).

From January to March 2010, of a total of 35,866 first ANC attendees at government ANC clinics with PMTCT services, 24,795 (69.1%) were tested for HIV. Amongst couples where the woman attended an ANC clinic with PMTCT services, 6,047 husbands/partners accepted testing (24.3% of pregnant women were tested with their husbands/partners). Among the pregnant women tested there were 23,884 women who received the results of their test at PMTCT services, 78 (0.3 %) were HIV positive and a further 122 known HIV-positive pregnant women were referred to PMTCT services.

A total of 175 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and March 2010. Of these mothers, 162 (92.6%) accessed ARV drugs: 30 (18.5%) received AZT during pregnancy (22 of them also received AZT + SD NVP during labour), 121 (69.1%) received HAART and 11 (6.3%) received ARV prophylaxis in labour alone. Of 175 infants

born to HIV-infected mothers at PMTCT maternity sites from January to March 2010, 169 (96.6%) received ARV prophylaxis, 140 received NVP and ZDV for 1 week and 29 for 4 weeks.

2.2.2. Linked Response data from demonstration project

28 Reporting LR ODs, January to March 2010

In March 2010, of the 28 ODs implementing the Linked Response Approach, 28 ODs had reported data. From January to March 2010, of a total of 31,168 first ANC attendees at Linked Response sites and outreach services, 23963 (76.9%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 4,483 husbands/partners accepted testing (18.7% of pregnant women were tested with their husbands/partners). Among the 239,63 ANC attendees at Linked Response sites and outreach services who received an HIV test, 59 (0.24 %) were HIV positive and a further 19 known HIV-positive pregnant women were referred to Linked Response services.

A total of 40 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and March 2010. Of these mothers, 32 (80%) accessed ARV drugs: 23 (71.9%) received HAART and 9 (28.1%) received ARV prophylaxis in labour alone. Of 41 infants born to HIV-infected mothers at PMTCT maternity sites from January to March 2010, 36 (87.8%) received ARV prophylaxis, 30 received NVP and ZDV for 1 week and 6 for 4 weeks.

III. FINANCIAL REPORT:

During this period, more than 9% of total budget in 1st quarterly activity plan of 2010 were spent on key activities of prevention, care, support and treatment programme for HIV/AIDS patients. The expenditure was low due to the majority of the budget plan allocated for logistic management to procure for health products and medical equipments (OI/ARV drugs, reagents and consumables) which not yet paid. If excluded budget for health products and medical equipments, the percentage of expenditure was around 30% (see table 10).

In addition, the part of continuum of care and support activities for HIV/AIDS patients funded by AHF which have been implemented at 11 ODs in 10 provinces (Kampong Thom, Kampot, Kandal, Prey Veng, Svay Rieng, Pursat, Oddor Meanchey, Stung Treng, Preah Sihanouk and Takeo), and 4 provinces (Battambang, Banteay Meanchey, Pailin and Pursat) funded by US-CDC. Any activity plans of the rest of provinces funded by GFATM-R7.

This Report presented quarter expenditures in description of both the proportion of planned budget disbursed and achievement of activities as planned. The figure in expenditure columns below is shown only expenditures recorded from the NCHADS accounting system as allowable reconciled expenditure against advances. It includes the ten main funding sources of NCHADS programme: GFATM (R4, R5 and R7), CDC, CHAI, UNSW/CTAP, CIPRA, ITM, WHO, AHF. The figure of the FHI's funding source represents the only expenditures at national level and not included the expenditure of activity plans from provincial level.

Sources	Annual Plan	Q1 Plan	Q1 Act	Q1 %	A %
GFATM-R7	\$ 9,645,090	\$ 2,650,833	\$ 368,752	14%	4%
GFATM-R4	\$ 7,330,814	\$ 6,901,890	\$ 152,248	2%	2%
GFATM-R5	\$ 581,488	\$ 301,787	\$ 52,602	17%	9%
CDC	\$ 800,587	\$ 120,638	\$ 197,637	164%	25%
UNSW/CTAP	\$ 100,000	\$ 25,000	\$ 32,376	130%	32%
WHO	\$ 102,329	\$ 45,646	\$ -	0%	0%
CHAI	\$ 303,458	\$ 39,355	\$ 35,644	91%	12%
AHF	\$ 146,283	\$ 33,556	\$ 22,406	67%	15%
CIPRA	\$ 80,000	\$ 20,000	\$ 85,942	430%	107%
ITM DGDC	\$ 58,654	\$ 10,793	\$ 15,923	148%	27%
TREAT ASIA	\$ 35,000	\$ 8,750	\$ -	0%	0%
CRS	\$ 12,389	\$ 798	\$ -	0%	0%
Grand Total	\$ 19,260,386	\$10,176,193	\$ 963,531	9%	5%
Total for Logistic Management	\$ 7,123,023	\$6,939,942	\$ 40,165	1%	1%
Excluded the Budget of Logistic Management	\$ 12,137,363	\$3,236,251	\$ 922,916	30%	8%

Table 10: Summary of expenditures by sources managed by NCHADS:

IV. CONCLUSION:

In overall, even there was some delay of funds disbursement to be implemented at the provincial level, due to shift of funding sources and the preparation of necessary legal paper work. Most of activities related to the targets for services delivery areas (OI/ART, VCCCT, STI, and HBC services) for Care and Treatment Component in the first quarter in 2010 were achieved as planned. It is expected that from quarter 2, the NCHADS programme will be fully implemented towards achieved the annual targets.

ANNEX 1: Monitoring and Evaluation indicators

	STI Indicators	Type	2010 target No. (%)	Q1. 2010 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	9.5 %
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	31	32
3	Percentage of entertainment services workers who use STI services monthly	Output	DSW: 95% IDSW: 50%	DSW: 120.1% IDSW: 101.1%

	CoC Indicators	Type	2010 target No. (%)	Q1. 2010 score No. (%)
1	Total number of Operational Districts with a full Continuum of Care	Output	45	44
2	Number of CoC sites with ARV services	Output	55	52

	VCCT Indicators	Type	2010 target No. (%)	Q1. 2010 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	250	233
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing (UA 3, 4, 5, 9).	Outcome	400,000 (5.2%)	80,155
3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.5 %

4	Number and percentage of HIV (+) Clients who were referred to OI/ART sites	Output	95%	75.4 %
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	HFBC Indicators	Type	2010 target No. (%)	Q1. 2010 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	40 A: 40 C:30	44 A: 44 C:28
3	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	38,477 adults 4,800 children <u>43,277 total</u>	34,784 adults 3,738 children <u>38,522 total</u>
4	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	76 (100%)	67 (88%)
5	Number and percentage of pregnant women who were tested for HIV and received their test result		75%	
6	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		60%	
7	Number and percentage of individuals newly enrolled in HIV care who were screened* for TB at the first visit	Output	90%	New OI = 1,847 Screen TB = 1,223 66.2%

Note: * For indicators number 4, 5 and 6 of HFBC component, the values from NMCHC

	HBC Indicators	Type	2010 target No. (%)	Q1. 2010 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	342
2	Number of PLHA supported by HBC teams	Output	30,000	28,027
3	Number and percentage of health centers with HBC team support	Output	780 (83%) of 942 HC	761 (80%)

	Surveillance Indicators	Type	2010 target No. (%)	Q1. 2010 score No. (%)
1	Number of HSS conducted	Output	Round 10	Ongoing process of HSS Round 10
2	Number of BSS conducted	Output	Round 8	Ongoing process of BSS Round 8

	Research Indicators	Type	2010 target No. (%)	Q1. 2010 score No. (%)
1	Number of Research conducted	Output	2	2

	PMR Indicators	Type	2010 target No. (%)	2010 score No. (%)
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	50	47
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	1

	DM Indicators	Type	2010 target No. (%)	Q1. 2010 score No. (%)
1	Number of provinces with data management units	Output	20	20