

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**SECOND QUARTERLY COMPREHENSIVE REPORT, 2008
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**



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

ACKNOWLEDGEMENTS

On behalf of National Center for HIV/AIDS Dermatology and STD, I would like to acknowledge the hard work of all staff and partners in the implementation of HIV/AIDS Prevention and Care Programme in line with to Strategic Plan For HIV/AIDS and STI Prevention and Care 2008-2010 and regularly send reports to Planning Monitoring and Reporting Unit and Data Management Unit of NCHADS. These achievements occurred the great participation of Provincial Health Department/Provincial AIDS Office, Operational District, Referral Hospital, and NCHADS Units and supported from all stakeholders and partners.

Phnom Penh, 26 September 2008

Deputy Director

DR. LY PENH SUN

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NATIONAL CENTER FOR HIV/AIDS DERMATOLOGY AND STDs

ACTIVITIES PROGRESS REPORT

APRIL TO JUNE 2008



I. Introduction:

The NCHADS Annual Comprehensive Work Plan and budget plan including PBSI 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 PBSI), and other 8% supports the running cost at provincial level. Based on this work-plan, the quarterly activity work-plans and budget plan are developed respectively.

This report described the achievement of main activities on HIV/AIDS and STI program in period of April to June 2008, that were carried out by NCHADS Units and provinces. During this period, more than 59% of total budget in 2nd quarterly activity plan of 2008 were spent on key activities for prevention, care and support for HIV/AIDS patients. Some funding sources have not been spent due to delay of funding disbursement and approval procedures of some funding sources. Therefore, some activities have not been implementing as planned at national and provincial level.

In addition, there are only 6 provinces including Kampong Cham, Phnom Penh, Pailin, Pursat, Sihanouk Ville and Takeo that are granted by GFATM-R4, have done with the routine activities of the outreach program and 100% Condom Use Program for entertainment sex workers, and some main STI activities. Also, the part of CoC activities for care and support for HIV/AIDS patients that are funded by AHF, have been implemented at 9 ODs in 8 provinces (Kampong Thom, Kampot, Kandal, Prey Veng, Pursat, Oddor Mean Chey, Stung Treng and Takeo), and 4 provinces funded by US-CDC. The following descriptions are the detailed report of activities in each component that have been done during this quarter at national and provincial level.

II. Programme Implementation:

The 2nd quarterly work-plan 2008 has been made and approved. During this period, most activities have been achieved to reach some parts of the targets and the objective are set in 2008, with the available funding sources from GFATM R4 and R5, CHAI, AHF, WB, Treat Asia, CIPRA, AusAid, WHO, US-CDC, FHI and UNAIDS/PAF. Other funds are still remained unavailable for the implementation, including DFID and UNAIDS.

1. PREVENTION PACKAGE:

a. Behavioral Chang Communication (BCC):

NATIONAL LEVEL:

During this period, Launching of 100% Condom Use Program were conducted in Banteay Meanchey, Battambang, Pursat, Pailin, Sihanouk Ville, Koh Kong, Kampong Cham and Mondulkiri, which supported by GFATM; and supervision visits to monitor and provide technical supports on OPC program were conducted by BCC officers in Banteay Meanchey, Battambang, Pailin, Pursat, Sihanouk Ville, Kohn Kong, Kampong Cham, Mundulkiri, and Kampong Chhnaing province.

PROVINCIAL LEVEL

As reported from six provinces under GFATM-R4, most of activities were done in this quarter that are including:

- Entertainment Sex services in Pailin has been mapping for 2008.
- Supervision on outreach program at OD level in KCM, PNP, SHV, TKV and PST, were conducted. The PWG/OPC, PST/OPC meeting and meeting with owners of entertainment sex workers were regular organized (Table 1)
- Peer meeting was conducted in Banteay Meanchey with 84p.
- CUCC and CUWG meetings were regularly organized in order to monitor the implementation of 100% CUP (Table 2).
- CUWG members conducted supervision trips to the brothels.
- Condoms have been distributed during outreach visits, at STD clinics and at VCCT centers (Table 2).

Table1: Summary of PWG/OPC, PST/OPC and Owner meeting by provinces

Provinces	PWG/OPC meetings		PST/OP meetings		Owner meetings	
	# of meeting participants	# of	# of meeting participants	# of	# of meeting participants	# of
1 KCM	1	9p	3	27p	5	134p

2	PNP	1	32p	3	66p	4	208p
3	PLN	1	18p	1	8p	1	33p
4	PST	1	10p	3	21p	1	37p
5	SHV	0	0p	2	16p	1	41p
6	TKV	2	20p	2	14p	3	110p

Table 2 : Summary of 100% CUP activities by provinces

Provinces	# of CUGW meeting (participants)	# of CUCC meeting (participants)	# of Condom distributed
1 KCM	3 (61p)	1 (9p)	20,000
2 PNP	3 (72p)	1 (15p)	15,000
3 PLN	1(10p)	1(10p)	20,000
4 PST	3 (21p)	1 (11p)	15,000
5 SHV	3(45p)	0	NA
6 TKV	3 (18p)	0	15,000

b. Sexual Transmit Infection/ Reproductive Tract Infection:

NATIONAL LEVEL:

i. Technical Working Group Meeting:

STD officers of NCHADS conducted monthly TWG meetings to review the result of STI/RTI reporting case in Cambodia in 2007 and first quarter 2008 and prepare the documents for training in this quarter.

ii. Training and Workshop:

Trainings and workshops were organized during this period including:

- STD Unit of NCHADS in collaboration with PHD and PAO conducted two Regional network meetings for Health Care Providers and Lab Technicians of Family Health Clinic in Siem Reap and Koh Kong, funded by FHI. During this meeting, clinicians and lab technicians working at STD clinic from each region have shared experiences, knowledge, and challenging cases observed and treated during last year.
- Two 3-day Trainings on Serology testing (syphilis test by Treponemal and non Treponemal) were organized that 49 lab technicians from RHs in 22 provinces were attending, funded by GFATM-R5.
- Two 3-day Refresher Trainings on STI/RTI case management for MSM were organized which 32 clinicians from STI clinic were attending

- Data of STI cases, and serological and bacteriological testing from National STI Clinic are summarized at Table 3, 4 and 5.

Table 3: CONSULTATION AND TREATMENT

Disease	Dermatology		STD		Surgery	
	Male	Female	Male	Female	Male	Female
Month						
April	880	1181	33	14	3	5
May	873	1264	35	47	5	7
June	965	1309	32	52	11	7

Table 4: Serological testings

Test	RPR		TPPA		HBs-Ag		HBs-Ab		HCV-Ab		HIV-Ab	
	Total	+	Total	+	Total	+	Total	+	Total	+	Total	+
Month												
April	21	1	19	2	32	2	32	15	28	1	33	1
May	50	2	44	3	61	4	60	17	60	2	55	3
June	50	0	38	2	63	8	66	13	65	1	40	4

Table 5 : Bacteriological testings

Method	Gram Stain			Wet mount		
	GNID	PMNs >10	# of test	Yeast	Trichomonas	# of test
Months						
April	3	5	7	0	0	4
May	6	15	24	4	0	11
June	6	19	25	6	0	15

iii. Monitoring and Supervision

- STI Unit and clinicians and lab technicians from National STD clinic conducted supervision visits to monitor and provide technical support to STD clinics in Sihanouk Ville, Prey Veng, Koh Kong, Oddor Meanchey, Kampong Cham, Svay Rieng, Siem Reap, Preh Vihear (Reports in file).

PROVINCIAL LEVEL:

Mobile STI clinic was provided every month to sex workers in Pursat. The following tables (6 and 7) are summarizing activities that have done at provincial and district levels.

Table 6 : *STI Coordination meeting* (Quarterly coordination meetings with STI clinics, ODs, HCs and PAO staff)

	Provinces	Participants
1	Kampong Cham	28p
2	Phnom Penh	43p
3	Pursat	27p
4	Sihanouk Ville	8p
5	Takeo	33p
6	Pailin	17p

Table 7 : Supervision trips to OD and HCs

No	Province	# Supervisions from PAO to OD(sites)	# Supervisions from OD to HCs (sites)
1	KCM	10trips (10 ODs)	32trips (32 sites)
2	PLN		4trips (4 sites)
3	PST	2trips (2 ODs)	6trips (13 sites)
4	PNP	5trips (5 ODs)	8 trips (8sites)
5	SHV	NA	NA
6	TKV	4trips (4 ODs)	18 trips (12sites)

2. CARE PACKAGE:

a. Health Facility and Home Based Care:

NATIONAL LEVEL:

i Prepare the GUIDELINE and training material

- Sub-TWG for Health Facility Based Care Meetings was conducted to revise the Adult OI Guidelines.

ii Training-Workshops

- The 2 Regional Counselor for Adult network meetings were conducted in 2 different places which supported by GFATM-R4 and Treat Asia:
 - Pursat (45p from Battambang RH, Thmarkol, Mong Ressy, Military No 5, Mongkul Borey, Serey Sorphorn, Poi Pet, Siem Reap, Sotnikum, and Kralanh RH);

- Kampot (38p from Donkeo, Kirivong, Ang Rokar, Kampot, Kampong Trach, Chey Chumneah, Koh Thom, Koh Kong, Sre Ambel, Sihanouk ville and Kampong Speu RH).

These meetings provided an opportunity for HIV/AIDS care counselor 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.

- On going 4th Batch of the Training course on Pediatric Counseling on OI/ARV was continued from 1st Quarter 2008, with 30 nurses, supported by GFATM-R4.
- 2nd Batch of the Refresher Training course on Management of OI/ARV for Clinicians was conducted with 25 participants, that supported by US-CDC.
- Four 3-day In-service Trainings on OI/ARV Management were conducted in Stung Treng, Sre Ambel, Smach Mean Chey, Pailin, and Kralanh RH/Siem Reap province.
- Two 2-day Orientations of Linked Response (LR) program was organized in Kirivong OD of Takeo province that 88 participants from 14 health centers that doesn't have VCCT services, and 6 HCs with VCCT service and Home Based Care team were attending which supported by ITM/Belgium and WHO.

iii. Mentoring and supervision:

- 6 Supervision trips on health facility based care and home based care programs were conducted in Kampot, Takeo, Kampong Thom, Kampong Cham, Koh Kong, Oddar Meanchey, and Preah Vihear in order to provide for HBC team members the technical capacity building, and administration management including recording and filing system, etc and one visit for assessment to establish the OI/ART site for PLHAs in Thmar Puok RH/Battambang province.
- Pediatric AIDS care officer accompanying with CHAI staff conducted the field assessment to establish the OI/ART site for Children in Kampong Trach RH/Kampot, Ang RokaRH/ Tkeo, Samrong RH/Oddar Meanchey, Kralanh and Sonikum RH/Siem Reap.

PROVINCIAL LEVEL:

- Monthly CoC coordination committee meetings and MMM activities were conducted and summarizing in Table 8.
- 23 participants from OD, TB/AIDS, PLHAs, and representative from US-CDC were attending meeting to update the progress of study result (Banteay Meanchey).

- 87 participants from TB program, VCCT, PAO, PHD, NGOs were attending quarterly coordination meeting (Banteay Meanchey).
- Home based care network meetings were organized in order to identify issues and solve problems (Table 9).

Table 8: CoC CC meeting and MMM Activities

	# of MMM meeting	# of PLHA attended	# of CoC meeting	# of participants	# of OIs team meeting	# of participants
1 BMC	4	531p	2	57p	1	12p
2 KCM	9	NA	3	NA		
3 KTM	3	205p	3	108p		
4 PLN	3	280p	3	58p	3	33p
5 PST	6	NA	3	59p		
6 SHV	3	300	1	23p		
7 TKV			3	75p	1	13p

Table 9: Home-based care activities

	# network meeting	# participants	# of supervision	# Sites visits
1 BMC			8	8
2 PLN	1	25p	2	2
3 PST	1	N/A	12	12
4 SHV	1	19p		

b. VCCT:

NATIONAL LEVEL:

i. Workshop/Training:

- One 5-days initial training on HIV/AIDS Counseling funded by GFATM-R4 for 27 Counselors from 26 HCs and 2 RHs was organized (Reports in file).
- One 5-day initial training on Laboratory for HIV testing funded by GFATM-R4 for 26p from 17 HCs, was organized (Reports in file).
- One 5-day refresher training on HIV/AIDS Counseling was organized and supported by URC and UNICEF for 40 Counselors from 24 VCCT centers (Reports in file).
- Five 1-day trainings on Collection of Dried Blood Spots (DBS-PCR) from infants for Diagnosis of HIV by PCR funded by CHAI, was organized for 87participants from OI/ART sites for Children were attending (Report in file).

- Two 2-day Regional Counseling Network meetings with 84p were organized. These meetings provided opportunity for participants to share experiences, and discuss challenges during the implementation.

ii. Monitoring and Supervision:

- 5 supervision trips conducted to monitor VCCT activities in Kampong Thom, Kampot, Takeo, Kampong Cham, Battambang, Pailin, Koh Kong, Oddar Meanchey, and Preah Vihear. The purpose of the supervision was in control of VCCT materials such as register book, appointment cards, referral cards; control of processing pre and post test counseling and lab activities (Rapid test); and control of managing stock of reagents and consumables, and storage of blood samples.

PROVINCIAL LEVEL:

- Supervision visits conducted to monitor VCCT activities in Kampong Thom.

3. SURVEILLANCE & RESEARCH PACKAGE

a. Surveillance:

- i HIV Prevalence among Drug User survey:
 - Facilitated in the workshop on STD prevalence Study among Drug User that organized by Mithsamlanh NGO.
- ii HIV Drug Resistance threshold survey
 - Two 2-days sessions of Training on Data collection for HIV Drug Resistance threshold survey were conducted, with participated from counselors and lab technician.
- iii Early warning Indicator study:
 - Conducted 4 trips of field visit on Early warning indicator study in OI/ART sites in Takeo, Kampong Cham, Battambang and Pursat.
- iv Other:
 - The result of Behavioural Sentinel Surveillance was disseminated in public forum, with participated from PHD, PAO from 24 provinces, and partners. *(The report is in Annex 3)*

b. Research:

1. The Baseline data collection on Link response Project: Preventing Mother to Child transmission of HIV by integrating existing community in Prey Veng. The study aims to collect baseline

information both qualitative and quantitative to complement to the link response indicators.

- During this quarter, the Research unit developed a pre-test questionnaires for this study
- Data collections were conducted.

2. Other activities:

- One 2-day workshop on Cohort Study in Cambodia was conducted, with 21 participants from clinician of OI/ART site, PAO Manager and provincial data management staff from 3 provinces (Battambang, Kandal and Sihanouk Ville)

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

- 2nd Quarterly Work-plans 2008 for implementation of HIV/AIDS prevention and care for NCHADS and provinces, were compiled and approved.

ii Meeting/Workshop:

- Assessment on the capacity and management of PR/NCHADS for GFATM-R7 was conducted by LFA team (Dr. Kim Yadany and Ms. Chan Rosa).
- NCHADS team assessed the capacity of 6 new sub-recipients for GF-R7 (CWPD, CRS, NAA, FI, Maries Stops Cambodia and WOMEN). The purposes of this assessment were focus on Program Management, Monitoring and Evaluation system, Finance and Procurement.

iii Monitoring Activities:

- The NCHADS 1st Quarterly Report 2008 was finalized and posted it to NCHADS' web site, and distributed to MoH, NAA, donors and other partners. The report also provides the feedback and lessons learn to NCHADS managers and provinces.
- 3 supervision trips were conducted in Stung Treng, Kampong Cham and Banteay Meanchey.

PROVINCIAL LEVEL:

- Organized the Quarterly Coordination meeting with partners to review the progress achievements and to identify the issues and solve the problem (Table 10).

Table 10: Provincial Coordination meetings

Provinces	# of Participants attended the Meeting
1 Banteay Meanchey	17p

b. Data Management:

- Backlog data entry for STI, OI/ART and VCCT.
- Analyzed and reported the Comprehensive patients monitoring for 1st quarter 2008
- Conducted supervisions and site trainings on data management for OI/ART in OD Prey Veng, Neak Loeung, Svay Rieng, Romeas Hek, Koh Thom, Kandal, Kirivong, Ang Roka, Sihanouk Ville, and Samrong RH/Oddar Meanchey.
- One 3-day Refresher training on OI/ART database was conducted with 45p from 11 provinces and FHI.
- Facilitated in 4th batch training course on Management of OI/ART for Children.

c. Logistic Management:

- Two sessions of 1-day workshop on the use of format report for VCCT and STD lab and Hematology analyzer were conducted with 184 participants, funded by GFATM-R4.
- One 5-day of refresher training on Logistic Management for Dispense and ODs was conducted, with 23 participants, funded by GFATM-R4.
- Prepared list for distribute of the drugs, reagents and consumables according to the CMS schedule.

III. Outcome of service deliveries:

1. HIV/AIDS prevention activities

In quarter 2 -2008, there were a total of 32 specialized government STI clinics (family health clinics) covering 21 of the 24 Cambodia provinces and cities (except Mondulkiri province and Kep city). There are also 18 NGOs STI clinics (RHAC, MEC and PSF). Two new STI clinics (Memot and Tboung Khmum) have been opened during this quarter.

Of the 32 government specialized clinics 29 (96%) are upgraded with laboratory support to perform RPR testing and basic microscopy (Annex: STI indicator 1). Of those, 23 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 specialized STI clinics health centers in 58 OD/24 provinces provide STI services using the syndromic approach. At the HCs providing STI services using syndromic approach, during quarter 2 1008, 1,195 consultations were provided to male patients and 6,562 to female patients. Of 910 male STI/RTI Syndromes reported, 847 (93.1%) were urethral discharges; 43 (4.7%) were Genital ulcers and 20 (2.2%) were Genital warts. Of 6,267 female STI/RTI Syndromes reported, 2,948 (47.0%) were vaginitis; 2,817 (44.9%) were cervicitis; 444 (7.1%) were PID and 55 (0.9%) were Genital ulcers. A total of 767 male partners and 801 female partners of STI patients were notified and treated for STI/RTI.

During quarter 2 2008, 47,065 consultations were provided at the total of 50 specialized STI clinics (32 government and 18 NGO STI clinics) [4,248 consultations were provided to male patients, 842 to MSM, 32,905 to low-risk women and 9,070 to sex workers (3,240 for DSW ; 5,830 for IDSW;) of which 5,693 were monthly follow-up visits] (Figure 1).

The number of consultations provided to entertainment workers has decreased steadily since Q 4 2007 with a significant drop for brothel based sex workers (DSW). The number of brothel based SW reached by the 100% CUWG has decreased a little in the last quarter whereas the number of non brothel based SW reached by the 100% CUWG has decreased significantly over the past 3 quarters.

The DFID budget for 100% condom use interventions (except in 6 provinces using GFATM/R4) has been cut since Q3 2007, leading to a decrease in motivation of the 100% CUWG to send SWs to STI clinics. Only one member of working group (STI clinic staff who get incentive from GFATM) is still working to invite SWs for routine health check up. The budget supported by DFID for outreach and peer educator coordination at national and provincial level (except 6 provinces using GFATM/R4) was also cut off. Therefore activities to coordinate outreach and peer educator have been limited. Promotion activities to encourage SWs especially non-brothel based SWs to visit at STI clinic are limited. In addition to these funding issues, arassment of police to crack down SWs has significantly affected to the number of SWs visiting STI clinics. Sex service owners and sex workers hesitate to collaborate with 100% CUWG and also outreach teams. NAA, Ministry of Women Affairs and sex worker networks have to deal with the Ministry of Interior to find the appropriate solution especially to avoid the conflict between Anti-Human Trafficking Law and 100% Condom Use Intervention Program

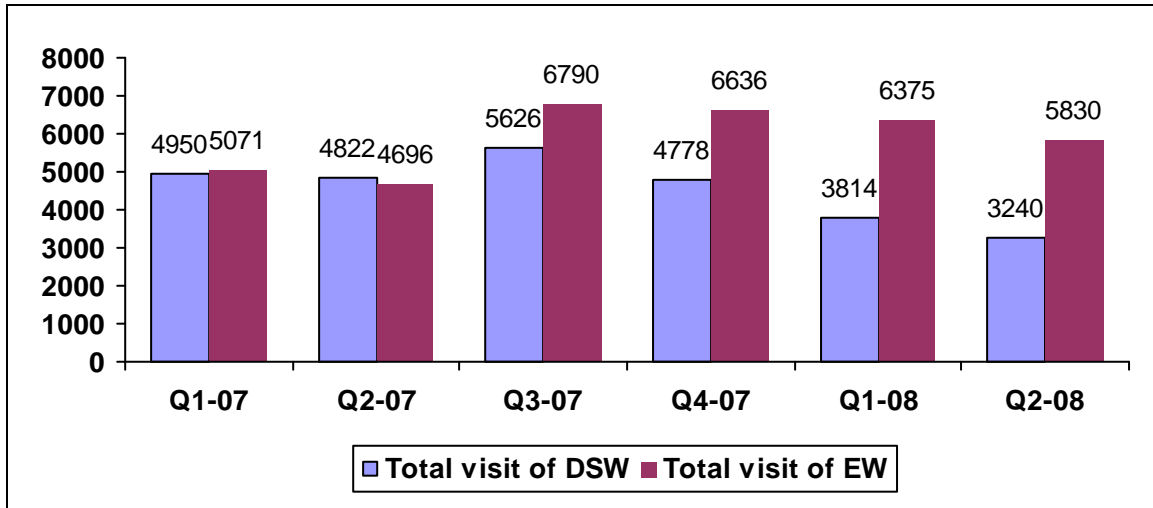


Figure 1: DSW and EW attendance to specialized STI Clinics, from Q1 2007 to Q2- 2008

The RHAC clinics attract mostly low risk women whereas the 32 government STI clinics are used mostly by entertainment workers.

At the 50 specialized STI clinics, of 2,969 male STI syndromes reported in quarter 2 2008, 2,684 (90.4%) were urethral discharges; 17 (0.6%) were anal discharges, 175 (6%) were genital ulcers, 88 (3%) were genital warts, 2 (0.1%) were scrotum swelling and 3 (0.1%) were inguinal bubo. Of the 406 STI syndromes reported among MSM, 157 (38.7%) were urethral discharges, 21 (5.2%) were anal discharges and 198 (48.8%) were ano-genital ulcers.

At the 50 specialized STI clinics, of 23,624 STI syndromes reported among low-risk women, 17,959 (76%) were vaginitis, 5,267 (22.3%) were cervicitis, 122 (0.5%) were PID, 193 (0.8%) were ano-genital ulcers and 83 (0.4%) were ano-genital warts.

In quarter 2 -2008, of the 1,003 DSWs who attended specialized clinics for their first visit, 685 (68.3%) were diagnosed with a STI, including 356 (35.5%) with cervicitis. Among 2,237 DSWs who attended specialized clinics for monthly follow-up visits, 725 (32.4%) were diagnosed with a STI, including 410 (18.3%) with cervicitis (Annex: STI indicator 2). In quarter 2 -2008, of the 2,374 EWs who attended specialized clinics for their first visit, 1,456 (61.3%) were diagnosed with a STI, including 841 (35.4%) with cervicitis. Of the 3,456 EWs who attended specialized clinics for monthly follow-up visits, 831 (24%) were diagnosed with a STI, including 335 (9.7%) with cervicitis.

Of a total of 1,152 RPR tests conducted in quarter 2 2008 at the 32 government specialized STI clinics, PSF and MEC clinics, 23 (2.0%) were positive.

In quarter 2 2008, specialized STI clinics have referred 2,137 patients to VCCT, 96 to ANC and 83 to Family Planning Services.

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 5 years, from 12 sites in 2000 to 206 sites by the end of Q2 2008 (Annex: VCCT indicator 1) (Figure 2).

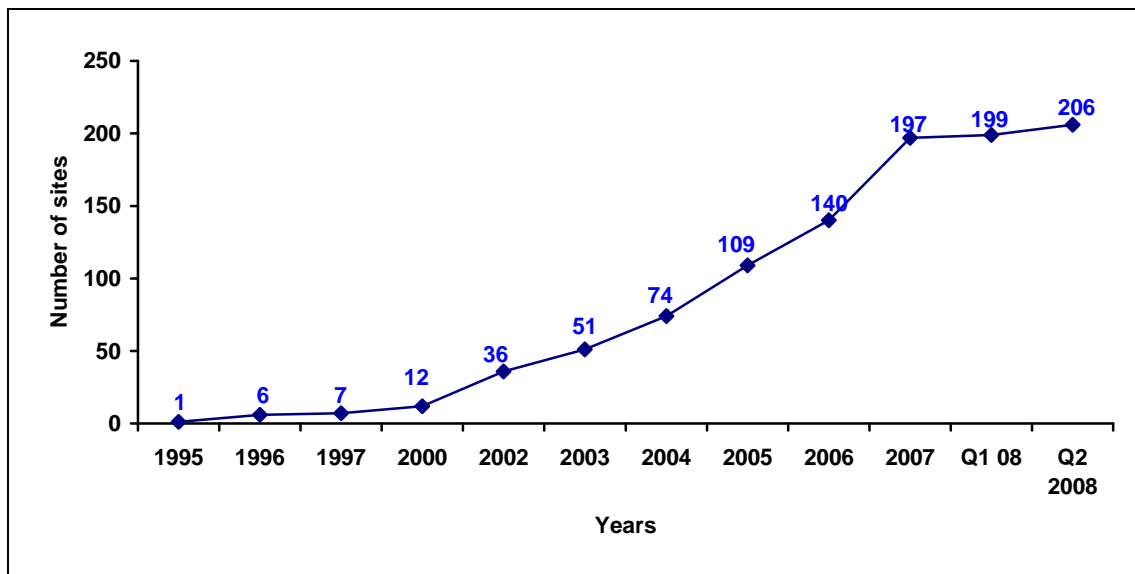


Figure 2: Trend in number of VCCT sites from 1995 to Q2-2008

A total of 7 new VCCT sites have been opened in Q2-2008 (Prey Sleik HC, Antasom, Tramkna HC, Chikhmar HC, Prey Romdeng HC, Dong Kpos HC, Krapomchhouk in Takeo Province). Of the current 206 VCCT sites, 185 are supported directly by the Government and 21 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 Q2-2008, of 92,721 (including 20,493 ANC attendees from NMCH) VCCT clients 55,928 (60.3%) were self referred, 20,833 (22.5%) were referred by ANC services, , 4,857 (5.2%) were referred by TB program, 4,487 (4.8%) were referred by HBC, 2,787 (3.0%) were referred by general medicine, 1,667 (1.8%) were referred by Maternity services, 1,139 (1.2%) were referred by STD clinics, 354 (0.4%) were referred by FP services, , 245 (0.3%) were referred by Pediatric care and 419 (0.5%) were referred by other services (Figure 3).

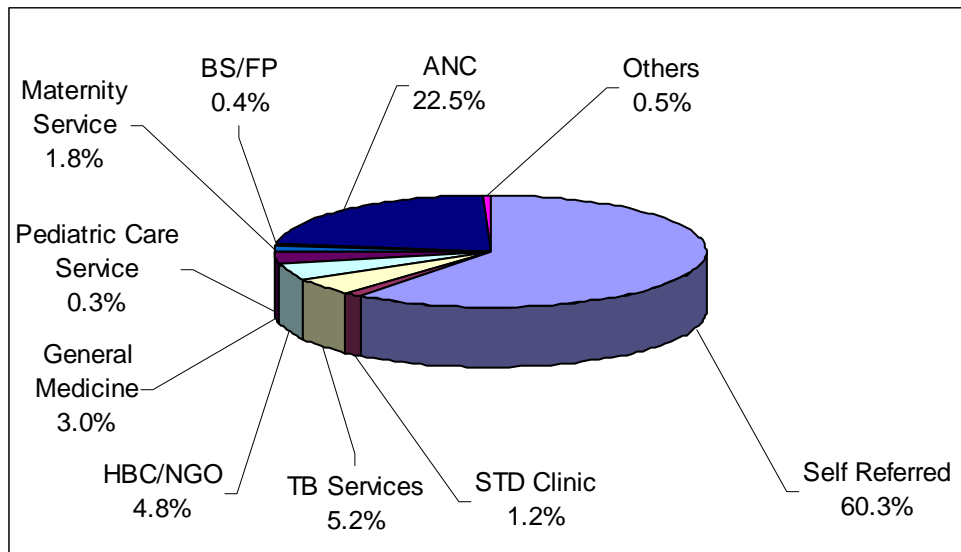


Figure 3: Trend in number of VCCT clients referred from other services in Q2-2008

A total of 90,441 clients have been tested for HIV in quarter 2 2008, including 67,929 VCCT clients, 4,028 TB patients, 19,616 pregnant women (15,051 at government facilities and 4,565 at RHAC clinics) and 3,810 male partners of pregnant women (3,433 at government facilities and 377 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 **71,957** VCCT clients and TB patients have been tested for HIV at VCCT sites in Q2-2008 (Figure 4).

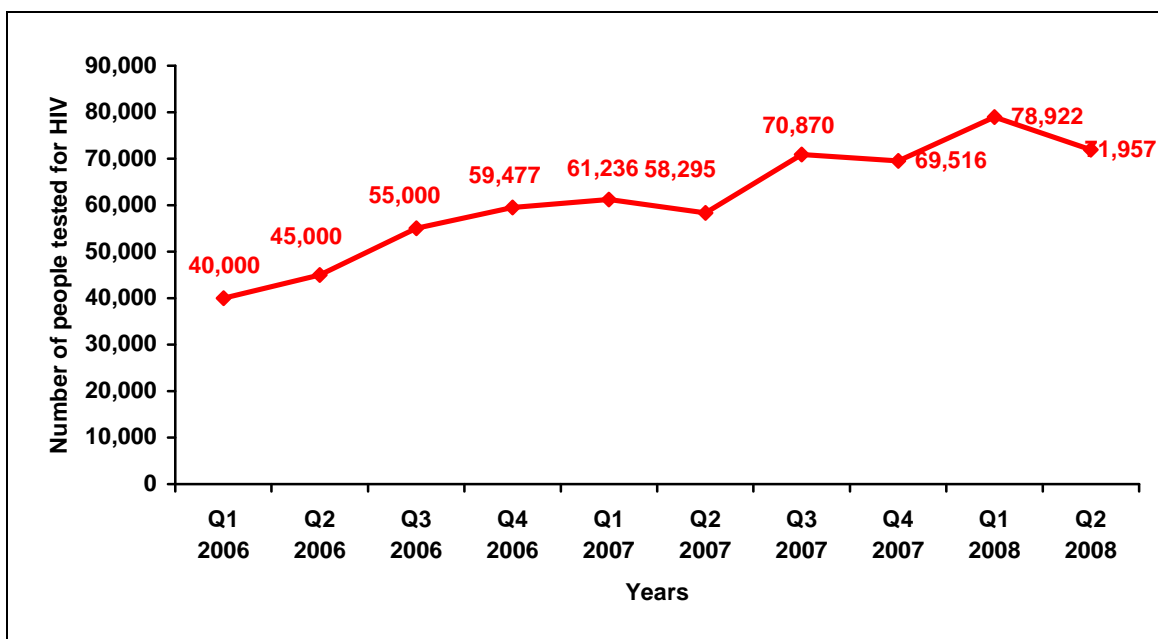


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q2-2008

Of the total number of VCCT clients and TB patients tested in Q2-2008, 41,644 (57.9%) were female and 64,917 (90.2%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 71,957 No. (%)	People tested HIV positive N=2980 No. (%)
Age		
≤14 years	2,865 (4.0%)	246 (8.2%)
15-49 years	64,917 (90.2%)	2,559 (85.9%)
> 49 years	4,175 (5.8%)	175 (5.9%)
Sex		
Male	30,313 (42.1%)	1,399 (46.9%)
Female	41,644 (57.9%)	1,581 (53.1%)

Table 1: Characteristics of clients tested at VCCT sites, In Q2-2008

In Q2-2008, 99.0% (range: 76.1% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q2-2008, of 92,716 VCCT clients, 4,857 (5.2%) were referred from the TB program (Figure 5) (VCCT indicator 4). The number of patients referred by the TB program for HIV testing has increased steadily over time since 2006.

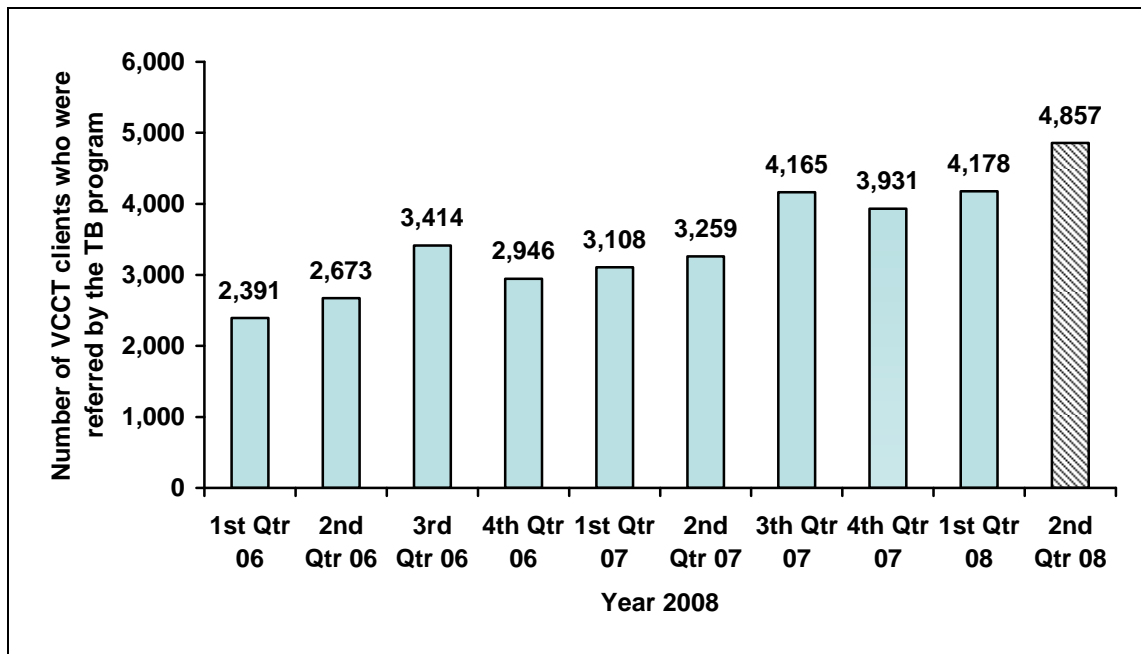


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2006 to Q2-2008

In Q2-2008, of the 71,957 VCCT clients and TB patients tested at VCCT sites nationwide, 2,980 (4.1%) were detected HIV positive at VCCT sites (Figure 6).

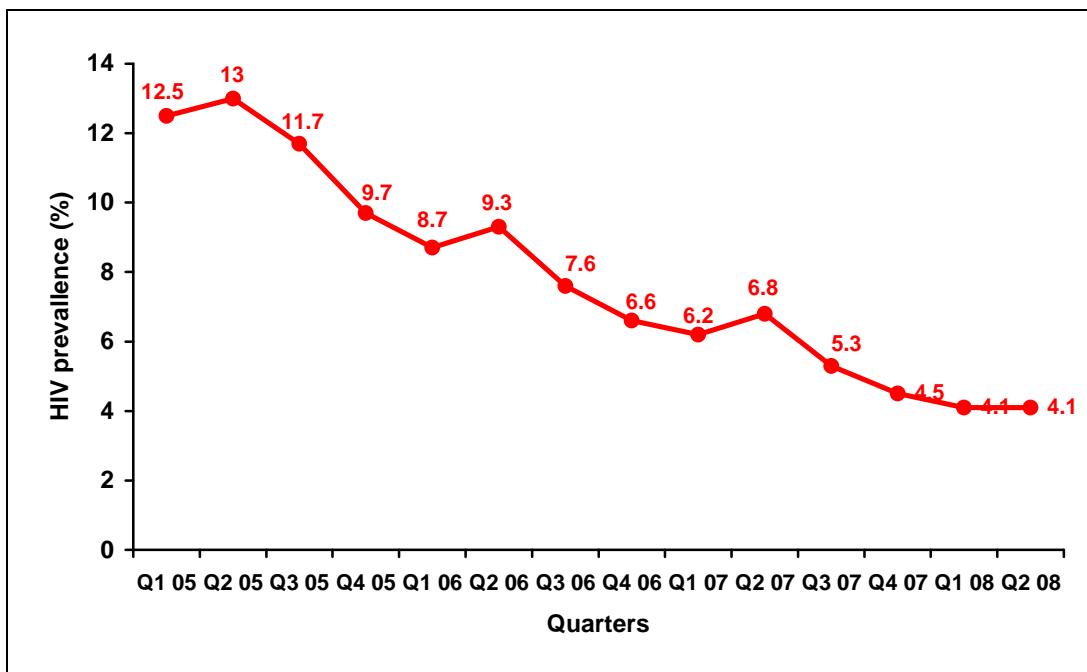


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q2-2008

Institute in Phnom Penh. CD4 % testing for children is conducted at Pasteur Institute in Phnom Penh and at NIPH.

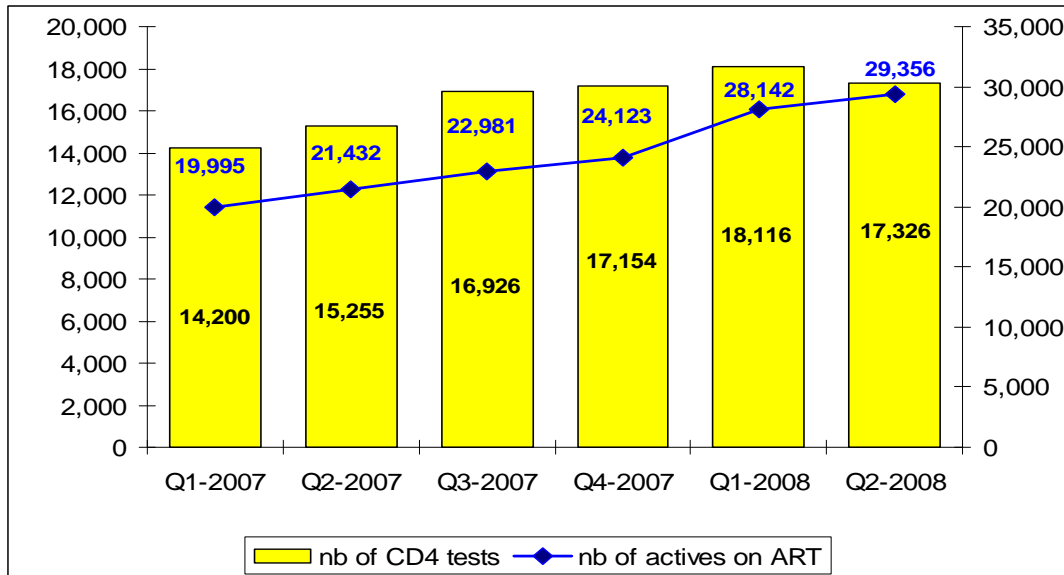


Figure 8: Trend in the total number of CD4 tests conducted at the 4 sites with leased FACScouts compared to the number of active adults on ART from Q1-2007 to Q2-2008

Viral load and DNA PCR testing is available at IPC. NIPH laboratory has been equipped for viral load testing and DNA PCR in 2006. NIPH is currently able to perform both testing.

In Q2-2008, about 77 viral load tests have been conducted at NIPH and 49 DNA PCR tests have been conducted for early infant diagnosis.

In Q2-2008 a total of 29,356 active patients, including 26,551 adults and 2,805 children were receiving ART (Figures 10) (Annex: HFBC indicator 3). Of the 30,500 estimated adults in need of ART in 2008 26,551 (87.1%) are actually on ART in June 2008.

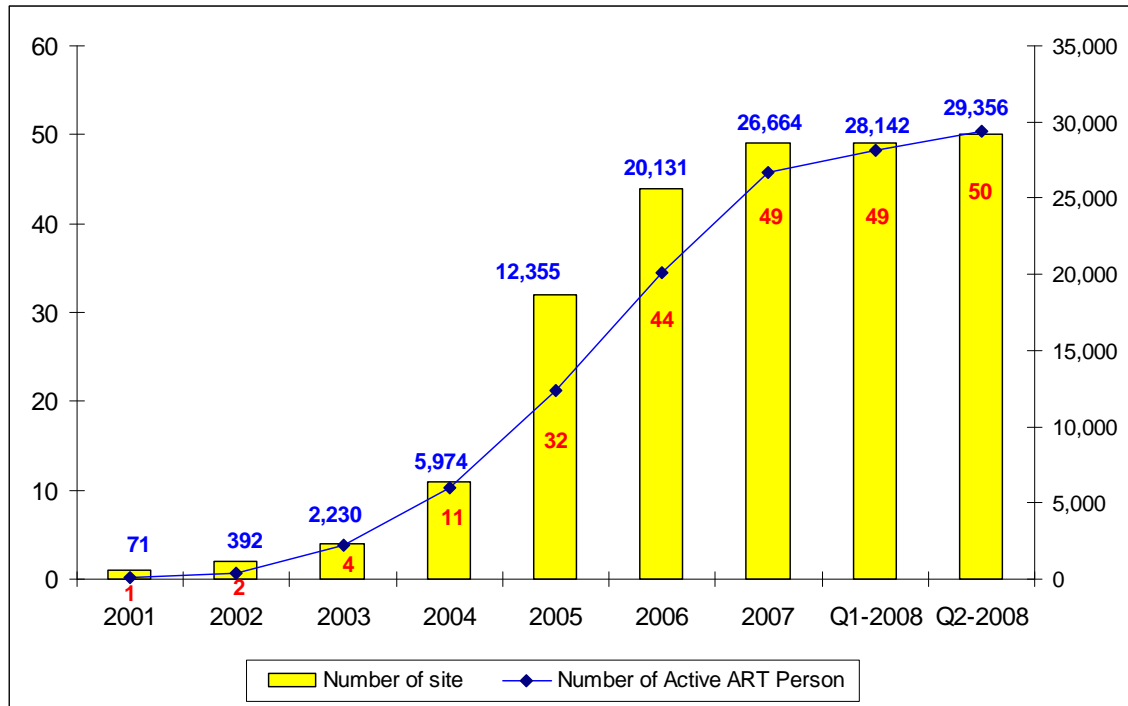


Figure 9: Trend in number of OI/ART sites and active patients on ART from 2001 to Q2-2008

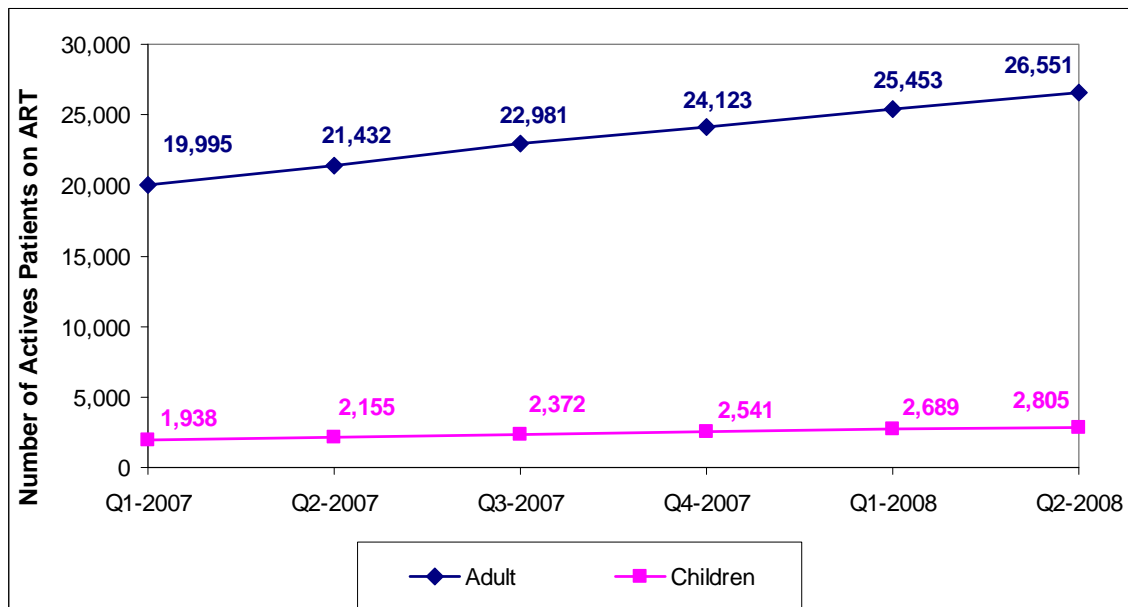


Figure 10: Trend in number of active adult and child patients from Q3 2006 to Q1-2008

In Q2-2008, adult female patients accounted for 51.3% of all active patients on ART and 48.8% of male adult patients on ART.

At OI/ART sites, a total of 2,469 new patients (including 245 children) started OI prophylaxis and management and 1,538 new patients (including 137 children) started on ART in Q2-2008 (Figure 13). The number of new OI patients has been

decreasing every quarter in 2007 and is now stabilizing. The number of new ART patients has also started to decrease..

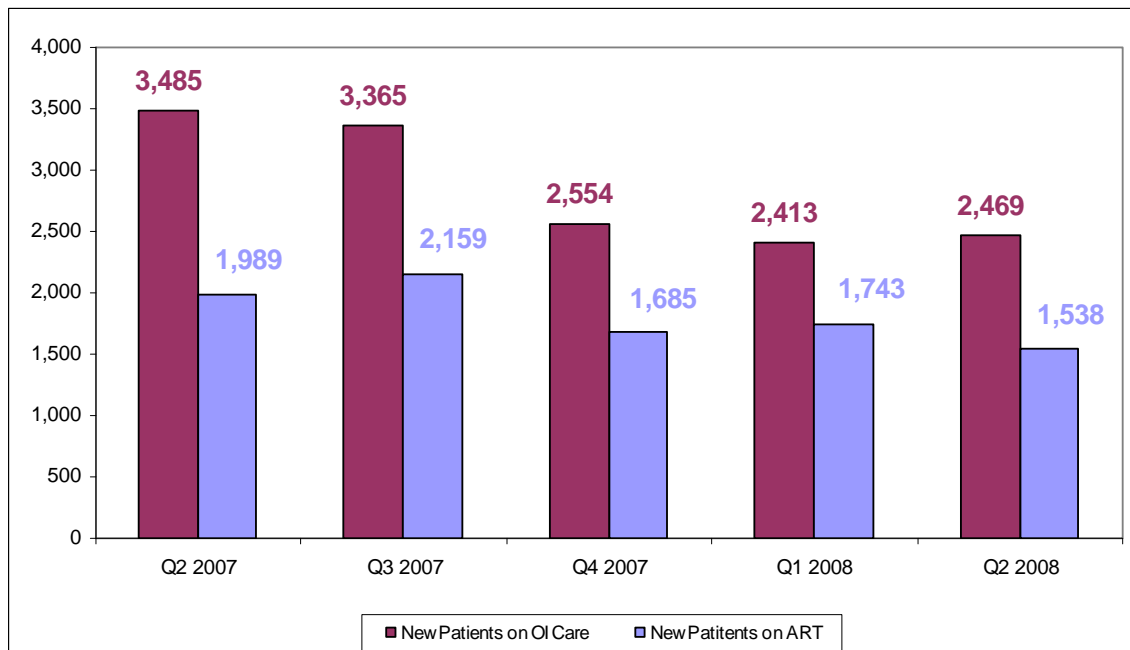


Figure 11: Trend in numbers of new patients on OI and ART from Q2-2007 to Q2-2008

There were a total of 8,987 active OI adult patients and 1,584 child OI patients not yet eligible for ART at the end of Q2-2008. Of those, 5,641 (63%) were female, representing mostly spouses of male patients started on OI/ART care some years ago.

A total of 2,125 OI adult patients and 270 child patients were eligible for ART but not yet on ART at the end of June 2008.

Patient mobility across services

In Q2-2008, a total of 508 ART patients were transferred out to new ART sites located closer to their home residence. At the end of Q2-2008, 9 ART sites have cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,464 active patients on ART.

2.1.3. Community-based services

Home-based care (HBC)

In quarter 2 2008, there are 271 HBC teams in Cambodia (Annex: HBC indicator 1) (Figure 13). The current number of HBC teams does not cover the need. A total

of 686 health centers and 1 health post are linked to HBC teams (Annex: HBC indicator 4) in 19 provinces within the CoC.

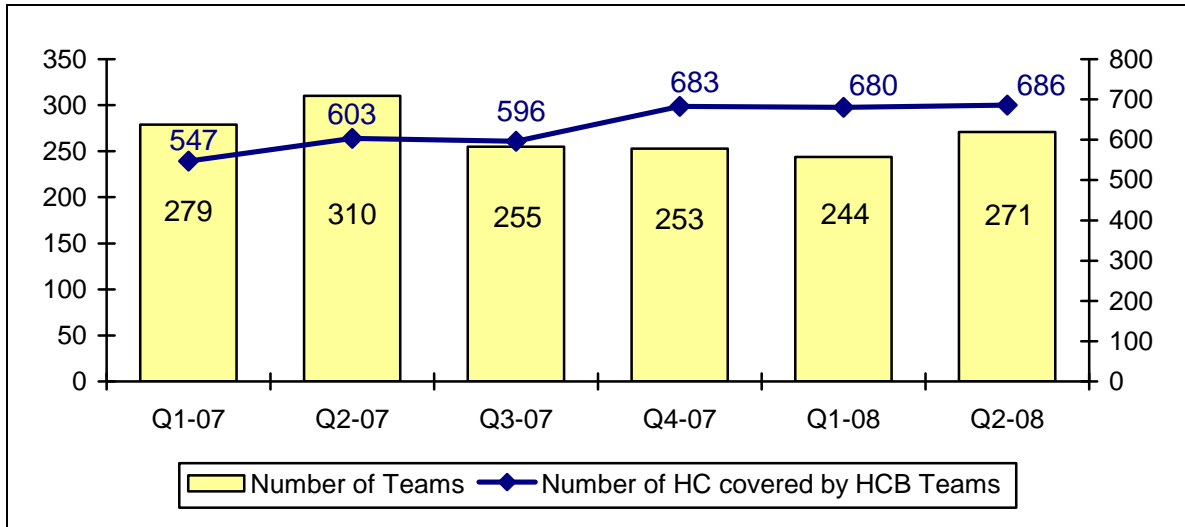


Figure 12: Trend in number of HBC teams form Q1-2007 to Q2-2008

These HBC teams are currently supporting a total of 26,823 PLHA (Annex: HBC indicator 2).

PLHA support groups (SG)

In quarter 2 - 2008, 90 new PLHA SG have been created. To date 880 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 increased to 38,333 in Q2-2008 (Figure 13).

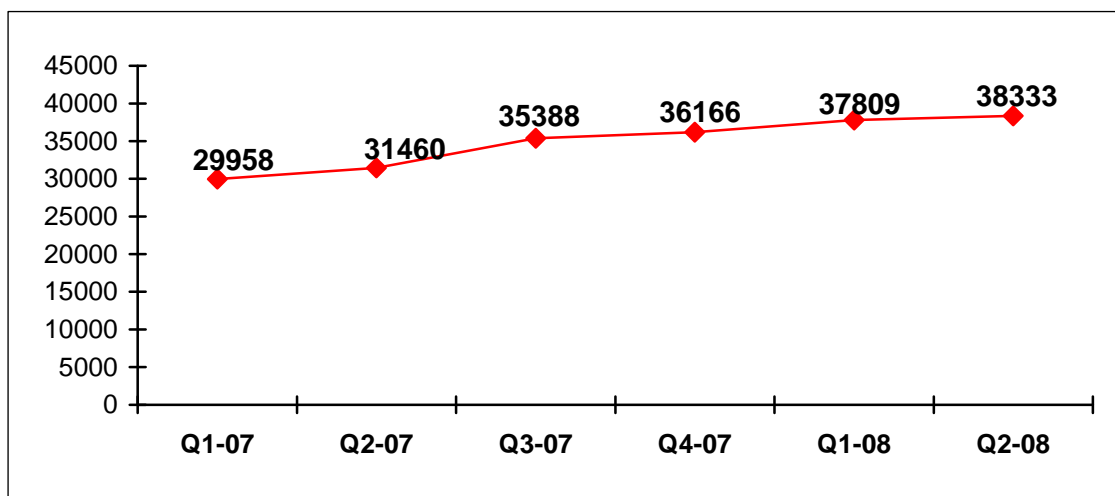


Figure 13: Trend in number of people supported by PLHA support groups from Q1 2007 to Q2 2008

TB/HIV collaboration

In quarter 2 2008, 417 health centers have intensified TB/HIV collaborative activities in 18 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 417 HCs with special TB/HIV collaborative activities during Q2 2008, of the 3,564 diagnosed and old TB cases identified by HBC teams as still on treatment but not yet HIV tested, 1,501 (42.1%) were reported by HBC teams as having attended VCCT services for HIV testing. Of the 1,501 TB patients tested for HIV, 114 (7.8%) 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 3,356 TB patients did reach VCCT sites by themselves in Q 2 08. Therefore, a total of 4,857 TB patients were seen at VCCT in Q2 2008 and tested for HIV. In quarter 2 2008, 1,161 TB patients were referred by HBC teams to VCCT and tested for HIV. CENAT reported that from Jan to March 2008, 9,474 TB cases were registered for treatment including 8,648 TB cases with unknown HIV status. Of the TB cases with unknown HIV status, 4,149 (48.0%) were referred to VCCT and 3,736 (43.2%) were tested and had an HIV test result recorded in the TB register.

2.2 PMTCT

2.2.1. Nationwide PMTCT Data provided by NMCHC

From January to June 2008, of a total of first 45,157 ANC attendees at government ANC clinics with PMTCT services, 32,879 (72.8%) were tested for HIV. Amongst couples where the woman attended an ANC clinic with PMTCT services, 7,073 husbands/partners accepted testing (21.5% of pregnant women were tested with their husbands/partners). Among the 30,729 women who received the results of their HIV test at PMTCT services, 209 (0.7%) were HIV positive and a further 176 known HIV-positive pregnant women were referred to PMTCT services.

A total of **307** HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and June 2008. Of these mothers, 297 (**97%**) accessed ARV drugs: **109 (37%)** received AZT during pregnancy (**109** of them also received AZT + SD NVP during labour), **141(47%)** received HAART and **47 (16%)** received ARV prophylaxis in labour alone. Of **308** infants born to HIV-infected mothers at PMTCT maternity sites from Jan to June 08, **303 (98%)** received ARV prophylaxis, 227 received NVP and ZDV

for 1 week and 73 for 4 weeks; 3 infants received single dose NVP alone (Six babies died and 1 twin babies).

From January to June 2008, of an estimated 171,378 pregnant women nationwide , 41,042 (23.9%) were tested for HIV and received the test result (32,658 at government facilities including 30,729 reported by NMCHC and 1,929 reported by NCHADS and 8,384 at RHAC clinics). Of an estimated 1,440 (0.84% x 171,378) HIV-infected pregnant women, 297 (20.6%) received ARV prophylaxis at the government delivery health facilities.

These latest figures include government facilities, RHAC clinics and the Linked response figures as well.

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 in Neak Loeng

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, K. Trabek, Preah Sdach and Mesang) is reported below.

From April to June 30 2008, of 3,575 expected new pregnancies, 2,468 (69.0%) attended ANC1 and 2,226 (62%) 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 Q2 2008, 7 were found to be HIV-positive and all of them received their test result through post test counseling. An additional 8 pregnant women who knew their HIV status prior to becoming pregnant have been integrated into the Linked Response PMTCT program during Q2 2008. Therefore a total of 15 pregnant women with HIV test results were known to be HIV-infected and have been followed up for PMTCT since April 2008.

Of these 8 women who knew their HIV status before pregnancy: 6 were already on HAART and were referred to the PMTCT program from OI/ART, 1 was already on ARV prophylaxis, and 1 was on OI while awaiting results of her CD4 count;

Of the 7 newly detected women: 4 are eligible for/on HAART, 2 are using ARV prophylaxis, and 1 has left the catchment area.

4 of the 15 women's pregnancies have now come to term. One woman delivered prematurely and at home, with follow-up care provided by Home Based Care and the nearest sub-satellite facility; another woman chose to abort her child; one woman delivered in a sub-satellite facility in Mesang Province; the last delivered in Phnom Penh's Red Cross Health Center and both mother and baby received prophylaxis after the delivery.

Of the 4 women who have delivered to date, 1 child (home delivery) has had early infant diagnosis by DNA PCR. This baby is HIV+.

A total 18 HIV-infected pregnant women were followed up in the 4 LR OD since January 2008. All received ARV prophylaxis or HAART during pregnancy. Of these, 1 chose to have an abortion and 5 have delivered. Of the 5 who delivered, only 3 delivered at health facility and received NVP at delivery. Of the 5 women who have delivered to date, 1 child (home delivery without NVP; breastfeeding) has had early infant diagnosis by DNA PCR and was detected HIV+.

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, between health facilities and HBC teams. However, some HIV infected pregnant women did not receive a complete course of ARV prophylaxis (HFBC indicator 9) because they did not deliver at health facility.

3. Drug and logistic support

In Q2-2008, 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 2.8% of adults and 4.0% of children were on PI-based regimens (Table 2).

ARV drug regimen	Adults		Children	
	N= 25,177*		N= 2,814*	
	No.	(%)	No.	(%)
d4t+3TC+NVP	11,137	44.2%	2,117	75.2%
d4t+3TC+EFV	3,304	13.1%	390	13.9%
AZT+3TC+NVP	6,426	25.5%	147	5.2%

AZT+3TC+EFV	2,131	8.5%	12	0.4%
PI-based regimens	708	2.8%	113	4.0%
Other regimens	1,471	5.8%	35	1.2%

* 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, Q2-2008

IV. Financial Report

This report shows the actual expenditures compared to the work plan approved in this quarter. In the expenditures columns, it is only expenditures recorded in the NCHADS accounts system. These include both actual expenditures incurred and recorded during this quarter and some committed from Q1, 2008 (CHAI, and WB/MoH).

During this Quarter, **\$1,463,829** was disbursed representing 23% of the Annual Work Plan and budget plan that are managed by NCHADS. This amount is 59% of budget in 2nd Quarterly Work Plan 2008 that support for program implementation at both provincial and national levels. Some funding sources including the grant from DFID and UNAIDS were not disbursed in this quarter yet.

Table 1: Summary Expenditures by sources

Sources	Annual Plan	Q2 Plan	Q2 Exp	Q2 %	A%
DFID	\$ 1,779,939	\$ 512,416	\$ -	0%	0%
GFATM (R4 and R5)	\$ 5,254,701	\$1,318,993	\$ 395,323	30%	16%
US-CDC	\$ 702,732	\$ 225,396	\$ 88,186	39%	13%
UNSW/CTAP	\$ 260,000	\$ 25,000	\$ 20,842	83%	13%
WHO	\$ 482,994	\$ 110,535	\$ 18,253	17%	5%
FHI	\$ 41,447	\$ 30,723	\$ 25,836	84%	90%
CHAI	\$ 455,260	\$ 48,290	\$ 76,576	159%	25%
AHF	\$ 112,666	\$ 50,923	\$ 40,274	79%	56%
WB	\$ -	\$ 16,400	\$ 12,552	77%	#DIV/0!

WB/MoH	\$ 300,000		\$ 697,593		
AUSAID	\$ 187,559	\$ 61,500	\$ 19,550	32%	18%
Treat Asia	\$ 49,213	\$ 12,277	\$ 2,771	23%	73%
UNAIDS/PAF	\$ 170,000	\$ 52,080	\$ 48,145	92%	28%
UNAIDS	\$ 17,278	\$ -	\$ -	#DIV/0!	0%
CIPRA	\$ 46,700	\$ 15,000	\$ 17,929	120%	67%
Grand Total	\$ 9,860,489	\$2,479,533	\$1,463,829	59%	23%

Table 2: Summary Expenditures by components and sources

Project Components	GFATM (R2, R4&5)	CDC*	UNSW/ CTAP	WB	FHI	CHAI	AHF	CIPRA	AusAIDS	WHO	UNAIDS/ PAF	Treat Asia
VAT Exp	\$ 180							\$ 27				
IEC	\$ 10,232						\$ 100					
Outreach	\$ 6,991											
100% CUP	\$ 32,076											
STD Management	\$ 12,891				\$ 20,158							
Health Facility Based care	\$ 39,949	\$ 5,932					\$ 2,077					
Home Based Care /Support Group	\$ 902						\$ 4,884					
VCCT	\$ 21,214	\$ 1,297				\$ 13,530						
CoC Referral Network	\$ 1,300	\$ 963				\$ 1,574	\$ 6,310					
Surveillance		\$ 1,173			\$ 4,722					\$ 18,253		
Research			\$ 20,842	\$ 12,552				\$ 17,900	\$ 19,550			\$ 2,771
Planning, Management & Monitoring	\$ 75,439	\$21,023			\$ 956	\$ 6,540	\$ 4,200					
Data Management											\$ 2,450	
Logistic Management	\$ 36,764	\$41,362		\$ 97,593		\$ 2,403						
Adimin & Finance	\$ 9,452	\$ 9,296				\$ 9,658	\$ 3,083					
Renovation	\$ 58,436					\$ 33,733						

Salary and Incentive	\$ 89,677	\$ 7,140				\$ 9,138	\$ 19,620				\$ 45,695	
Total Expenditure	\$ 395,503	\$ 8,186	\$ 20,842	\$710,145	\$ 5,836	\$ 6,575	\$40,274	\$17,927	\$ 19,550	\$ 18,253	\$ 48,145	\$ 2,771

The total actual expenditure in the quarter is **\$81,260** (85%) that is granted from three different funding sources (Table 13 and 14). This includes:

- 1) GFATM-R4 grant: 89% of budget approval in the quarter was spent for implementing activities in 6 provinces (KCM, PLN, PNP, PST, SHV and TKV);
- 2) AHF grant: 74% of budget approval was spent for implementing activities in 10 ODs of 9 provinces (KTM, KPT, Koh Thom/KDL, Peraing/PVG, Ang Roka & Kirivong/TKV, Sampovmeas/PST, Stung Treng, Romeas Hek/ Svay Rieng and Oddor Meanchey).
- 3). **4 provinces that supported by US-CDC**

Table 13: Financial expenditure in the quarter granted by GFATM-R4

	Province	Annual	Q2 Plan	Q2 Actual	Q2%	A%
1	Kampong Cham	\$ 21,237	\$ 3,580	\$ 4,572	128%	61%
2	Pailin	\$ 6,781	\$ 2,588	\$ 2,177	84%	60%
3	Phnom Penh	\$ 27,720	\$ 6,024	\$ 5,558	92%	54%
4	Pursat	\$ 16,201	\$ 3,972	\$ 2,811	71%	48%
5	Sihanouk Ville	\$ 21,382	\$ 4,544	\$ 3,588	79%	31%
6	Takeo	\$ 18,540	\$ 3,582	\$ 3,020	84%	53%
	Total	\$ 111,860	\$ 24,289	\$ 21,725	89%	50%

Table 14: Financial expenditure in the quarter granted by AHF

	Province	Q2 Plan	Q2 Actual	Q2%
1	Kampong Thom	\$ 3,763	\$ 3,033	81%
2	Kampot	\$ 5,427	\$ 5,105	94%
3	Stung Treng	\$ 1,429	\$ 1,429	100%
4	Ang Roka OD/TKV	\$ 1,448	\$ 624	43%
5	Kirivong OD/TKV	\$ 2,776	\$ 1,354	49%
6	Sampov Meas/PST	\$ 1,839	\$ 1,763	96%
7	Koh Thom/KDL	\$ 1,853	\$ 1,422	77%
8	PeraingOD/PVG	\$ 2,073	\$ 1,211	58%
9	Romeas Hek OD/SVR	\$ 2,383	\$ 1,541	65%

10	Oddor Meanchey	\$ 1,026	\$ 347	34%
Total		\$ 24,016	\$ 17,828	74%

ANNEX: Monitoring and Evaluation indicators

	STI Indicators	Type	2008 target No. (%)	Q2, 2008 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 15%	18.3 %
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%	N/A

	CoC Indicators	Type	2008 target No. (%)	Q2, 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	49

	VCCT Indicators	Type	2008 target No. (%)	Q2, 2008 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	220	208
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%)	135,590 from Jan to June 2008

3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.0%
4	Number of VCCT clients that were referred from a TB programme	Output	18,000 at year end	9,035 from Jan to June 2008
5	Number and percentage of new TB patients tested for HIV (at targeted districts)	Output	70%	

	HFBC Indicators	Type	2008 target No. (%)	Q2, 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:23
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	<u>29,344 adults</u> <u>4,000 children</u> 33,344 total	<u>26,551 adults</u> <u>+2,805 children</u> <u>29,356 total</u>
6	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	64 (85%)	76 (100%)

7	Number and percentage of pregnant women who were tested for HIV and received their test result		40%	23.9%
8	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		30%	20.6%

Note: * For indicators number 7 of HFBC component, the values from NMCHC

	HBC Indicators	Type	2008 target No. (%)	Q2, 2008 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	271
2	Number of PLHA supported by HBC teams	Output	27,000	26,823
3	Number of TB patients referred by HBC to VCCT, tested and received results through post-test counseling	Output	10,000 at year end	2,967 from Jan to June 2008
4	Number and percentage of health centers with HBC team support	Output	720 (76%) of 942 HC	686