

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**SECOND QUARTERLY COMPREHENSIVE REPORT, 2014
HIV/AIDS and STI PREVENTION, CARE and TREATMENT
PROGRAMME**



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

ACKNOWLEDGEMENTS

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



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Dr. LY PENH SUN

Date 20/10/2014....

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National Center for HIV/AIDS Dermatology and STDs
Quarterly Comprehensive Report in period of
April to June, 2014



I. Introduction:

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

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

II. Goal and Objectives:

1. Goal:

To develop, compile and publish the operational comprehensive report for HIV/AIDS and STI Prevention, Care, and Treatment programs in second quarter of 2014 and using it as an evaluation of second comprehensive quarterly work plan for 2014. As well, it can be used as a reference document for preparing next quarter comprehensive activities plan and as a lesson learn in order to improve the implementation of activity plans for the future.

2. Objectives:

Responding to above goal, the report has following objectives:

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

scientific information.

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

III. Methodology:

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

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

IV. Results

1) PROGRAMME MANAGEMENT AND IMPLEMENTATION:

A. GFATM SSF-HIV Grant Management:

In order to capture the program implementation, the progress update and disbursement request (including share information of catch up targeted plans, challenges and lesson learned and financial reports), PR-NCHADS organized the Quarterly meeting with all sub-recipients to track their achievements against the intended targets at the end of program implementation from April-June, 2014, to share lesson learned, to identify issues and challenges, to look for the practical solution, and to address any issues related to the program implementation during the course of this reporting period.

B. NCHADS Program Implementation:

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

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

For Most at Risk Populations: National Level:

▪ National Level:

- BCC Unit
- In this quarter, BCC unit has conducted supervision visit to Battambang, Kompong Cham and Preah Sihanouk province
- Participate in the National Technical Working Group on Continuum of Prevention to Care and Treatment at NCHADS Meeting room
 - STI/RTI Unit

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

- To increase target for access of syphilis testing and HIV test among pregnant women in expansion of linked response sites
- To provide care and treatment for pregnant women suffered from syphilis and their partner
- To treat and follow up infected baby who are born from mother suffering syphilis
- To strengthen drug and logistics management for STI/RTI
- In this quarter, STI unit has conducted to Preah Vihear and Siem Reap province

▪ Provincial Level:

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

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

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

Conducted joined supervision trips between sub-components of AIDS Care unit to

monitor the implementation of CoC, HBC and Linked Response activities in many provinces.

VCCT Unit staff did not conduct supervision visits to VCCT sites. The purpose of the supervision visits were to review the VCCT and laboratory testing activities such as: register book, appointment cards, referral cards, process of pre and posttest counseling, lab activities (Rapid test), blood samples, used and stock of reagents and consumables, and provide capacity building for VCCT staff and HIV lab technicians. Training on HTC at Siem Reap province.

3. Surveillance & Research package:

Surveillance:

- ❖ Pretesting BSS questionnaires:
- ❖ Koh Kong and Banteay Meanchey
- ❖ Early warning indicator data collection:
Kompong Cham, Takeo, Pursat, Kompong Thom, Siem Reap, NPH, Social Health Clinic, Preah Vihear, Banteay Meanchey, Prey Veng, Kompong Speu, Preah Sihanouk, Battambang, Kratie and Koh Kong province.

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

- **NATIONAL LEVEL:**
 - i. Planning Activities**
 - Reviewed and compiled NCHADS and provincial HIV/AIDS and STI activity plan for 2014
 - Conducted joined supervision visits with finance and logistics management units in order to monitor in Koh Kong, Siem Reap, Preah Sihanouk, Battambang, Kompong Thom, Pursat, Monduliri, Steng Treng, Kampot, Pailin, Kompong Cham, and Banteay Meanchey province.
 - Coordinated to develop the 3rd quarterly comprehensive work-plan 2014 for NCHADS and 24 provinces that were included the detailed activity and budget plans, expected outputs and allocated available funds from all funding sources.

ii. Monitoring Activities:

Developed the NCHADS 2nd quarterly comprehensive report 2014, which is available at NCHADS' website at www.nchads.org. The report was also distributed to MoH, NAA, donors and other partners.

▪ PROVINCIAL LEVEL:

- Provincial AIDS and STI Programs of 24 provinces-cities developed the 3 Quarterly Operational Comprehensive Plan for 2014 which incorporated with many of the inputs and expected outputs from partners working at their ODs and Provinces.
- Organized the Quarterly Coordination meeting with partners to review the progress achievements and to identify the issues and solved the problem.
- Conducted supervision visits to monitor activities at health services
- Developed monthly report and quarterly report

b. Data Management:

- Backlogged data entry for STI, OI/ART and VCCT
- Analyzed and reported on the Comprehensive patients monitoring for Q2, 2014.
- Conducted supervision visits to provinces on data management, checked and entering data
- Reviewed and provided feedback all data for HIV/AIDS and STI programs collected from provincial level.
- Joined supervision visits to monitor and provided technical support for provincial data staff on data management and collection related to linked response activities in some provinces.
- Provincial Data Management Officers conducted the supervision to check and review the quarterly data at the OI/ART sites, VCCT sites and STI.

c. Logistic Management:

- Prepared lists for distribution of the drugs, reagents and consumables according to the CMS schedule.
- Monitored and followed up the distributed drugs, reagents and consumables.
- Worked closely with procurement unit for forecast OI/ARV drug, reagent and consumable.

- Joined supervision visit with Planning, Monitoring and Finance Unit to Koh Kong, Siem Reap, Preah Sihanouk, Battambang, Kompong Thom, Pursat, Mondul Kiri, Steng Treng, Kampot, Pailin, Kompong Cham, and Banteay Meanchey province.

2) Results of Health Service Deliveries:

1. HIV/AIDS prevention activities

In second quarterly report of 2014, there were a total of 52 Family Health Clinics (34 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mondul Kiri province and Kep province); and 18 NGO STI clinics (including RHAC: 15 clinics, MEC: 1 clinic, Chhouk Sar: 2 clinics).

Of the 34 family health clinics, 33 (97%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 33 labs are functioning. This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 225 health centers in 75 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in 2nd quarter 2014, 906 consultations for male patients and 7,227 for female patients were reported to the data management unit of NCHADS. Of 1,676 male patients who having STI/RTI syndromes reported, 761 (45.4%) of those suffered from urethral discharges, 844 (50.4%) from Genital ulcers and 71 (4.2%) from Genital warts respectively. Of 5,794 female patients who having STI/RTI Syndromes reported, 5,460 (94.24%) of those suffered from vaginitis, 2,577 (44.48%) from cervicitis and vaginitis; 299 (5.16%) from PID, 34 (0.59%) from Genital ulcers and 1 (0.02%) from genital warts respectively. A total of 585 male partners and 1,206 female partners of STI patients were notified and treated for STI.

48,439 consultations were provided at a total of 60 specialized STI clinics (34 government and 26 NGO STI clinics), Among those consultations, 3,532 consultations were provided to male clients, 1,779 to MSM, 34,605 to low-risk women, and 8,523 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (589 for BEW; 7,934 for NBEW) of which 2,883 were monthly follow-up visits (Figure 1).

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

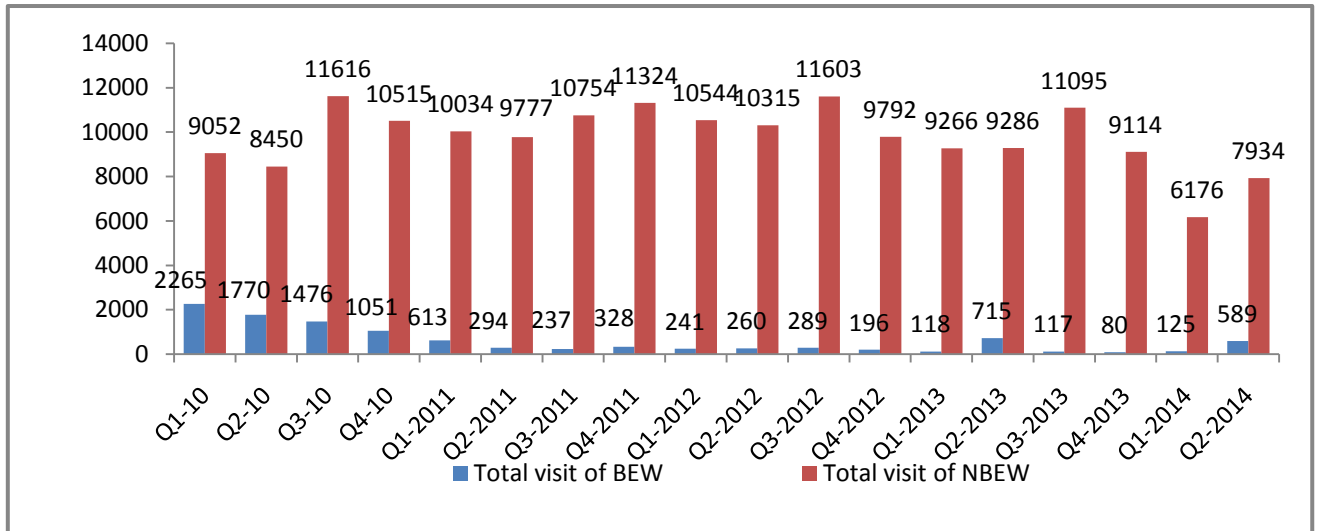


Figure 1: BEW and NBEW attendance to Family Health Clinics, from Q1 2009 to Q2- 2014

At the 60 specialized STI clinics, among the 2,896 male STI syndromes reported in this quarter, 2,537 (87.6%) of them got urethral discharges, 17 (0.6%) of them got anal discharges, 150 (5.2%) of them got Ano-genital ulcers, 165 (5.7%) of them got Ano-genital warts, 15 (0.5%) of them got Scrotum swelling, and 12 (0.4%) of them were inguinal bubo. Among the 467 MSM patients who were having STI syndromes, 353 (75.6%) of them suffered from urethral discharges, 32 (6.9%) of them from anal discharges, 19 (4.1%) from Ano-genital ulcers, 55 (11.8%) of them got Ano-Genital warts, 7 (1.5%) of them got scrotum swelling and 1 (0.2%) of them got inguinal bubo.

At the 60 specialized STI clinics, among the 39,487 low-risk women STI syndromes reported that 34,680 (87.8%) were treated for vaginitis, 3,524 (8.9%) were treated for cervicitis and vaginitis, 41 (0.1%) were PID, 256 (0.6%) were ano-genital ulcers and 201 (0.5%) were ano-genital warts.

During the 2nd quarter of 2014, among 556 of the BEW who attended specialized clinics for their first visit, 39 cases (7%) were diagnosed with a STI, including 12 (31%) with cervicitis. Among the 33 BEW who attended specialized clinics for monthly follow-up visits, 8 (24%) cases of those were diagnosed with a STI, including 5 (63%) with cervicitis. In quarter 2-2014, of the 5,084 NBEW who attended specialized clinics for their first visit, 3,876 (76%) cases were diagnosed with a STI, including 1,662 (43%) with cervicitis. Of the 2,850 NBEW

who attended specialized clinics for monthly follow-up visits, 1,641 (58%) were diagnosed with a STI, including 524 (32%) with cervicitis.

Of a total of 303 RPR tests were conducted in the second quarter 2014 at the 34 government specialized STI clinics and MEC clinics, 12 (4%) were positive.

During this quarter, specialized STI clinics have referred 820 patients to VCCT, 2 of HIV/AIDS patients (PLHA) to OI/ART services, 36 pregnant women to ANC, and 121 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 275 patients from VCCT, 119 of patients from OI/ART services, 37 pregnant women from ANC and 34 women from Family Planning services.

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

2.1. VCCT

The number of VCCT services has increased drastically over the last 12 years, from 12 sites in 2000 to 253 sites by the end of Q2-2014 (Figure 2).

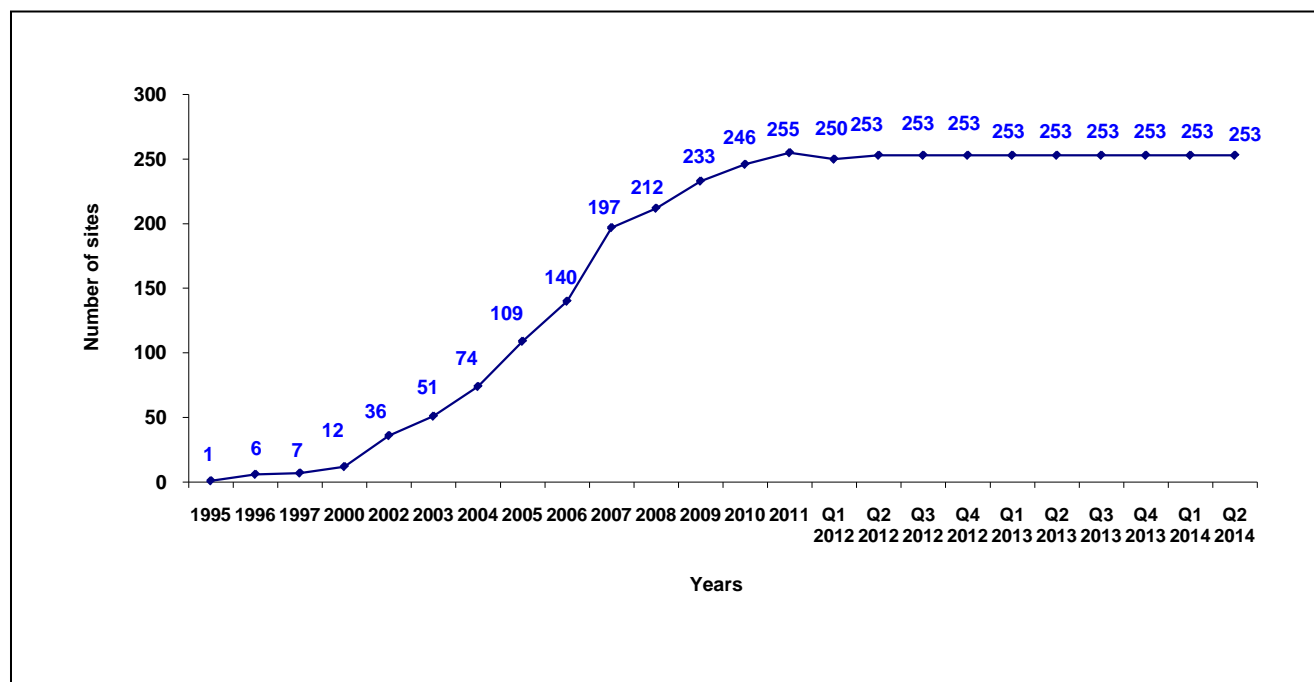


Figure 2: Trend in number of VCCT sites from 1995 to Q2-2014

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

There is no new VCCT site has been opened in Q2-2014. Of the current 253 VCCT sites, 229 are supported directly by the government and 24 by NGOs (RHAC: 16, Marie Stopes: 3, MEC: 1, Center of Hope: 1, Institute Pasture Cambodia: 1 and Chhouk Sar Clinic: 2).

In Q2-2014, of 136,295 VCCT clients, 37,512 (27,5%) of them were self-referred, 88,885 (65.2%) of them were referred by ANC services, 1,202 (0.9%) of them were referred by STD clinics, 2,252 (1.7%) of them were referred by TB program, 2,437 (1.8%) of them were referred by HBC/NGO, 1,636 (1.2%) of them were referred by general medicine, 267 (0.2%) of them were referred by pediatric care, 918 (0.7%) of them were referred by maternity services, 166 (0.1%) of them were referred by BS/FP services, 404 (0.3%) of them were referred by Health centers and 616 (0.5%) of them were referred by others services (table 1).

<u>Self Referred</u>	<u>STD Clinic</u>	<u>TB Services</u>	<u>HBC/NGO</u>	<u>General Medicine</u>	<u>Pediatric Care Service</u>	<u>Maternity Service</u>	<u>BS/FP</u>	<u>ANC</u>	<u>Others</u>	<u>Health Center</u>
27.5%	0.9%	1.7%	1.8%	1.2%	0.2%	0.7%	0.1%	65.2%	0.5%	0.3%

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

Table 1: Percentage of VCCT clients referred from other services in Q2-2014

A total of 135,904 clients have been tested for HIV in quarter 2-2014. It has 48,502 VCCT clients (2,157 TB patients), 71,866 pregnant women and 15,536 male partners of pregnant women (at government facilities only).

The figure 3 and Table 2 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 48,502 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q2-2014 (Figure 3).

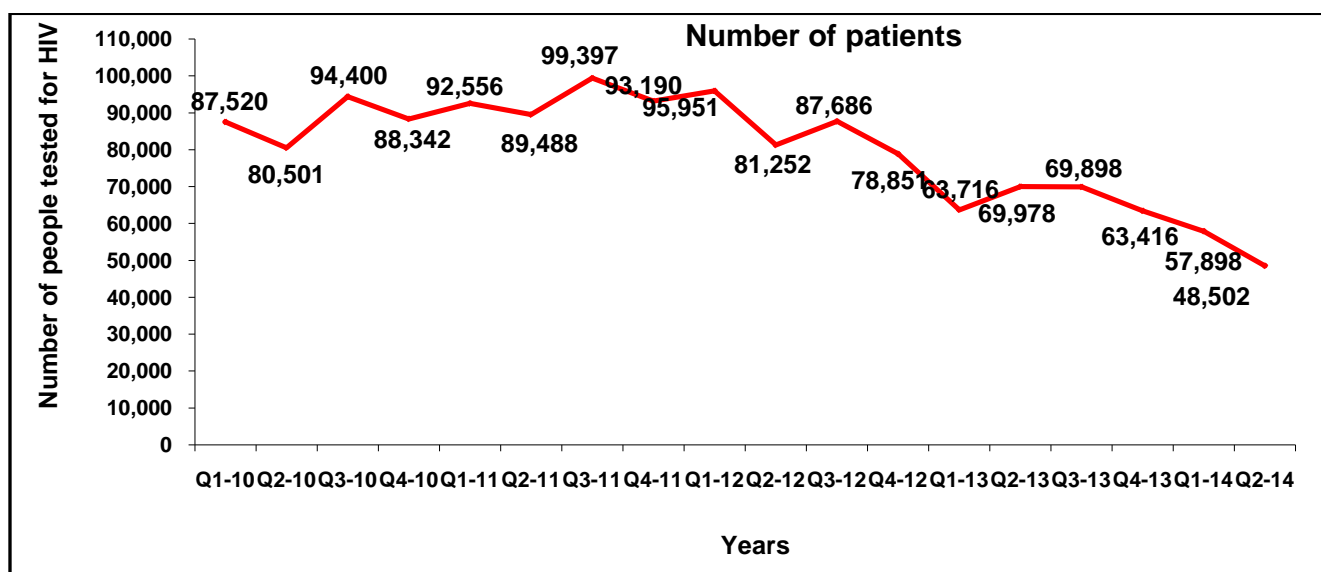


Figure 3: Trend in numbers of people tested for HIV at VCCT services from Q1-2010 to Q2- 2014

Of the total number of VCCT clients and TB patients tested in Q2-2014, 29,231 (60%) were female and 43,737 (90%) were aged 15-49 years (Table 2).

	People tested for HIV N=48,502 No. (%)	People tested HIV positive N=1,272 No. (%)
Age		
≤14 years	1,377 (2.8%)	96 (7.5%)
15-49 years	43,737 (90.2%)	1,045 (82.2%)
> 49 years	3,388 (7%)	131 (10.3%)
Sex		
Male	19,271 (39.7%)	572 (45%)
Female	29,231 (60.3%)	700 (55%)

Table 2: Characteristics of clients tested at VCCT sites, In Q2-2014

In Q2-2014, 98.08% (range: 96.07% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q2-2014, of 48,502 VCCT clients, 2,157 (4.4%) were referred from the TB program. (Figure 4)

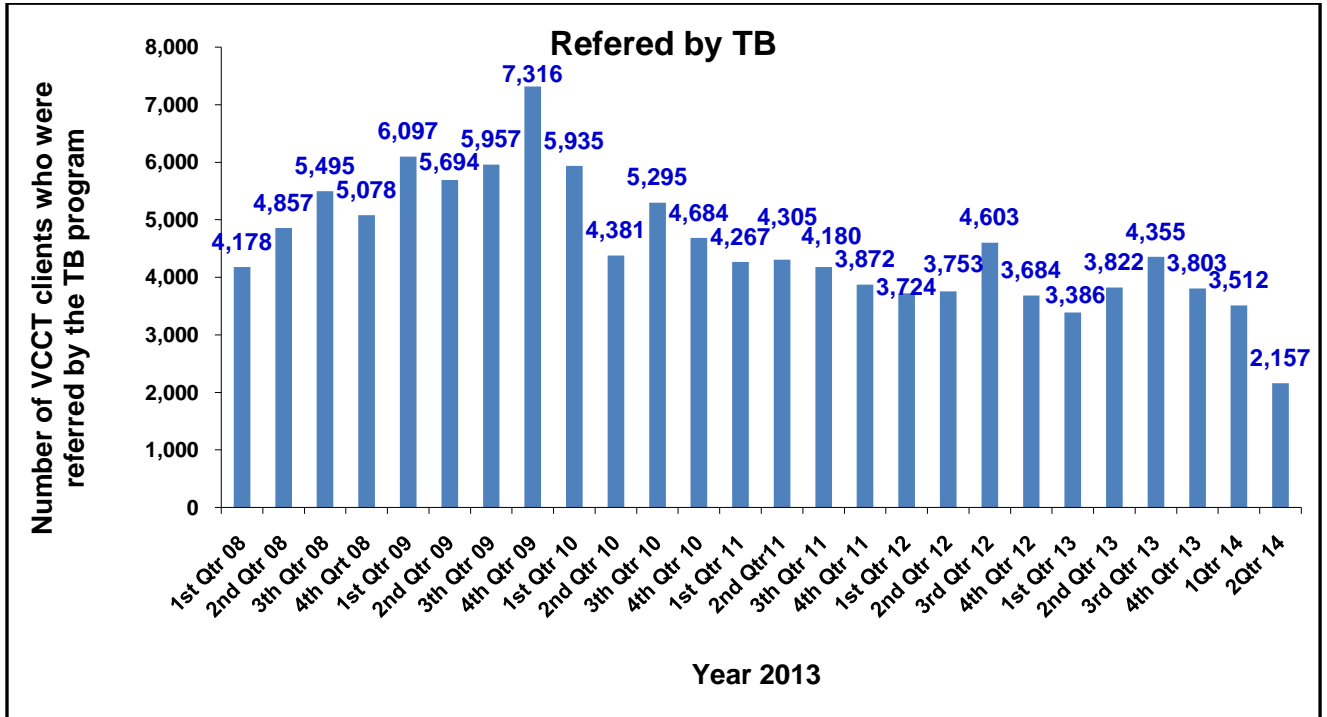


Figure 4: Trend in number of VCCT clients referred from TB program from Q1- 2009 to Q2-2014

In Q2-2014, of the 48,502 VCCT clients and TB patients tested at VCCT sites nationwide, 1,272 (2.6%) were detected HIV positive at VCCT sites (Figure 5).

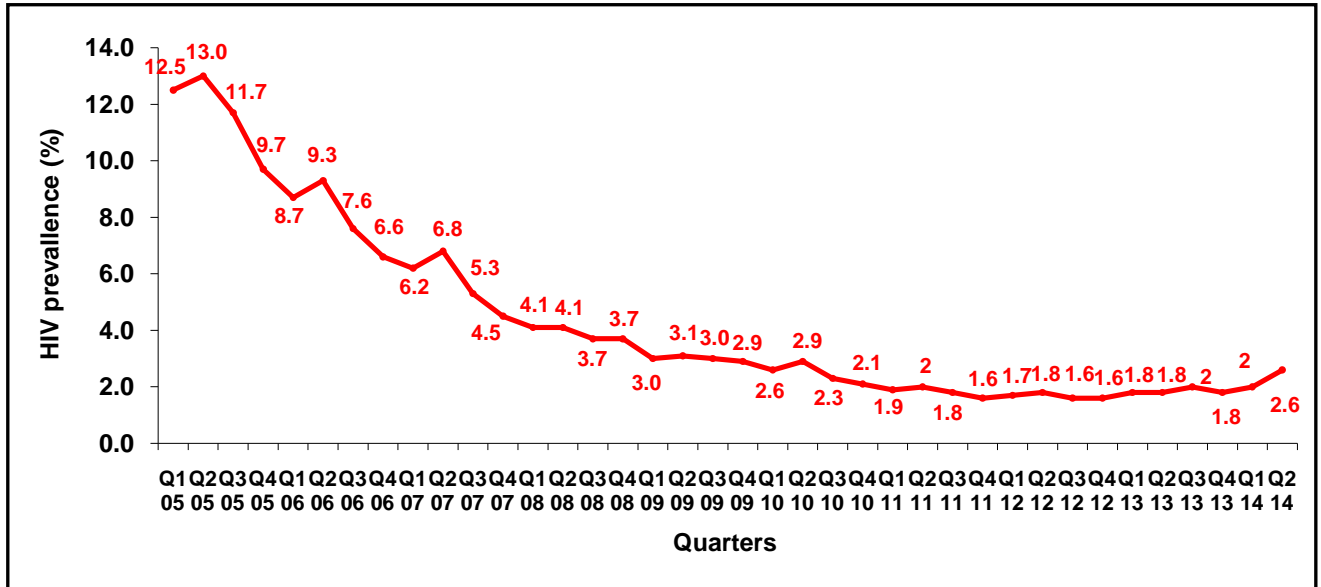
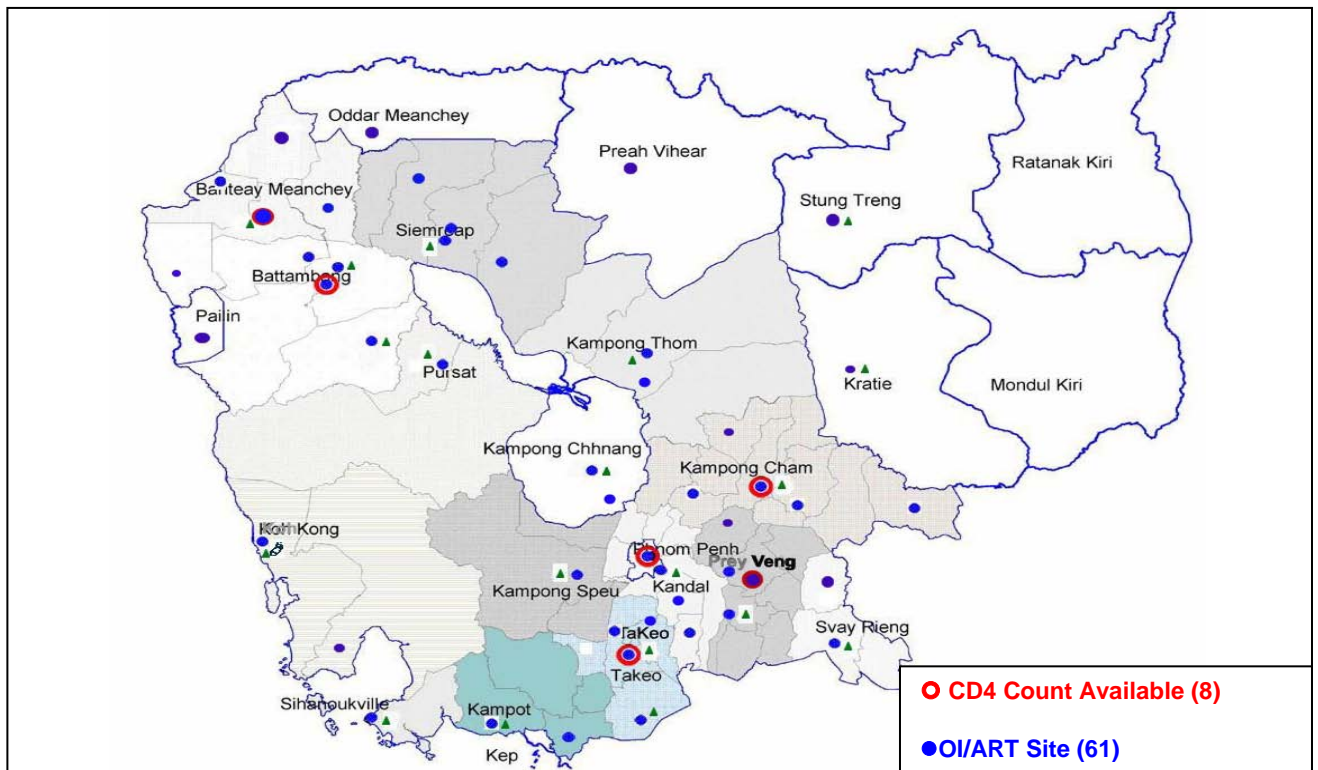


Figure 5: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q2-2014

2.2. OI and ART services

In Q2 2014, there are 61 health facilities offer OI and ART services in 50 Operational Districts in 21 provinces and cities. These 61 OI and ART services are supported by the government for 57 sites and other 4 sites by NGOs and partner. Of the total 61 OI/ART sites, there are 35 sites provide pediatric care services in 34 Operational Districts.



This Q2-2014, a total of 51,783 active patients including 47,881 adults and 3,902 children are receiving ART (Figures 7 and 8).

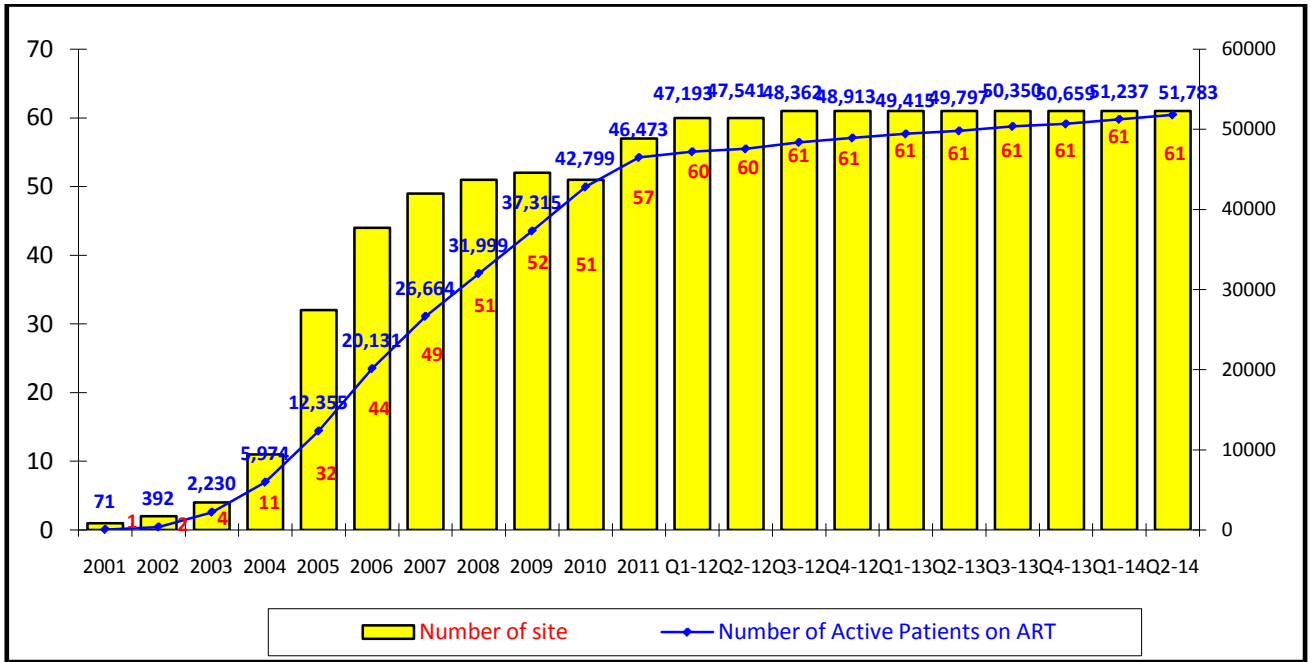


Figure 7: Trend in number of OI/ART sites and active patients on ART from 2001 to Q2-2014

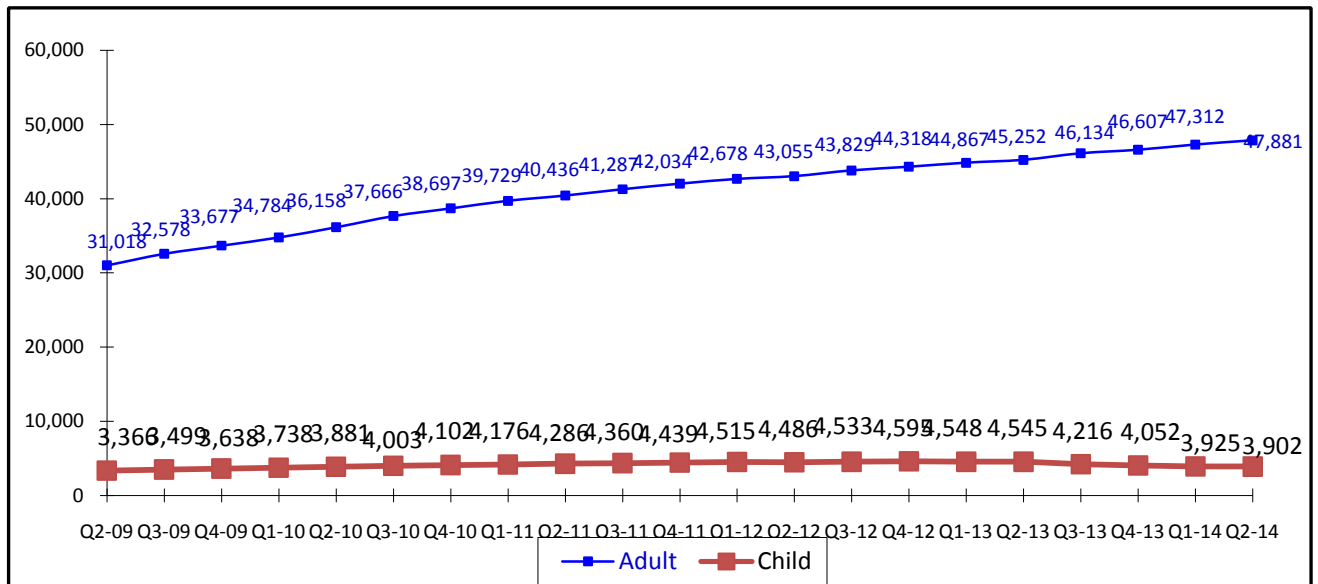


Figure 8: Trend in number of active adult and child patients on ART care from Q2 2009 to Q2-2014

In Q2-2014, female adult patients accounted for 50% (25,951) of all active patients on ART. At OI/ART sites, a total of 1,138 new patients (including 83 children) started OI prophylaxis and management and 1,023 new patients (including 84 children) started on ART in Q2-2014 (Figure 10). The number of new patients on Pre-ART care has been slightly

decreased since Q4 2010. On the other hand, the numbers of new patients on ART were significantly increased than Q2 2013. In this quarter there are 263 patients lost and 40 died in Pre-ART care.

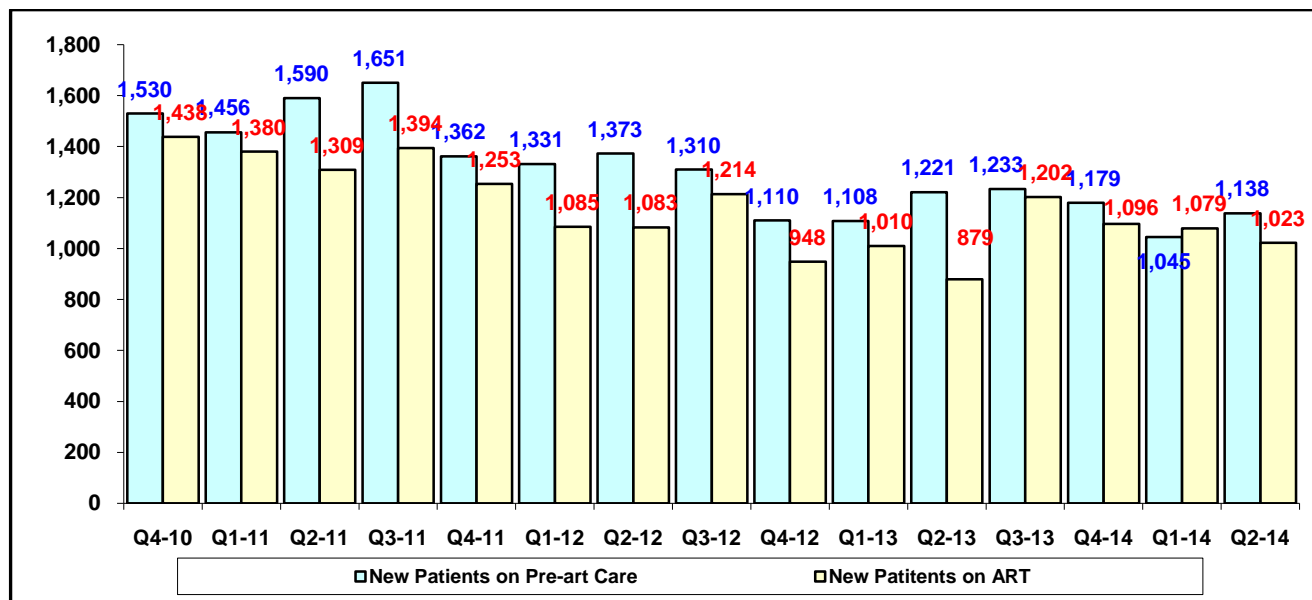


Figure 9: Trend in numbers of new patients on Pre-ART and ART from Q4-2010 to Q2-2014

There were a total of 2,911 active adult patients and 635 child patients with opportunistic infections who are not eligible for ART yet at the end of Q2-2014. Of those, 1,819 (51.3%) were female patients represented mostly the spouses of male patients who are started on Pre-ART care since years ago.

A total of 615 adult patients and 135 child patients on Pre-ART care were eligible to prepare on ART at the end of June 2014.

a. Patient mobility across services, lost and died

In Q2-2014, a total of 302 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 399 ART patients lost treatment and 165 patients died during this quarter. At the end of Q2-2014, 20 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,380 active patients on ART.

b. Drug and logistic support

In Q2-2014, 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, AZT+3TC+NVP and D4T+3TC+EFV; whereas 5.04% of adults and 11.70 % of children were on PI-based regimens (Table 3).

ARV drug regimen Q2 - 2014	Adults N= 45,718*		Children N= 3,931*	
	No. (%)		No. (%)	
D4T+3TC+NVP	5,597	11.63 %	1,804	40.52 %
D4T+3TC+EFV	1,664	3.46 %	261	5.86 %
AZT+3TC+NVP	15,151	31.47 %	1,392	31.27 %
AZT+3TC+EFV	6,441	13.38 %	347	7.79 %
PI-based regimens	2,427	5.04 %	521	11.70 %

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

Table 3: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q2-2014

d. TB Screening of new OI Patients

In Q2-2014, there were 1,138 new Pre-ART patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,055 new adult patients on Pre-ART, 861 (81.6%) were screened for TB Symptom during the quarter. Of the 287 patients suspect TB infected was screened for TB, 101 were detected as TB Pulmonary and TB Extra-pulmonary, among 101 TB Diagnosed detected 94 were TB treatment. The number of TB screened among new OI patients were slightly decreased than Q1, 2014.

e. Implementation of Three "I" Strategy

- Isoniazid Prevention Therapy (IPT)

During the second quarter of 2014, there're 3 OI/ART sites implemented TST and 50 implemented non-TST. A total of 992 new Pre-ART patients registered at 53 sites implementing the Three "I" Strategy (3 TST sites= 83 new patients and 50 Non-TST sites = 909 new patients). Of these, new Pre-ART patients, 836 patients was screen for TB

Symptom and 556 not found any TB symptom, so there are 258 patients started IPT (TST sites=15 patients and non-TST =243 patients), and total 207 active patients on Pre-ART started IPT (TST sites = 12 patients, and non-TST sites = 195) among all active patients adult on Pre-ART = 3,526.

- **Pre-ART (OI)**

There're 1,055 of new adult Pre-ART patients registered at OI/ART sites. Of these 861 received TB symptom screening that identified that 287 patients had at least one of three TB symptoms in the last 4 weeks (fever, cough and drenching night sweats for two weeks or more). Among the 287 patients with screened positive for TB symptoms, 101 were diagnosed to have TB (BK+/-, EP), 94 started TB treatments, and 258 started IPT as they did not present TB symptom and put on IPT. There were 66 active patients on Pre-ART diagnosed with TB (BK+/-, EP), of which 59 patients started TB treatment, 40 TB-HIV patients started cotrimoxazole prophylaxis and 207 patients started on IPT during this quarter.

- **ART**

This quarter 939 new adult ART patients registered at Pre-ART/ART sites. Of these, 58 were diagnosed with TB (BK+/- EP), 55 patients started TB treatment. Of the 51,783 of active patients, there're 155 were diagnosed as having TB (BK+/-, EP), 57 started TB treatment and 72 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- **Pregnancy and abortion**

This quarter there're 619 new Pre-ART female patients registered at Pre-ART sites, among these new female 34 became pregnant. Of all 2,626 active female patients on Pre-ART until this last quarter, 23 got pregnant and 10 of them started ARV prophylaxis. There is 1 patient who reported to have spontaneous abortion and no patients induced abortion during this quarter.

There were 565 new ART female patients registered at ART sites, among these new female, there are 56 became pregnant. Of all 27,785 active female patients on ART in this quarter, 140 of them got pregnant. There were two pregnant women reported to have spontaneous abortion, and one woman was reported to have induced abortion during this quarter.

- **Positive Prevention**

This quarter, there were 1,138 new Pre-ART patients registered at OI/ART sites, there're 732 patients (397 female) received counseling for positive prevention among 61

OI/ART sites reported. And there are 1,023 new ART patients registered at ART sites, 605 patients (332 female) received counseling for positive prevention among 61 sites reported.

2.3. Linked Response

74 Reporting LR ODs, April to June 2013

In Q2 2014, of the 74 ODs implementing the Linked Response Approach, 74 ODs had reported data. From April to June 2014, of a total of 97,170 first ANC attendees at Linked Response sites and outreach services, 68,411 (70%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 15,536 (23%) husbands/partners accepted testing. Among the 67,211 pregnant women who received an HIV test, 57 (0.1%) was HIV positive.

A total of 141 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between April and June 2014. Of this quarter, 135 (96%) accessed ARV drugs: 123 (91%) received ART and 12 (9%) received ARV prophylaxis. Of 141 infants born to HIV-infected mothers at PMTCT maternity sites, 138 (98%) received NVP, 63 (45%) received Cotrimoxazole and 45 Exposed infants received DNA-PCR1 tests before 2 months and 33 after 2 months of age, 5 was DNA-PCR1 positive and 1 exposed infant were died.

2.4 Community-based services

As reported in 2nd quarter 2014, there are 264 HBC teams covered over 618 Health Centers in 77 operational districts (OD) in 20 provinces. In this quarter, there is no report from Kandal, Koh Kong, Prey Veng, Svay Rieng province, and Phnom Penh.

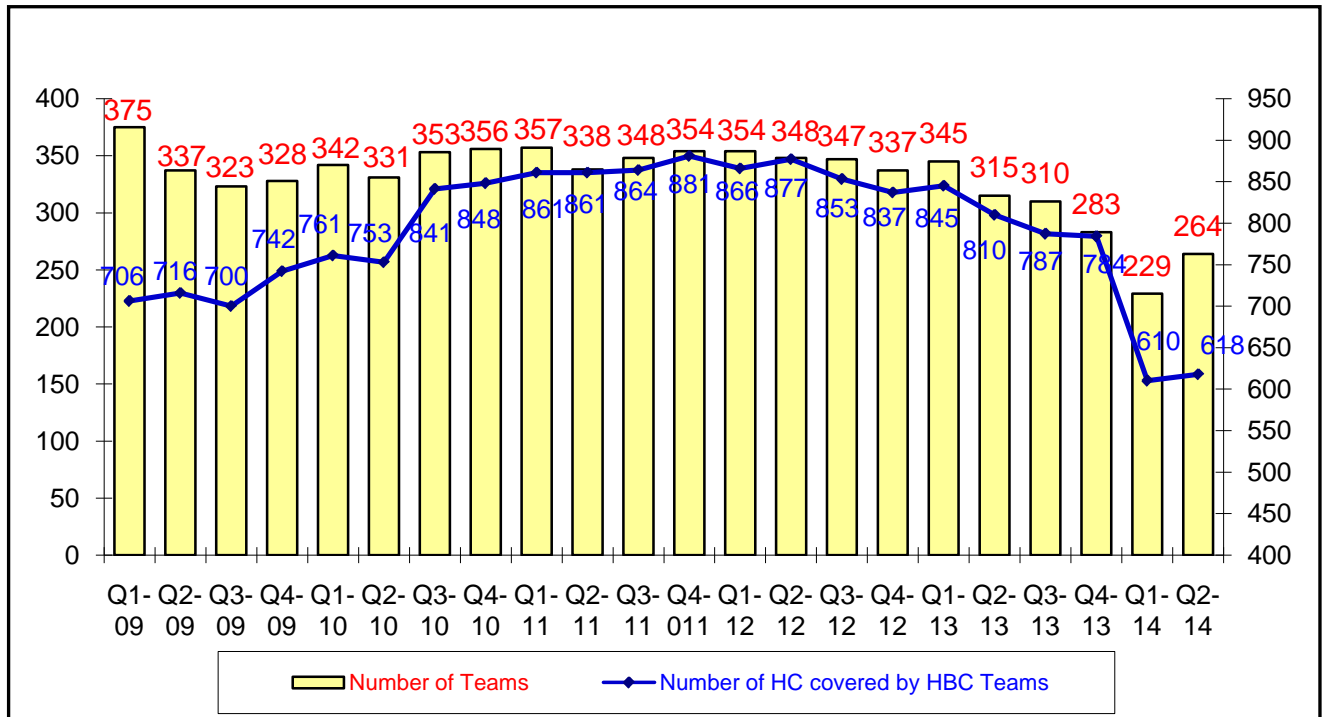


Figure 10: Trend in number of HBC teams form Q1-2009 to Q2-2014

These HBC teams are currently supporting for a total of 18,255 PLHA, which 1,490 were registered in Pre-ART (OI) and other 16,765 were registered in ART.

IV. Challenges and Constraints:

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

V. Conclusion and Recommendation

In overall, most of targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for care and treatment components, set for the second quarter in 2014 were achieved as planned. At the same time, NCHADS with the supports from partners conducted the Continuum of Quality Improvement and Early Warning Indicators in order to improve the quality of care and treatment services at OI/ART sites level.