

**KINGDOM OF CAMBODIA  
NATION RELIGION KING**

**SECOND QUARTERLY COMPREHENSIVE REPORT, 2011  
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**



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

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## 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 2011-2015 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.

Date: 05/09/2012...



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Deputy Director of NCHADS

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**National Center for HIV/AIDS Dermatology and STDs**  
**NCHADS' Quarterly Comprehensive Report**  
**April to June 2011**  


**Introduction:**

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 2<sup>nd</sup> quarter of year 2011. 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 second 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 2011-2015, which aligns with the Ministry of Health's overall Health Strategy Plan for Health Care in Cambodia 2008-2015.

**A. GFATM SSF HIV Grant Management:**

NCHADS was continued to be one of the Principal Recipient (PR) to manage HIV/AIDS Component under the Global Fund SSF Grant which combine of 2 rounds; Round 7 phase 2 and R9 phase 1. Under this Grant, there are 22 Sub-Recipients (SRs):3 of them are new SRs and 19 others are existing SRs under the previous GFATM rounds. The 22 SRs are including: AHF, CHEC, CPN+, CRS, CWPD, FHI, FI, HACC, KHANA, MEDiCAM, MoSVY, MSC, NAA, NCHADS, NMCHC, NPH, PSI, RHAC, SCA, SHCH, WOMEN, and WVC.

The program title is "Continued achievement of Universal Access of HIV/STI Prevention, Treatment and Care services in Cambodia". There were 7 goals and 20 Objectives, which will implement by 22 Sub-recipients.

The SSF CAM-H-NCHADS grant was official signed on 25<sup>th</sup> March 2011. The final Budget for 1st commitment period Jan 2011 to 31st Dec 2013, is USD 85,288,879 and the official signed is USD 81,466,687 which included the budget commitment from R7 phase1, and then PR-NCHADS prepared to sign MoA with SRs in April and May 2011.

Since the GFATM HIV SSF grant has been in effect in March 2011, in order to manage and implement the programme smoothly, PR-NCHADS organized the 2days Orientation workshop with all sub-recipients to orient the HIV SSF CAM-H-NCHADS grant, which was held at the Intercontinental, from 28th to 29th June 2011, which coordinated by the PR/NCHADS team and observed by Local Fund Agency (LFA) team. The Program Managers & focal points for M&E, Finance and Procurement focal points of each SR were invited to participate in the workshop, around 100p. The objectives of this workshop were:

- To orient former and new SRs on Single Stream Funding (SSF) CAM-H-NCHADS grant

- To inform all SRs on implementation requirements for SSF CAM-H-NCHADS grant
- To provide guidance to SRs on Progress Update and Disbursement Request (PU/DR) reporting requirements
- To update SRs on recent GFATM changes in grant program requirements
- To obtain mutual understanding between SRs and PR NCHADS on expectations of CAM-H-NCHADS grant implementation
- To provide forum for SRs to obtain clarification and answers to any grant related issues and questions

## **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, support and treatment program to all partners involved including provincial AIDS offices and NGOs. Within NCHADS Strategic Plan 2011-2015, 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 November 2010, a Workshop was organized by Planning, Monitoring and Reporting (PMR) Unit of NCHADS to review the achievements of program implementation in 2010 and to develop the Annual Comprehensive Work Plan in 2011 that was aligned to the Strategic Plan for implementation of HIV/AIDS Prevention and Care in Health Sector 2011 to 2015. There were about 100 participants from 24 provinces 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 2011, which incorporated with many of the inputs and expected outputs from partners working in coordination with PHD/PASP at provincial and national levels. Finally, the NCHADS Annual Comprehensive Work Plan and budget plan including incentives for staff for 2011 has been approved. It has the total budget of \$19,957,083 that is consisting of 10 different funding sources to implement HIV/AIDS and STI program at national and provincial levels. Based on this work-plan, the quarterly activity work-plans and budget plan are developed respectively.

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

The provincial Annual Comprehensive work plan 2011 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 2011, 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 from period of 2011.

Due to late in program signing between PR-NCHADS and the GFATM until the end of March 2011, and delay in approve of training plan for year 2011, most of activities were postponed, only the routing activities including services deliveries, such as treatment and care to PLHAs, HIV testing, STI treatment etc... that can implement as usual. The following

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

**Component 1: Continuum of Prevention to Care and Treatment (CoPCT)  
for Most at Risk and General Populations:**

***1. Developed a Concept note on Increasing the Access to HIV Testing and Counseling through Community/Peer Initiated Testing and Counseling (C/PITC) among most at risk population***

In 2009, the standard operating procedures (SOP) for Continuum of Prevention to Care and Treatment (COPCT) for Female Entertainment Workers in Cambodia was approved by the MOH, and sought to ensure consistent preventive measures (condom use, HIV and STI testing, birth spacing) and strengthen the monitoring, coordination and collaboration between network support groups and health services for EWs. This SOP was scaled nationwide, however, there has not yet been a dramatic improvement in HIV testing and counseling among EWs and MSM groups. Therefore, NCHADS and its partners has prepared a concept note on increasing the access to HIV testing and Counseling for these groups (EWs and MSM) through community/Peer Initiated Testing and Counseling (C/PITC) by using the peer network such as EWs and MSM networks which have been established by NGOs including KHANA, RHAC, FHI etc... The peers educate and mobilize their members to improve the demand for HIV testing and counseling and to attend meeting at the Drop in Centers. Drop in center will be uses as a MARPS-friendly venue for outreach VCCT provision by health center staff. In addition, clients served through this C/PITC will be recognized as an EW or MSM.

After the concept note was finalized, NCHADS and partners request for approval from the Ministry of Health for the implementation of this concept note.

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

**National Level**

**i. Technical Working Group Meeting:**

STI/RTI Unit of NCHADS conducted a monthly TWG meeting to develop the modeling for integrated of HIV, STI, birth spacing and reproductive health intervention among most at risk population.

**ii. 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 Kampong Cham, Takeo, Siem Reap, Pursat, Pailin, Kampot, Kampong Chhnaing, Banteay Meanchey, Battambang and Koh Kong 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.

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

### SOP or Guidelines developed:

Cambodia is one among the successful countries in the Western Pacific Region in the response to the HIV epidemic by reducing the HIV prevalence among people aged 15-49 from 2% in 1998 to 0.7 % in 2010. It is estimated that there are 56,200 people who are living with HIV, of whom 46,200 people are in need for antiretroviral therapy,

Since its launching in 2003, the Comprehensive Continuum of Care (CoC) Framework for PLHIV, Cambodia has achieved the universal access target for HIV treatment, with over 90 percent of adults and children in need receiving antiretroviral therapy (ART), with 52 Adult OI/ART sites delivering HIV care and ART to 41,669 patients on ART at the end of the third quarter 2010.

In July 2010, WHO issued new revised global guidelines on antiretroviral treatment for adults and adolescents to improve the quality of ART based on new medical evidence. The WHO recommendations focus on early diagnosis, early initiation of antiretroviral therapy, selection of less toxic antiretroviral regimens, and strategic laboratory monitoring in individuals living with HIV.

In 2011, the guidelines were revised not only stem from recent WHO recommendations but also build on the vast experience acquired over the course of the past ten years by NCHADS and all its partners, including government, NGOs and donors.

Through a series of AIDS care subcommittee meetings, staff from the NCHADS, the National Hospital as well as representatives from government departments, medical doctors, and other NGO partners to revise and develop these guidelines and documents as following:

1. National Guidelines for the use of Pediatric Antiretroviral Therapy in Cambodia.
2. National Guidelines for the Prevention and Treatment of Opportunistic Infections among HIV-exposed and HIV infected Children in Cambodia.
3. National Guidelines for the Prevention and Treatment of Opportunistic Infections among HIV-exposed and HIV infected Adults and Adolescents.
4. National Guidelines for the use of Antiretroviral Therapy in Adults and Adolescents in Cambodia
5. Training Curriculum on Antiretroviral therapy and Treatment of Opportunistic Infection for Children and Adult.

#### a. **VCCT:**

- Coordinate with NCHADS's relevant units and NGOs to finalize a concept note on increasing the access to HIV testing and Counseling for these groups (EWs and MSM) through community/Peer Initiated Testing and Counseling (C/PITC).

#### **Monitoring and Supervision:**

- Monitoring and supervision trips were conducted to monitor the activities at the VCCT's sites in Pailin, Stungtreng, Prey Veng, Battambang, Takeo, Svay Rieng, Kampong Speu, Kampong Thom, Siem Reap, Kampot. The purpose of the supervision were to review the VCCT, CD4 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:**

- Data entry, cleaning and analyzing.
- Consensus workshop with International technical expert on estimation of HIV prevalence among the Cambodia general population, 2010 and prepared for disseminate the result in next quarter.

##### **ii SSS 2011:**

- The protocol, Specimen collection form and field Guideline for SSS 2011 were developed and reviewed through technical working group.
- Developed checklist for listing the target groups for SSS 2011
- Developed questionnaire for SSS 2011
- Submitted the protocol of SSS 2011 to National Ethic Committee for get approval.
- Conducted the situation assessment and listing the target groups for SSS 2011 in Pailin, Kampong Speu, Battambang, Sihanouk Ville, Kampong Cham, Takeo, Prey Veng and Kampong Chhnaing.
- Supervision visits on threshold survey in 5 HCs in Phnom Penh

#### **b. Research:**

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

To follow up the progress of CQI Implementation, Research Unit conducted the coordination meeting with OI/ART team, relevant units of NCHADS, and partners in the province. The meetings also aimed to review the work plan, challenges or issues faced during CQI implemented, and find appropriate solution.

##### **ii. Other Research/study Program were continuing activities from last year.**

### **4. MANAGEMENT PACKAGE:**

#### **a. Planning, Monitoring and Coordination**

##### **NATIONAL LEVEL:**

##### **i Planning Activities**

Coordinated to develop the 2<sup>nd</sup> quarterly comprehensive work-plan 2011 for NCHADS and 24 provinces that were included the detail activity plans, expected outputs and allocated available funds from all funding sources.

##### **ii Monitoring Activities:**

- Developed the NCHADS 1<sup>st</sup> Quarterly Comprehensive Report 2011, which is available at NCHADS' website at [www.nchads.org](http://www.nchads.org). The report was also distributed to MoH, NAA, donors and other partners.
- Jointed monitoring visits with Logistic Management Unit and Finance Unit to Battambang, Kep, Kampot, Prey Veng, Preah Vihear, Kampong Speu, Kandal, Pursat, Stungtreng, Kratie, Rattanakiri, Kampong Cham, Preah Sihanouk, Monduliri, Takeo, Bantey Meanchey and Svay Rieng province.

##### **PROVINCIAL LEVEL:**

- Provincial AIDS Office of 24 provinces-cities developed the 2<sup>nd</sup> Quarterly Operational Comprehensive Plan for year 2011 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 1<sup>st</sup> Quarterly Report 2011.

***c. Logistic Management:***

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

**II. RESULTS OF HEALTH SERVICE DELIVERIES:**

**1. HIV/AIDS prevention activities**

In quarter 2 -2011, there were a total of 60 Family Health Clinics (33 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 28 NGO STI clinics; RHAC: 18 clinics, Marie Stopes: 7 clinics, MEC: 1 clinic and PSF: 1 clinic, ChhoukSar: 1 clinic).

Of the 33 family health clinics, 33 (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 2 2011, 1670 consultations for male patients and 10,020 for female patients were reported to the data management unit of NCHADS. Of 1,147 male patients who having STI/RTI syndromes reported, 1,062 of those (92.6%) suffered from urethral discharges; 67 (5.8%) from Genital ulcers and 18 (1.6%) from Genital warts respectively. Of 9,401 female patients who having STI/RTI Syndromes reported, 4,753 of those (50.6%) suffered from vaginitis, 4,279 (45.5%) from cervicitis and vaginitis; 287 (3.1%) from PID, 76 (0.8%) from Genital ulcers and from genital warts 6 (0.06%) respectively. A total of 1187 male partners and 2,425 female partners of STI patients were notified and treated for STI.

56,850 consultations were provided at a total of 60 specialized STI clinics (33 government and 27 \*NGO STI clinics, Among those consultations, 4,361 consultations were provided to male patients, 1,766 to MSM, 40,652 to low-risk women, and 10,071 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (294 for BEW; 9,777 for NBEW) of which 4,629 were monthly follow-up visits] (Figure 1).

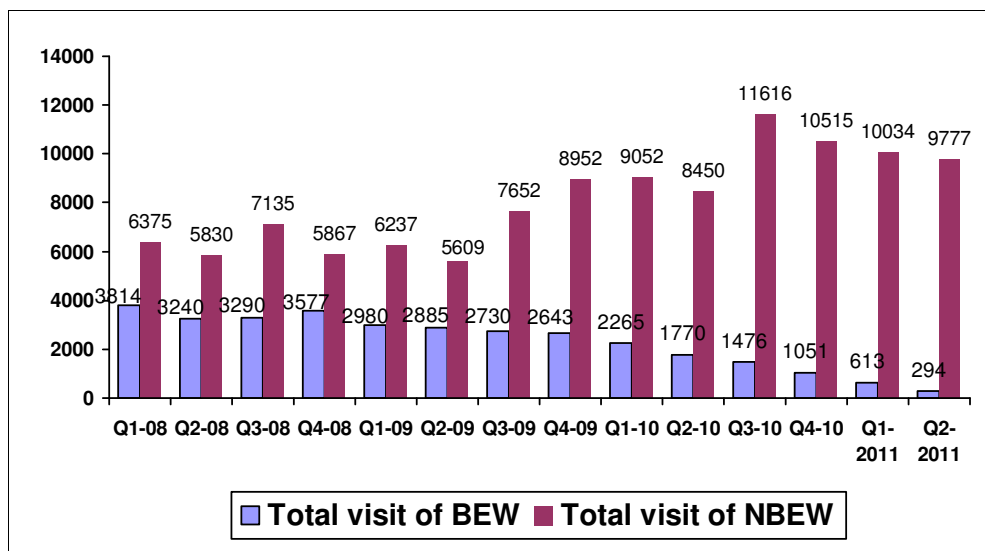


Figure 1: DSW and EW attendance to Family Health Clinics, from Q1 2008 to Q2- 2011

The RHAC clinics attract mostly low risk women whereas the 33 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 3,423 male patients who having STI syndromes reported in this quarter, 3,082 (90.0%) got urethral discharges, 7 (0.2%) got anal discharges, 187 (5.5%) got Ano-genital ulcers, 128 (3.7%) got Ano-genital warts, and 7 (0.2%) were inguinal bubo. Among the 406 MSM patients having STI syndromes, 272 (67.0%) suffered from urethral discharges, 13 (3.2%) from anal discharges, and 54 (13.3%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 43,400 low-risk women having STI syndromes reported that 35,886 (82.7%) were treated for vaginitis, 5,245 (12.1%) were treated for cervicitis and vaginitis, 153 (0.4%) were PID, 402 (0.9%) were ano-genital ulcers and 133 (0.3%) were ano-genital warts.

During the one quarter of 2011, of the 122 BEW who attended specialized clinics for their first visit, 132 (108.2%) were diagnosed with a STI, including 45 (36.9%) with cervicitis. Among the 172 BEW who attended specialized clinics for monthly follow-up visits, 128 (74.4%) of those were diagnosed with a STI, including 65 (37.79%) with cervicitis (Annex: STI indicator 1). In quarter 2 -2011, of the 5,320 NBEW who attended specialized clinics for their first visit, 3,766 (70.8%) were diagnosed with a STI, including 1,509 (28.4%) with cervicitis. Of the 4,457 NBEW who attended specialized clinics for monthly follow-up visits, 1,936 (43.4%) were diagnosed with a STI, including 724 (16.2%) with cervicitis.

Of a total of 1,882 RPR tests were conducted in 2 quarter 2011 at the 33 government specialized STI clinics, and PSF and MEC clinics, 16 (0.85%) were positive.

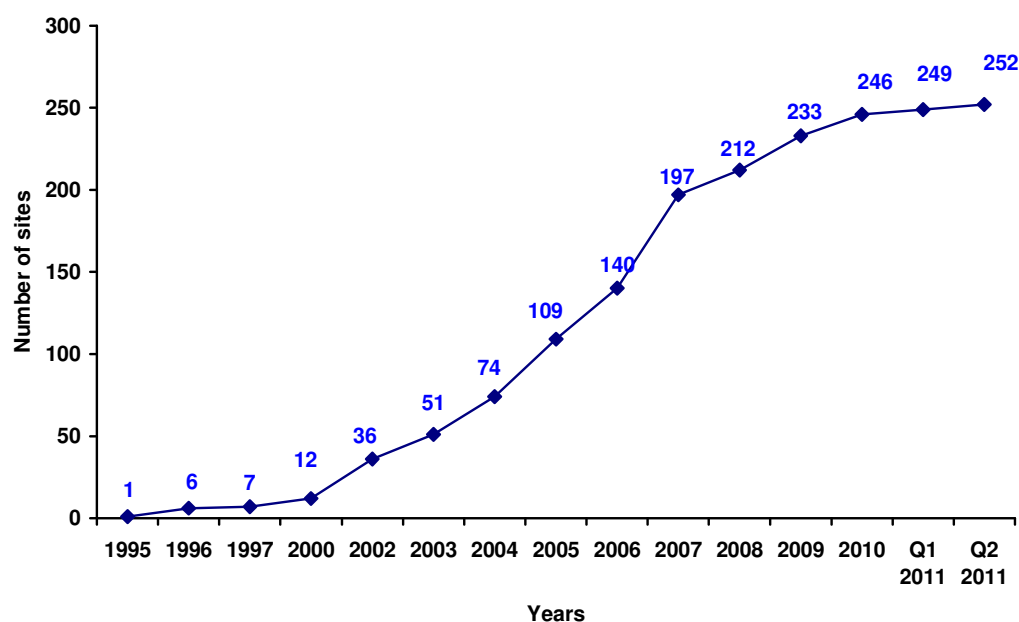
During this quarter, specialized STI clinics have referred 2,219 patients to VCCT, 29 of HIV/AIDS patients (PLHA) to OI/ART services, 58 pregnant women to ANC, and 154 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that

were referred from the other services including 698 patients from VCCT, 145 of patients from OI/ART services, 84 pregnant women from ANC and 40 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 11 years, from 12 sites in 2000 to 252 sites by the end of Q2 2011 (Annex: VCCT indicator 1) (Figure 2).



*Figure 2: Trend in number of VCCT sites from 1995 to Q2-2011*

A total of 3 new VCCT sites have been opened in Q2-2011 (Kampong Leng HC, Prey khmer HC in Kampong Chnang Province, Marie Stope clinic in Siem Reap Province). Of the current 252 VCCT sites, 225 are supported directly by the Government and 27 by NGOs (RHAC:18, Marie Stopes:4, MEC:1, Center of Hope:1, Institut Pasteur Cambodia:1 and Chhouk Sar Clinic:1).

In Q2-2010, of 89,595 (N/A data ANC attendees from NMCH) VCCT clients, 59,263 (66.1%) were self referred, 3,196 (3.6%) were referred by ANC services, 1,872 (2.1%) were referred by STD clinics, 4,305 (4.8%) were referred by TB program, 7,651 (6.7%) were referred by HBC/NGO, 5,997 (6.7%) were referred by general medicine, 320 (0.4%) were referred by Pediatric care, 1,342 (1.5%) were referred by Maternity services, 515 (0.6%) were referred by BS/FP services and 5,134 (5.7%) were referred by other services (Figure 3).

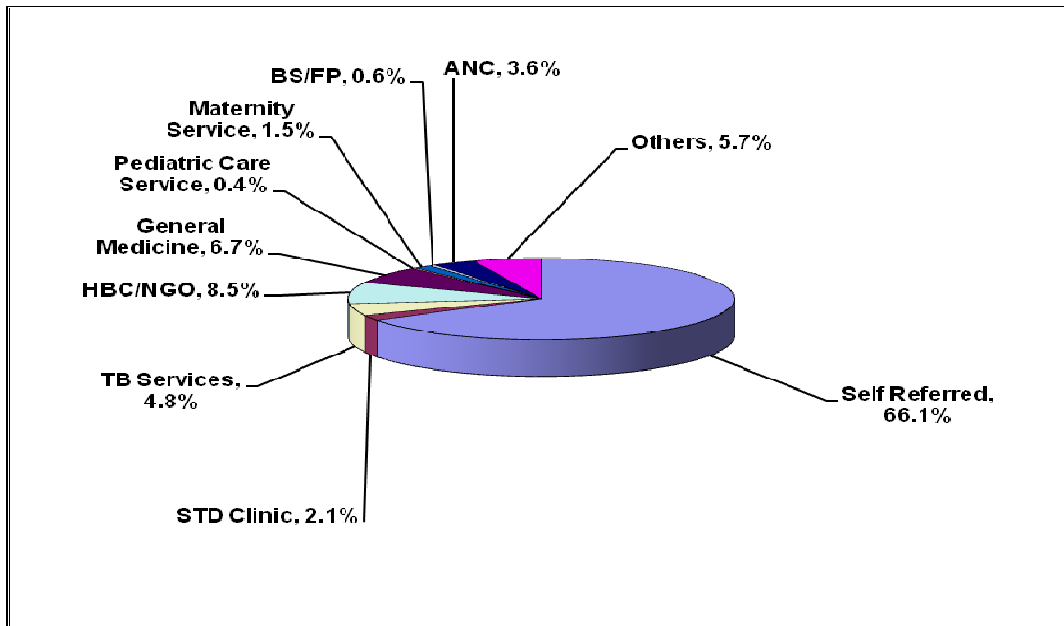


Figure 3: Trend in number of VCCT clients referred from other services in Q2-2011

A total of 89,488 clients have been tested for HIV in quarter 2-2011, 4,208 TB patients, 50,951 pregnant women (48,081 at government facilities) and 10,478 male partners of pregnant women (10,300 at government facilities).

The figure 4 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 89,595 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q2-2011 (Figure 4).

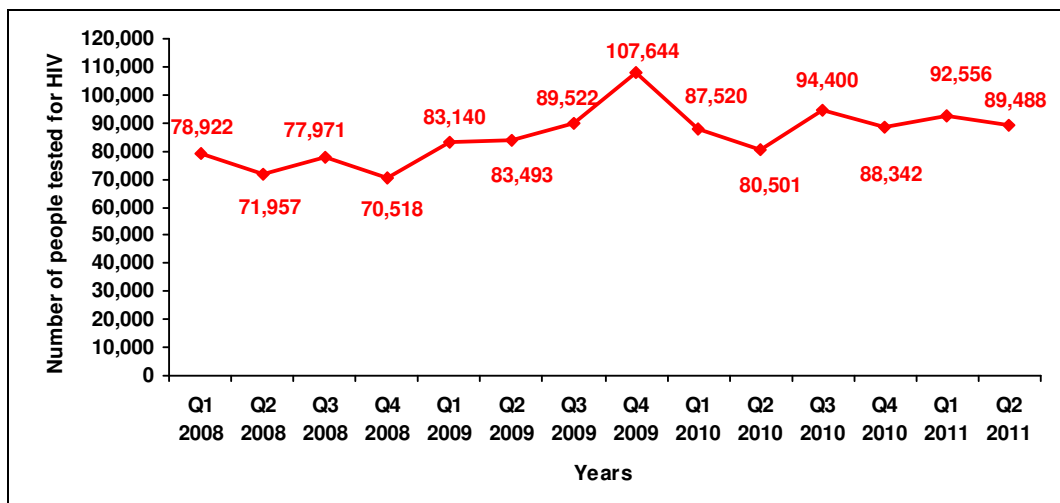


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2008 to Q2-2011

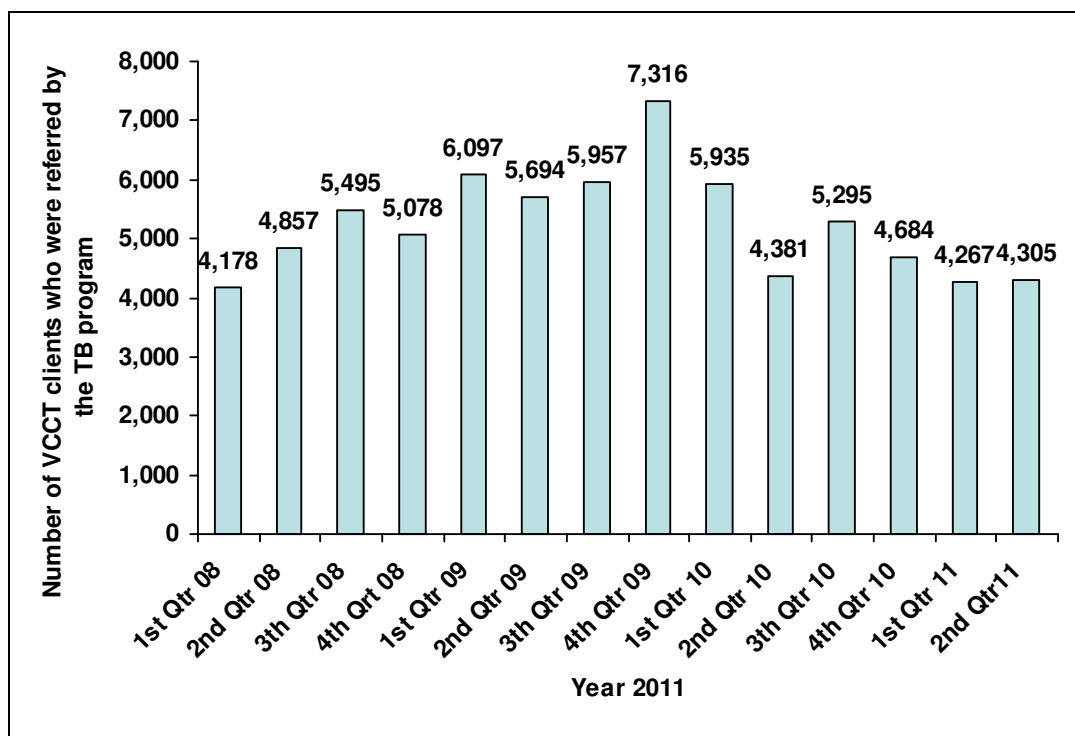
Of the total number of VCCT clients and TB patients tested in Q2-2011, 50,914 (56.9%) were female and 82,825 (92.4%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 89,488 No. (%)	People tested HIV positive N=1,752 No. (%)
Age		
≤14 years	2,315 (2.6%)	137 (7.8%)
15-49 years	82,825 (92.6%)	1,510 (86.2%)
> 49 years	4,348 (4.9%)	105 (6.0%)
Sex		
Male	38,574 (43.1%)	826 (47.1%)
Female	50,914 (56.9%)	926 (52.9%)

**Table 1:** Characteristics of clients tested at VCCT sites, In Q2-2011

In Q2-2011, 98.8% (range: 88.6% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling (Annex: VCCT indicator 3).

In Q2-2011, of 89,595 VCCT clients, 4,305 (4.8%) were referred from the TB program. (Figure 5).



**Figure 5:** Trend in number of VCCT clients referred from TB program from Q1- 2008 to Q2-2011

In Q2-2011, of the 89,595 VCCT clients and TB patients tested at VCCT sites nationwide, 1,752 (2.0%) were detected HIV positive at VCCT sites (Figure 6).

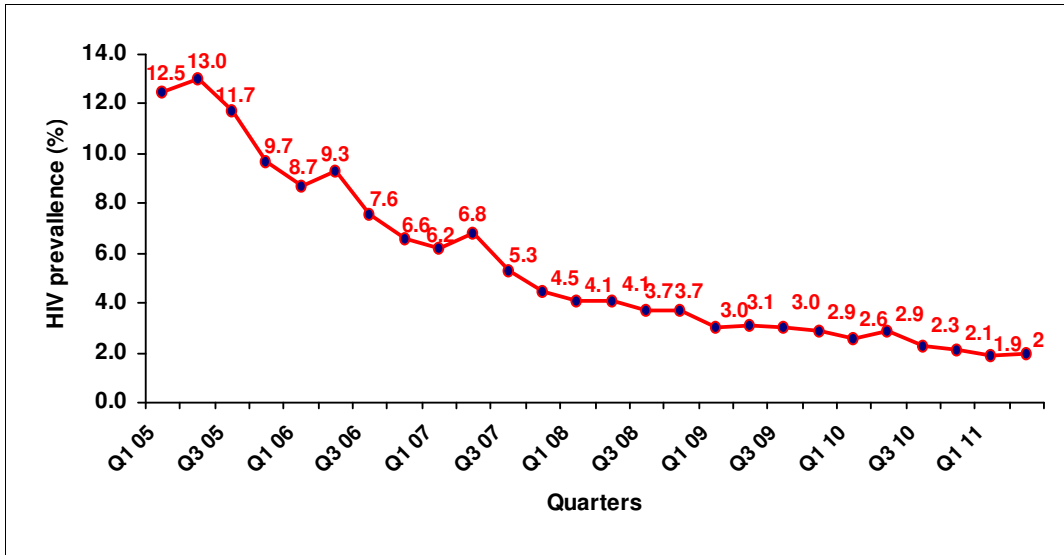


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q2-2011

## 2.2. OI and ART services

Today, 56 health facilities offer OI and ART services in 46 Operational Districts in 21 provinces and cities (Annex: CoC indicator 1). In this quarter there're new three OI/ART sites established in Phnom Penh are Samdach Ov RH and Meanchey RH. These 56 OI and ART services are supported by the government 52 sites and 4 sites by NGOs and partner (Annex: CoC indicator 2). Of the total 56 OI/ART sites, there are 33 sites provide pediatric care in 31 Operational Districts.

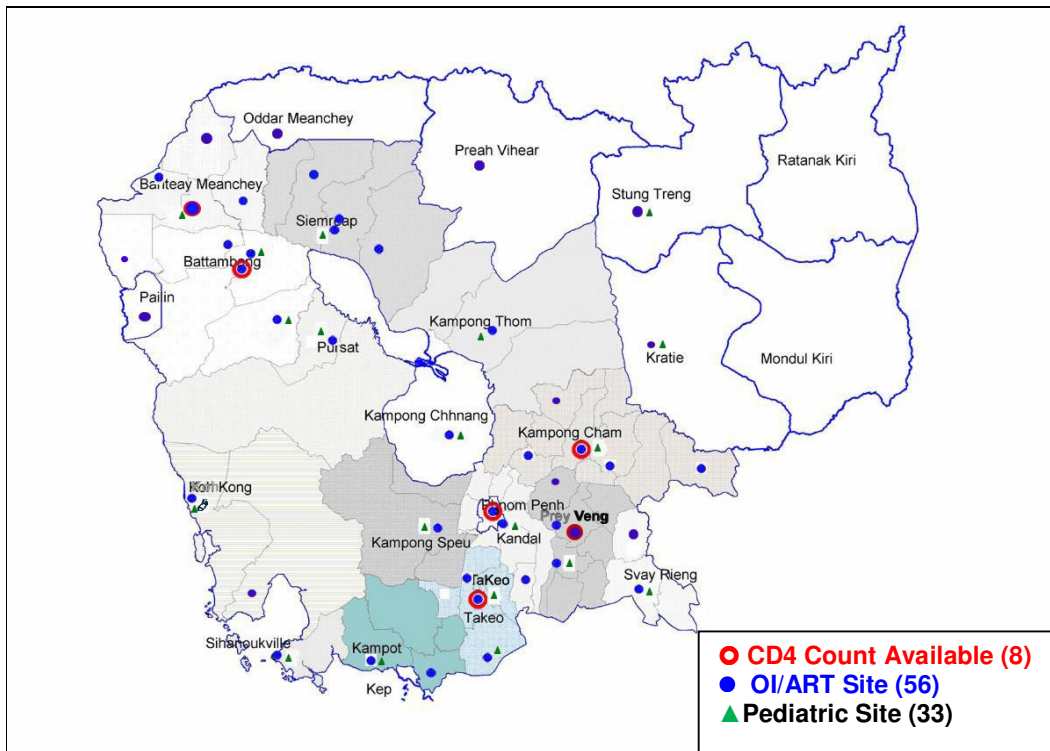
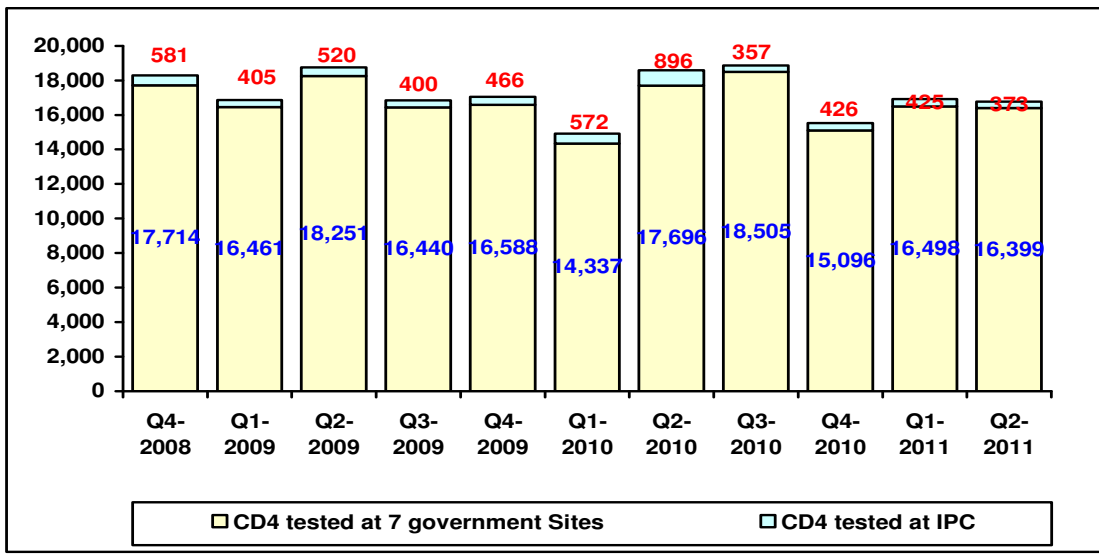


Figure 7: Location of facility-based OI/ART sites as of 31 June 2011

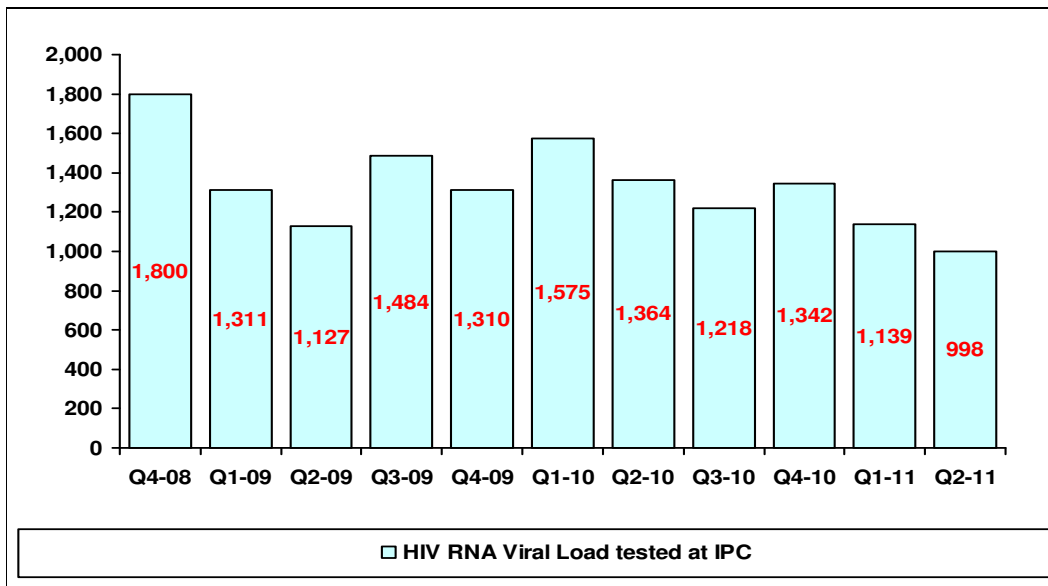
**a. Laboratory Support:**

In Q2-2011, 16,399 CD4 tests have been conducted in the 7 regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Preyveng, NCHADS, NIPH in Phnom Penh and Mongkul Borei in Banteay Meanchey province (Figure 8). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 373 tests examined in this quarter. CD4 % tests in percentage for children are performed at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH.



**Figure 8 :** Trend in the total number of CD4 tests conducted in Cambodia at 7 government sites and IPC from Q4-2008 to Q2-2011

In Q2-2011, there are 998 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 Q4-2008 to Q2-2011

In Q2-2011, 353 DNA-HIV DBS tests for Early Infant Diagnosed (EID) found 17 positive were conducted at NIPH. Another place at Institute Pasteur of Cambodia (IPC) in Q2-2011 the total number of DBS screened are 266 found 13 positive and Number of infant screened for the 1<sup>st</sup> time (excluding DBS for confirmation) are 175 which founded infant diagnosed positive at time of 1<sup>st</sup> screening are 12 and the total number of HIV DR tested are 49.

(Sources: report from NIPH and IPC)

This Q2-2011, a total of 44,722 active patients including 40,436 adults and 4,286 children are receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3).

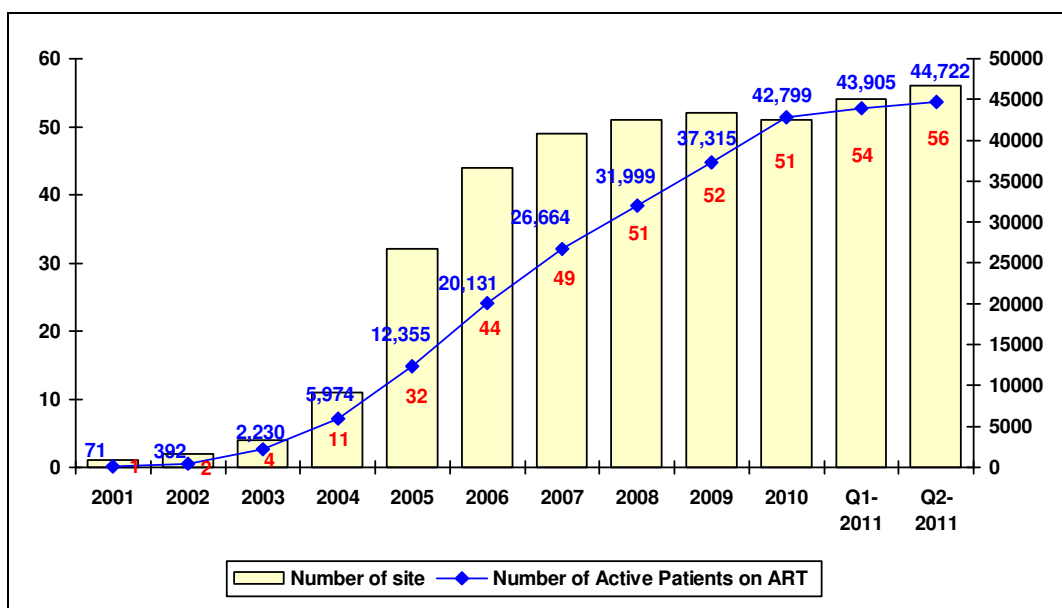


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q2-2011

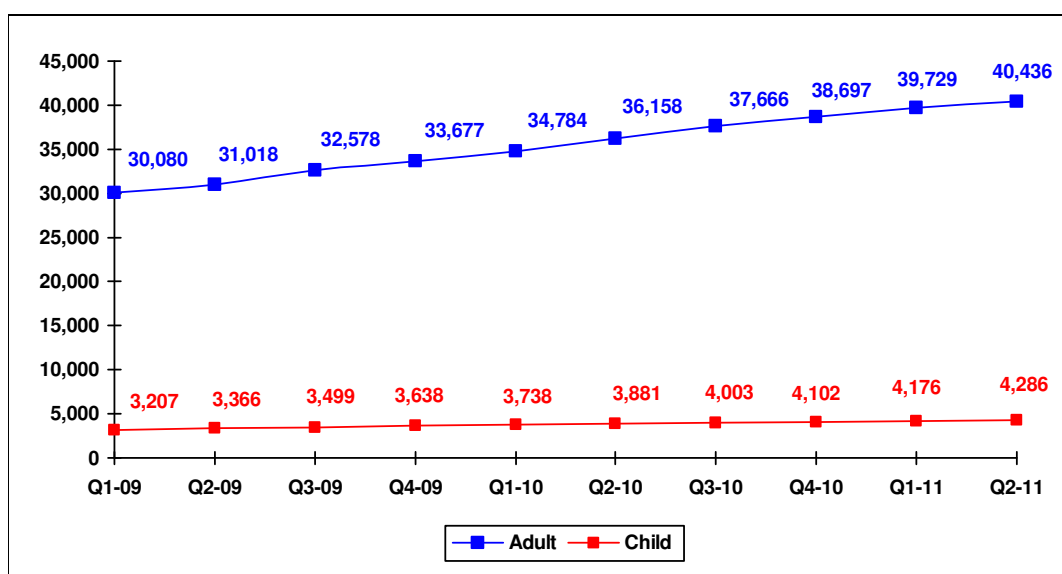
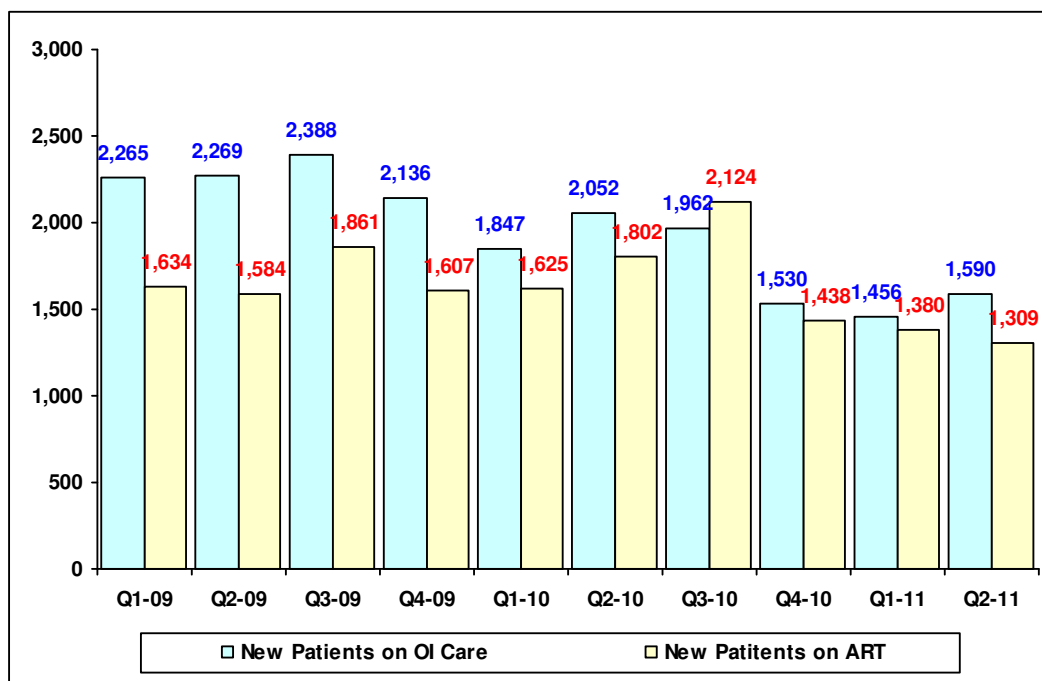


Figure 12: Trend in number of active adult and child patients from Q1 2009 to Q2-2011

In Q2-2011, female adult patients accounted for 53.4% (21,591) of all active patients on ART. At OI/ART sites, a total of 1,590 new patients (including 126 children) started OI prophylaxis and



management and 1,309 new patients (including 131 children) started on ART in Q2-2011 (Figure 13). The number of new patients on OI care has been decreased since Q4 2010. On the other hand, the numbers of new patients on ART were significantly decreased as from Q4 2010. In this quarter there are 364 patients lost and 68 died in OI care.



**Figure 13:** Trend in numbers of new patients on OI and ART from Q1-2009 to Q2-2011

There were a total of 5,751 active adult patients and 1,431 child patients with opportunistic infections who are not eligible for ART yet at the end of Q2-2011. Of those, 4,538 (64.4%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,035 adult patients and 193 child patients on OI care were eligible to prepare on ART at the end of June 2011.

***b. Patient mobility across services, lost and died***

In Q2-2011, a total of 276 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 314 ART patients lost treatment and 148 patients died during this quarter. At the end of Q2-2011, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,637 active patients on ART.

***c. Drug and logistic support***

In Q2-2011, 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 3.8 % of adults and 7.9 % of children were on PI-based regimens (Table 2).

ARV drug regimen Q2 - 2010	Adults N= 41,419*		Children N= 4,321*	
	No.	(%)	No.	(%)
d4t+3TC+NVP	16,656	40.2 %	3,142	72.7 %
d4t+3TC+EFV	5,485	13.2 %	406	9.4 %
AZT+3TC+NVP	10,879	26.3 %	308	7.1 %
AZT+3TC+EFV	4,128	10.0 %	109	2.5 %
PI-based regimens	1,593	3.8 %	341	7.9 %
Other regimens	2,678	6.5 %	15	0.3 %

\* 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, Q2-2011

#### ***d. TB Screening of new OI Patients***

In Q2 2011, there were 1,590 new OI patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,464 new adult patients on OI, 1,157 (79.1%) were screened for TB Symptom during the quarter. Of the 690 patients suspect TB infected was screened for TB, 191 were detected as TB Pulmonary and TB Extra-pulmonary, among 191 TB Diagnosed detected 184 were TB treatment. The number of TB screened among new OI patients were decreased than Q4 2010 (94.7%) due to some of OI-ART sites didn't do TB symptom screening to all new patients on OI.

#### ***e. Implementation of Three "I" Strategy***

##### ***- Isoniazid Prevention Therapy (IPT)***

During the Second quarter of 2011, there were a total of 962 new OI patients registered at 29 sites implementing the Three "I" Strategy (6 TST sites=265 new patients and 23 Non-TST sites = 697 new patients). Of these, new OI patients, 140 started IPT (TST sites=17 patients and non-TST=123 patients), and 268 active patients on OI started IPT (TST sites =24 patients, and non-TST sites=244) among all active patients adult on OI = 7,050.

##### ***- Pre-ART (OI)***

During the second quarter of 2011, 1,464 of new adult OI patients registered at OI/ART sites. Of these 1,157 received TB symptom screening that identified that 467 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 467 patients with screened positive for TB symptoms, 191 were diagnosed to have TB (BK+/-, EP), 184 started TB treatment, and 140 started IPT as they did not present TB symptom and put on IPT. There were 215 active patients on OI diagnosed with TB (BK+/- EP), of which 192 patients started TB treatment, 113 TB-HIV patients started cotrimoxazole prophylaxis and 268 patients started on IPT during this quarter.

##### ***- ART***

This second quarter of 2011, 1,178 new ART patients registered at OI-ART sites. Of these, 97 were diagnosed with TB (BK+/- EP), 68 patients started TB treatment. Of the 173 of active patients on ART who were diagnosed as having TB (BK+/-, EP), 126 started TB treatment and 114 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

### - *Pregnancy and abortion*

This quarter 2 2011, there're 795 new OI female patients registered at OI/ART sites, among these new female 86 became pregnant. Of all 4,538 active female patients on OI until this last quarter, 114 got pregnant and 48 of them started ARV prophylaxis. One woman was reported to have spontaneous abortion, and other one woman was reported to have induced abortion during this quarter.

There're 636 new ART female patients registered at OI/ART sites, among these new female 47 became pregnant. Of all 21,591 active female patients on ART in this quarter 160 of them got pregnant. Seven women were reported to have spontaneous abortion, and other four women were reported to have induced abortion during this quarter.

### **2.3. Linked Response**

In June 2011, of the 62 ODs implementing the Linked Response Approach, 55 ODs had reported data. From April to June 2011, of a total of 74,679 first ANC attendees at Linked Response sites and outreach services, 56,240 (75.30%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 12,362 husbands/partners accepted testing (21.98%) of pregnant women was tested with their husbands/partners). Among the 74,679 ANC attendees at Linked Response sites and outreach services who received an HIV test, 82 (0.17 %) were HIV positive and a further 21 known HIV positive pregnant women were referred to linked response services.

A total of 118 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between April to June 2011. Among 118 HIV-infected pregnant women delivered: 46 (63.88%) received ART and 22 (30.55%) received ARV prophylaxis in labor alone. Of 72 infants born to HIV-infected mothers from January to March 2011, 62 (97%) received NVP. From January to March 2011, of a total of 170 received HIV Tested, 110 received DNA-PCR-1, 6 (6.6%) were HIV positive.

A total of 118 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between April and June 2011. Among of 118 mothers, 113 (95.76%) accessed ARV drugs: 81 (76.86%) received ART and 32 (28.31%) received ARV prophylaxis. Of 123 infants born to HIV-infected mothers at PMTCT maternity sites, 111 (90.24%) received NVP.

### **2.4. Community-based services**

As reported in 2<sup>nd</sup> quarter 2011, there are 338 HBC teams covered over 861 Health Centers in 72 operational districts (OD) in 19 provinces. In this quarter Preah Vihear provinces still have no report, because NGO that operated CoC finished their project in coverage and supporting PLHAs and still waiting for new NGOs (Annex: HBC indicator 1) (Figure 13) within the CoC established in place (Annex: HBC indicator 4).

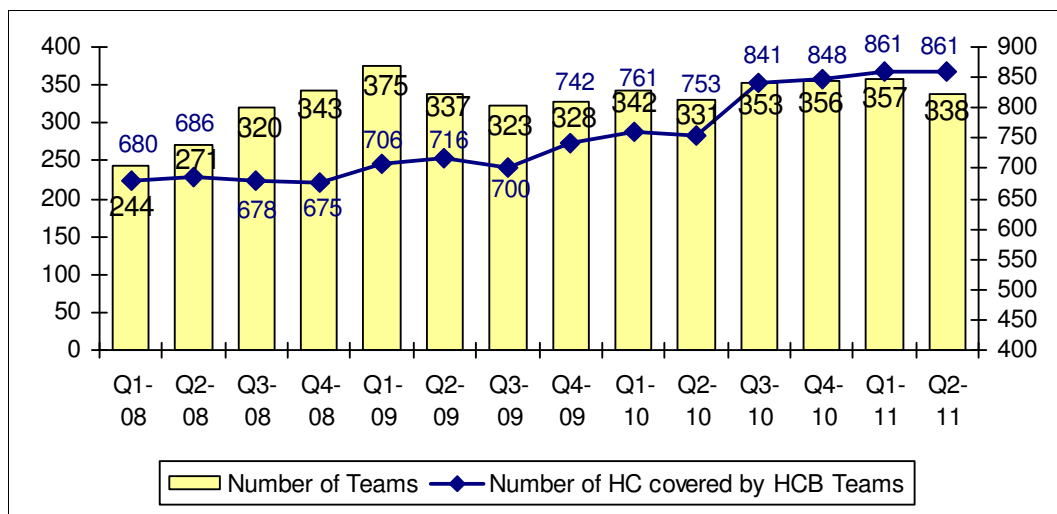


Figure 13: Trend in number of HBC teams form Q1-2008 to Q2-2011

These HBC teams are currently supporting for a total of 31,417 PLHA (Annex: HBC indicator 2), which 7,540 were registered in Pre-ART (OI) and other 23,877 were registered in ART.

### III. FINANCIAL REPORT:

During this period, more than 51% of total budget in 2<sup>nd</sup> Quarterly activity plan of 2011 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 payed, and some were committed from the last quarter included GFATM-R5, CITAP and CIPRA. (See table 3).

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-HIV-SSF grant.

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 (R5 and HIV-SSF), CDC, CHAI, UNSW/CTAP, CIPRA, WHO, AHF.

Sources	Annual Plan	Q2 Plan	Q2 Act	Q2%	A %
GFATM-HIV-SSF	\$18,406,927	\$11,949,949	\$6,271,405	52%	34%
GFATM-R5	\$ 38,840	\$ 22,581	\$ 56,622	251%	146%
US-CDC	\$ 501,868	\$ 418,777	\$ 228,204	54%	45%
AHF	\$ 122,312	\$ 27,631	\$ 49,578	179%	41%

WHO	\$ 50,000	\$ 6,015	\$ 5,886	98%	12%
CHAI	\$ 299,623	\$ 881,574	\$ 82,148	9%	27%
UNSW(CTAP)			\$ 7,183		
CIPRA			\$ 86,053		
CRS	\$ 19,454	\$ -	\$ -	0%	0%
UNICEF	\$ 200,000		\$ -	0%	0%
PSI	\$ 20,000	\$ -	\$ -	0%	0%
<b>Grand Total</b>	<b>\$19,659,024</b>	<b>13,306,527</b>	<b>\$6,787,079</b>	<b>51%</b>	<b>35%</b>

*Table 3: Summary of expenditures by sources managed by NCHADS:*

**IV. CHALLENGES AND CONSTRAINTS:**

- Critical activities and services such as treatment and testing to PLHIV and those at risk continued by the national program, despite the lack of funding.
- Delay in approval of POC scheme from July 2010 until now, this affected the staff performance at service delivery.

**V. CONCLUSION AND RECOMMENDATION:**

In overall, most of targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for Care and Treatment Component, set for the first quarter in 2011 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.