

**KINGDOM OF CAMBODIA  
NATION RELIGION KING**

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



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

## **ACKNOWLEDGEMENTS**

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

Date .....

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**Deputy Director of NCHADS**

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**National Center for HIV/AIDS Dermatology and STDs**  
**Quarterly Comprehensive Report in period of**  
**July to September, 2013**



**I. Introduction:**

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

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

**II. Goal and Objectives:**

**1. Goal:**

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

**2. Objectives:**

Responding to above goal, the report has following objectives:

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

scientific information.

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

### **III. Methodology:**

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

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

### **IV. Results**

#### **1) PROGRAMME MANAGEMENT AND IMPLEMENTATION:**

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

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

##### **B. NCHADS Program Implementation:**

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

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

### **For Most at Risk Populations: National Level:**

#### **▪ National Level:**

- BCC Unit

Joined Supervision visits with STI Unit to monitor and to provide technical supports on OPC programs and STI prevention that were conducted by BCC and STI officers in Oddor Meanchey, Svay Rieng, Mondulhiri, and Preah Sihanouk province.

- STI/RTI Unit

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

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

Joint Supervision visits with STI Unit to monitor and to provide technical supports on OPC program and STI prevention that were conducted by BCC and STI officers in Pailin, Svay Rieng, Kampot, Pursat, Kompong Thom, Takeo, and Koh Kong.

#### **▪ 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 any supervision visits to VCCT sites in this quarter.

### **3. Surveillance & Research package:**

#### **Surveillance:**

- ❖ BSS Data collection:
- ❖ Battambang, Siem Reap, Pursat, Kompong Cham, and Phnom Penh
- ❖ Early warning indicator data collection:  
Preah Kossomak Hospital, Calmette Hospital, Social Health Clinic, Center of Hope, National Pediatric Hospital, Chouk Sar Clinic, Kampot RH, Serey Saophorn RH, and Kompong Cham province

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

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

##### **▪ NATIONALLEVEL:**

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

- Reviewed and compiled NCHADS and provincial HIV/AIDS and STI activity plan for 2013
- Conducted joined supervision visits with finance and logistics management units in order to monitor Battambang, Kratie, Pailin, Sihanouk Ville, Kampot, and Pursat province
- Coordinated to develop the 4<sup>th</sup> quarterly comprehensive work-plan 2013 for NCHADS and 24 provinces that were included the detailed activity and budget plans, expected outputs and allocated available funds from all funding sources.

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

Developed the NCHADS 2<sup>nd</sup> quarterly comprehensive report 2013, 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.



▪ **PROVINCIAL LEVEL:**

- Provincial AIDS and STI Programs of 24 provinces-cities developed the 3 Quarterly Operational Comprehensive Plan for 2013 which incorporated with many of the inputs and expected outputs from partners working at their ODs and Provinces.
- Organized the Quarterly Coordination meeting with partners to review the progress achievements and to identify the issues and solved the problem.
- Conducted supervision visits to monitor activities at health services
- Developed monthly report and quarterly report

**b. Data Management:**

- Backlogged data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for Q3, 2013.
- Conducted supervision visits to provinces on data management, checked and entering data
- Reviewed and provided feedback all data for HIV/AIDS and STI programs collected from provincial level.
- Joined supervision visits to monitor and provided technical support for provincial data staff on data management and collection related to linked response activities in some provinces.
- Provincial Data Management Officers conducted the supervision to check and review the quarterly data at the OI/ART sites, VCCT sites and STI.

**c. Logistic Management:**

- Prepared lists for distribution of the drugs, reagents and consumables according to the CMS schedule.
- Monitored and followed up the distributed drugs, reagents and consumables.
- Worked closely with procurement unit for forecast OI/ARV drug, reagent and consumable.
- Joined supervision visit with Planning, Monitoring and Finance Unit to Battambang, Kratie, Pailin, Sihanouk Ville, Kampot, and Pursat province

## **2) Results of Health Service Deliveries:**

### **1. HIV/AIDS prevention activities**

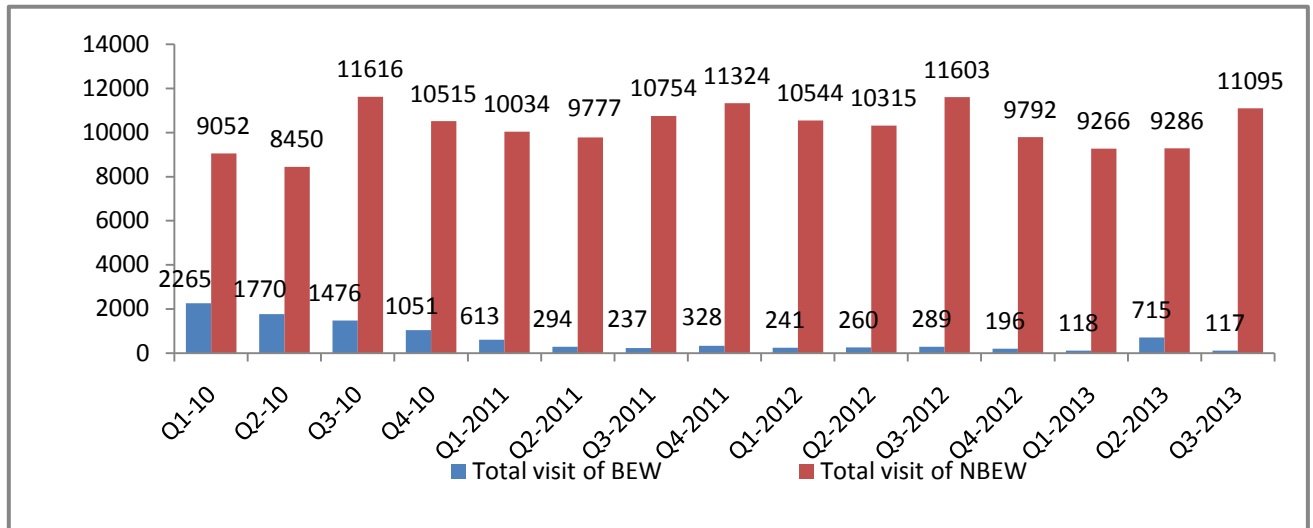
In third quarterly report of 2013, there were a total of 61 Family Health Clinics (35 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mondulkiri province and Kep province); and 26 NGO STI clinics (including RHAC: 16 clinics, Marie Stopes: 7 clinics, MEC: 1 clinic, Chhouk Sar: 2 clinic).

Of the 35 family health clinics, 33 (94.3%) 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 3<sup>rd</sup> quarter 2013, 1,418 consultations for male patients and 9,441 for female patients were reported to the data management unit of NCHADS. Of 1,224 male patients who having STI/RTI syndromes reported, 1,055 of those (86.1%) suffered from urethral discharges; 121 (9.9%) from Genital ulcers and 48 (4%) from Genital warts respectively. Of 9,424 female patients who having STI/RTI Syndromes reported, 8,977 (95.2%) of those suffered from vaginitis, 4,212 (44.7%) from cervicitis and vaginitis; 373 (3.9%) from PID, 65 (0.7%) from Genital ulcers and from genital warts 9 (0.1%) respectively. A total of 817 male partners and 1,809 female partners of STI patients were notified and treated for STI.

66,884 consultations were provided at a total of 61 specialized STI clinics (35 government and 26 NGO STI clinics), Among those consultations, 4,767 consultations were provided to male clients, 2,148 to MSM, 48,757 to low-risk women, and 11,212 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (117 for BEW; 11,095 for NBEW) of which 4,565 were monthly follow-up visits (Figure 1).

The RHAC clinics attracted mostly low risk women whereas the 35 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 Q3- 2013

At the 61 specialized STI clinics, among the 3,915 male STI syndromes reported in this quarter, 3,440 (87.8%) of them got urethral discharges, 24 (0.6%) of them got anal discharges, 251 (6.4%) of them got Ano-genital ulcers, 141 (3.6%) of them got Ano-genital warts, 28 (0.7%) of them got Scrotum swelling, and 31 (0.8%) of them were inguinal bubo. Among the 541 MSM patients who were having STI syndromes, 406 (75%) of them suffered from urethral discharges, 21 (3.9%) of them from anal discharges, 62 (11.4%) from Ano-genital ulcers, 37 (7%) of them got Ano-Genital warts, 6 (1.1%) of them got scrotum swelling and 9 (1.6%) of them got inguinal bubo.

At the 61 specialized STI clinics, among the 52,666 low-risk women STI syndromes reported that 50,228 (95.4%) were treated for vaginitis, 4,628 (8.8%) were treated for cervicitis and vaginitis, 168 (0.3%) were PID, 370 (0.7%) were ano-genital ulcers and 197 (0.4%) were ano-genital warts.

During the 3<sup>rd</sup> quarter of 2013, among 58 of the BEW who attended specialized clinics for their first visit, 53 cases (91.4%) were diagnosed with a STI, including 20 (37.7%) with cervicitis. Among the 59 BEW who attended specialized clinics for monthly follow-up visits, 41 (69.5%) cases of those were diagnosed with a STI, including 18 (44%) with cervicitis. In quarter 3-2013, of the 6,589 NBEW who attended specialized clinics for their first visit, 4,758 (72.2%) cases were diagnosed with a STI, including 2,072 (43.5%) with cervicitis. Of the 4,506 NBEW who attended specialized clinics for monthly follow-up visits, 2,192 (48.6%) were diagnosed with a STI, including 833 (38%) with cervicitis.

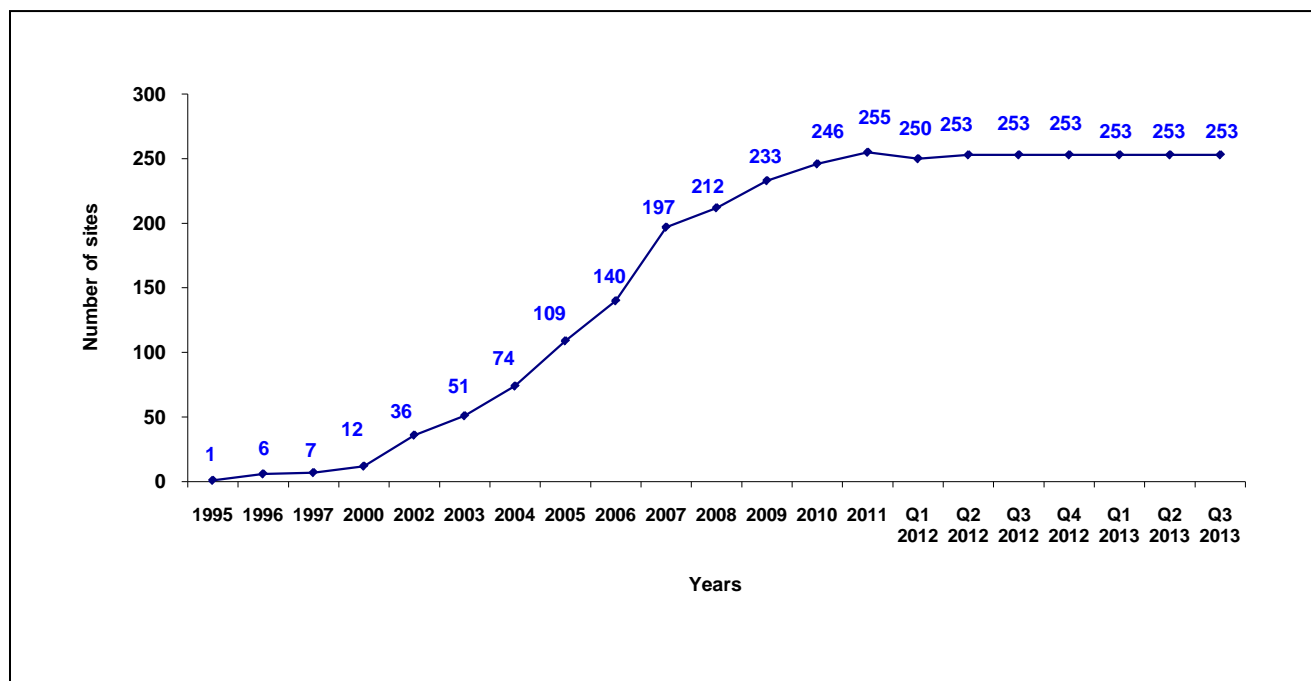
Of a total of 805 RPR tests were conducted in third quarter 2013 at the 35 government specialized STI clinics and MEC clinics, 27 (3.3%) were positive.

During this quarter, specialized STI clinics have referred 1,577 patients to VCCT, 9 of HIV/AIDS patients (PLHA) to OI/ART services, 38 pregnant women to ANC, and 68 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 547 patients from VCCT, 131 of patients from OI/ART services, 52 pregnant women from ANC and 46 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 Q3-2013 (Figure 2).



**Figure 2: Trend in number of VCCT sites from 1995 to Q3-2013**

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

There is no new VCCT site has been opened in Q3-2013. Of the current 253 VCCT sites, 229 are supported directly by the government and 24 by NGOs (RHAC: 16, Marie Stopes: 3, MEC: 1, Center of Hope: 1, Institute Pasture Cambodia: 1 and Chhouk Sar Clinic: 2).

In Q3-2013, of 160,458 VCCT clients, 45,147 (28.1%) of them were self-referred, 92,022 (57.3%) of them were referred by ANC services, 2,511 (1.6%) of them were referred by STD clinics, 4,476 (2.8%) of them were referred by TB program, 6,586 (4.1%) of them were referred by HBC/NGO, 5,067 (3.1%) of them were referred by general medicine, 261 (0.1%) of them were referred by pediatric care, 1,150 (0.7%) of them were referred by maternity services, 478 (0.3%) of them were referred by BS/FP services, 1,835 (1.1%) of them were referred by Health centers and 925 (0.8%) of them were referred by others services (table 1).

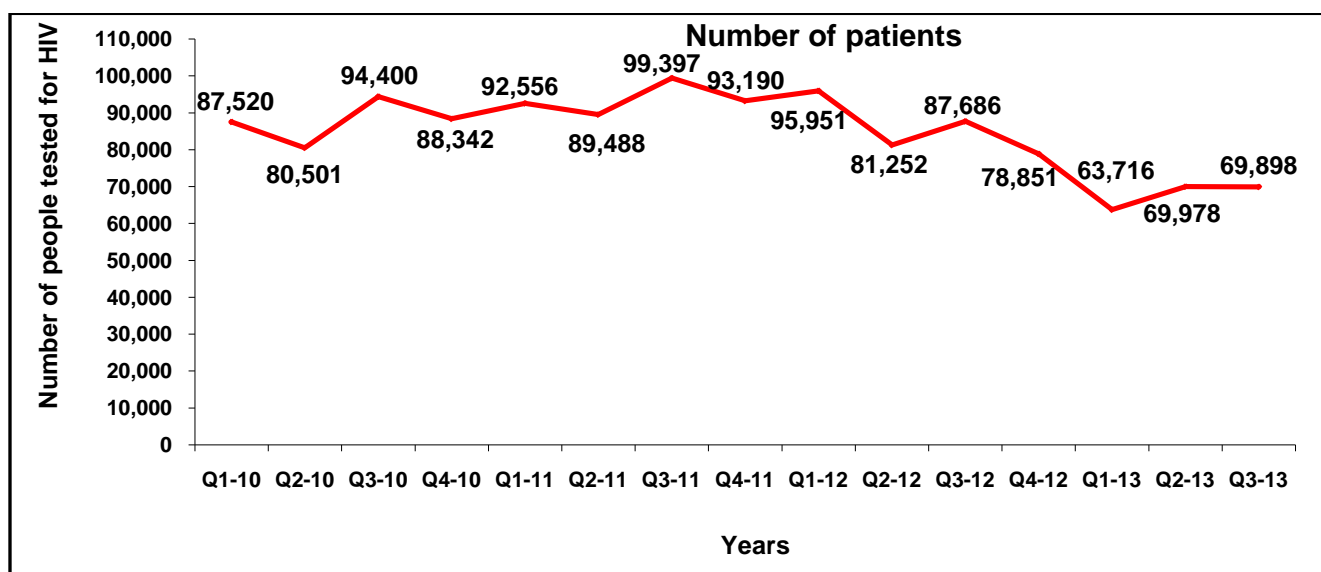
<u>Self Referred</u>	<u>STD Clinic</u>	<u>TB Services</u>	<u>HBC/NGO</u>	<u>General Medicine</u>	<u>Pediatric Care Service</u>	<u>Maternity Service</u>	<u>BS/FP</u>	<u>ANC</u>	<u>Others</u>	<u>Health Center</u>
28.1%	1.6%	2.8%	4.1%	3.1%	0.1%	0.7%	0.3%	57.3%	0.8%	1.1%

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

**Table 1: Percentage of VCCT clients referred from other services in Q3-2013**

A total of 158,333 clients have been tested for HIV in quarter 3-2013. It has 69,898 VCCT clients (4,355 TB patients), 71,508 pregnant women and 16,927 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 69,898 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q3-2013 (Figure 3).



**Figure 3: Trend in numbers of people tested for HIV at VCCT services from Q1-2010 to Q3- 2013**

Of the total number of VCCT clients and TB patients tested in Q3-2013, 39,409 (53%) were female and 62,951 (85%) were aged 15-49 years (Table 2).

	People tested for HIV N=69,898 No. (%)	People tested HIV positive N=1,367 No. (%)
Age		
≤14 years	2,361 (3.4%)	93 (6.8%)
15-49 years	62,951 (90%)	1,156(84.6%)
> 49 years	4,586 (6.6%)	118 (8.6%)
Sex		
Male	30,489 (43.6%)	630 (46%)
Female	39,409 (56.4%)	737 (54%)

**Table 2: Characteristics of clients tested at VCCT sites, In Q3-2013**

In Q3-2013, 96.12% (range: 84% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q3-2013, of 69,898 VCCT clients, 4,355 (6.2%) were referred from the TB program. (Figure 4).

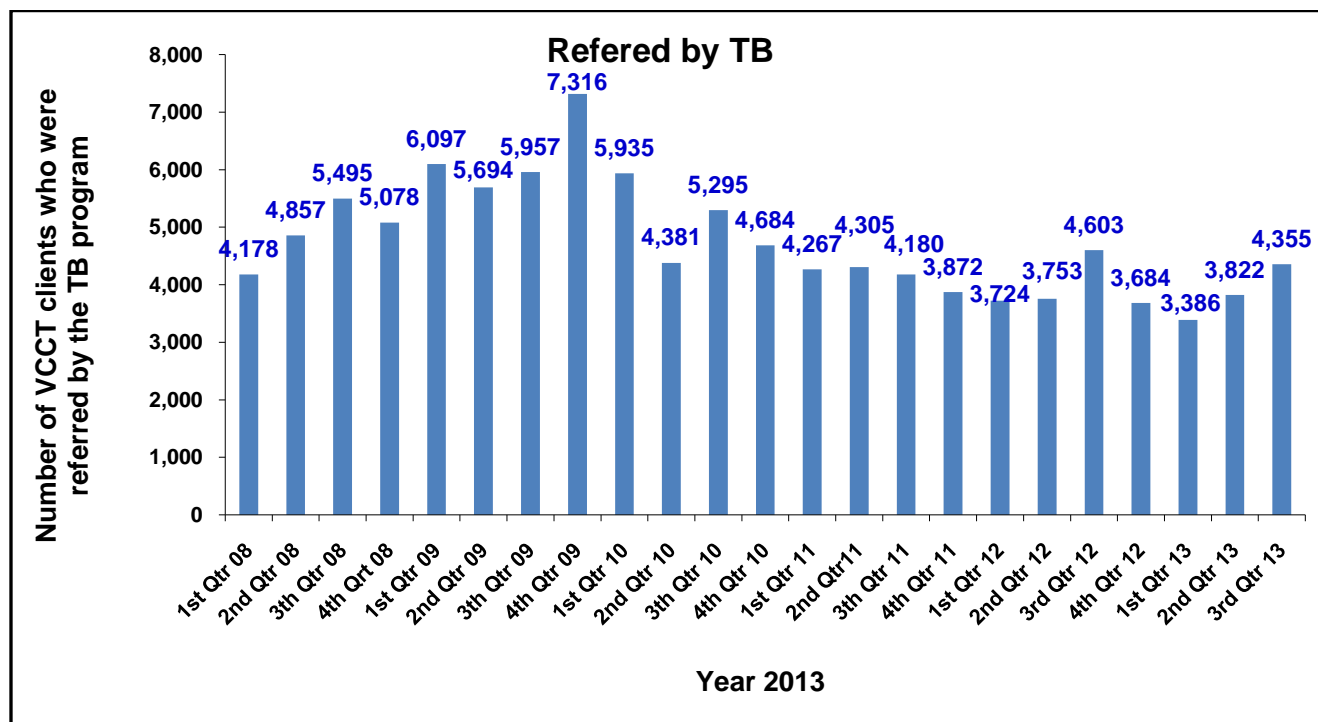
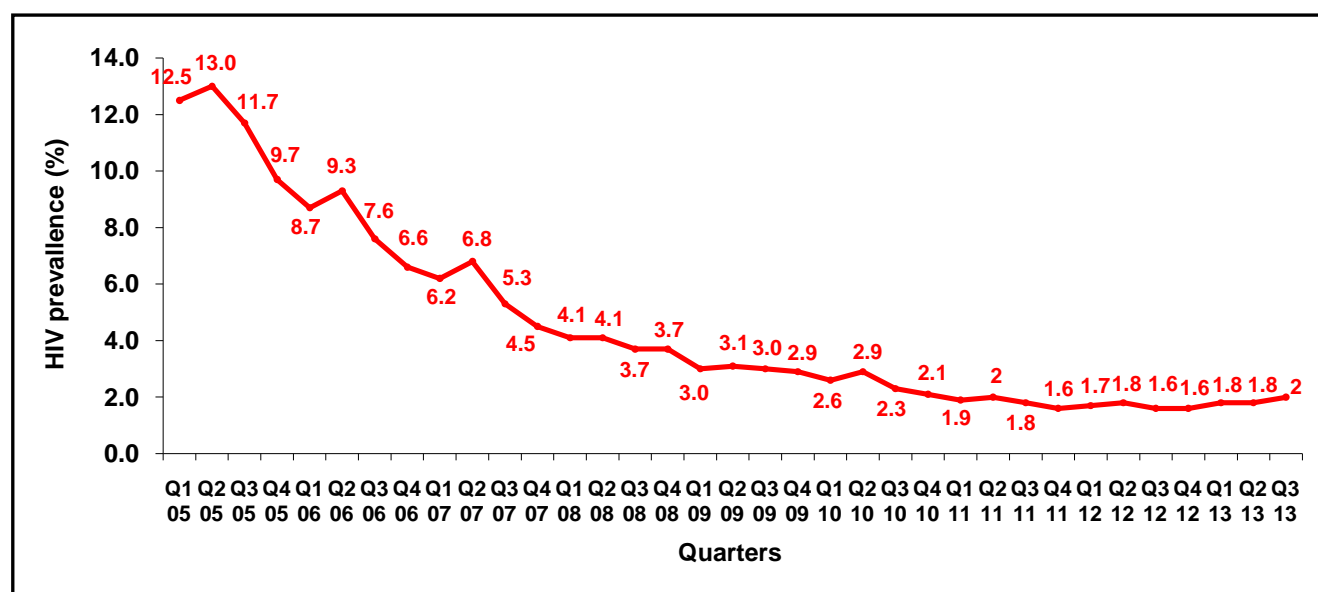


Figure 4: Trend in number of VCCT clients referred from TB program from Q1- 2009 to Q3-2013

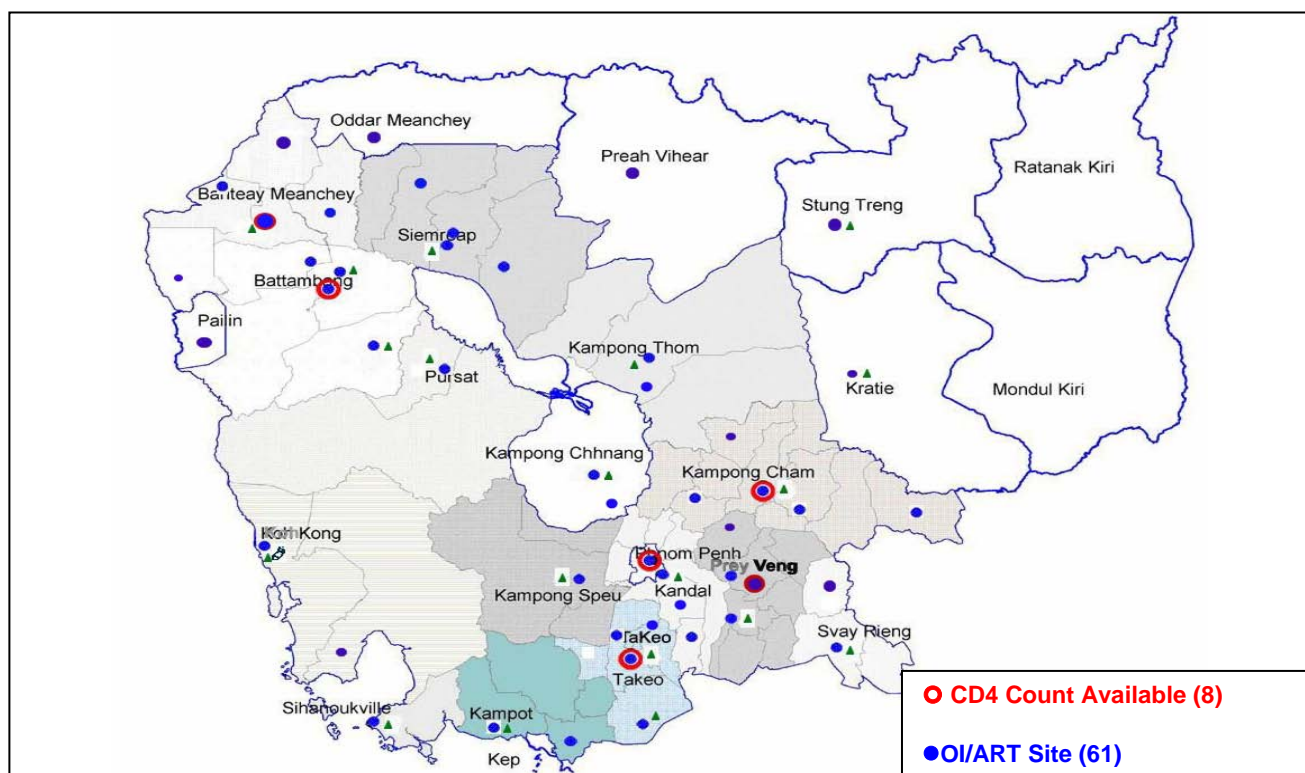
In Q3-2013, of the 69,898 VCCT clients and TB patients tested at VCCT sites nationwide, 1,367 (2%) were detected HIV positive at VCCT sites (Figure 5).



**Figure 5: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q3-2013**

## 2.2. OI and ART services

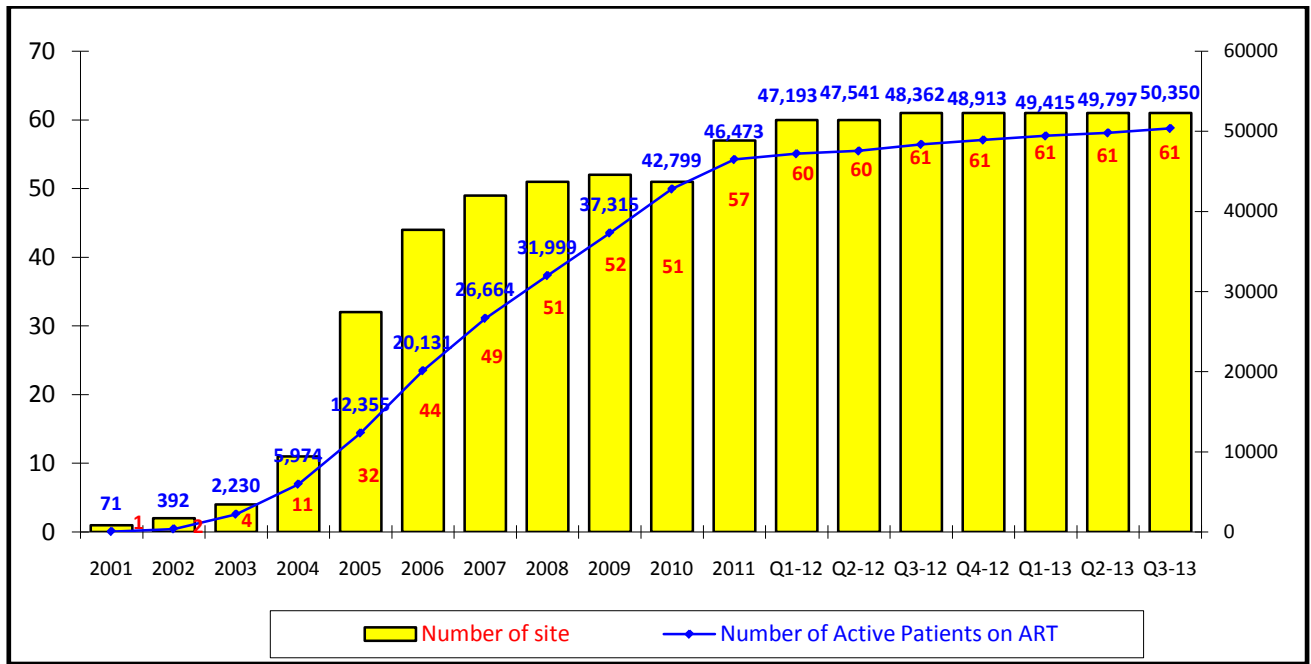
In Q3 2013, there are 61 health facilities offer OI and ART services in 50 Operational Districts in 21 provinces and cities. These 61 OI and ART services are supported by the government for 57 sites and other 4 sites by NGOs and partner. Of the total 61 OI/ART sites, there are 35 sites provide pediatric care services in 34 Operational Districts.



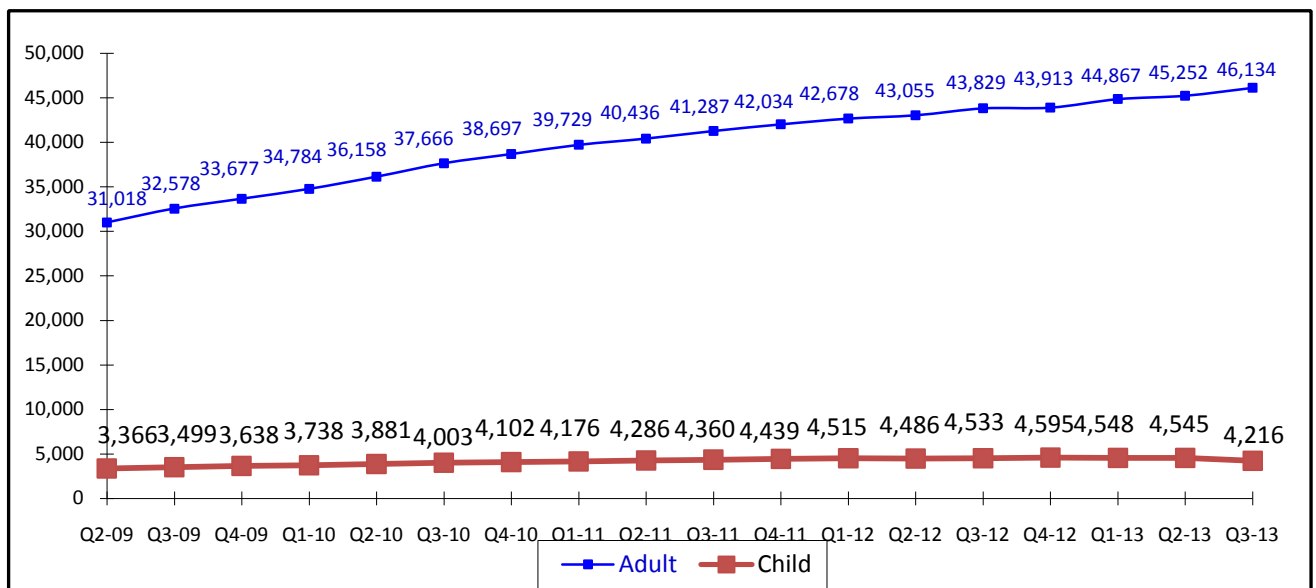
**Figure 6: Location of facility-based OI/ART sites as of 30<sup>th</sup> September 2013**

This Q3-2013, a total of 50,350 active patients including 46,134 adults and 4,216 children are receiving ART (Figures 7 and 8).





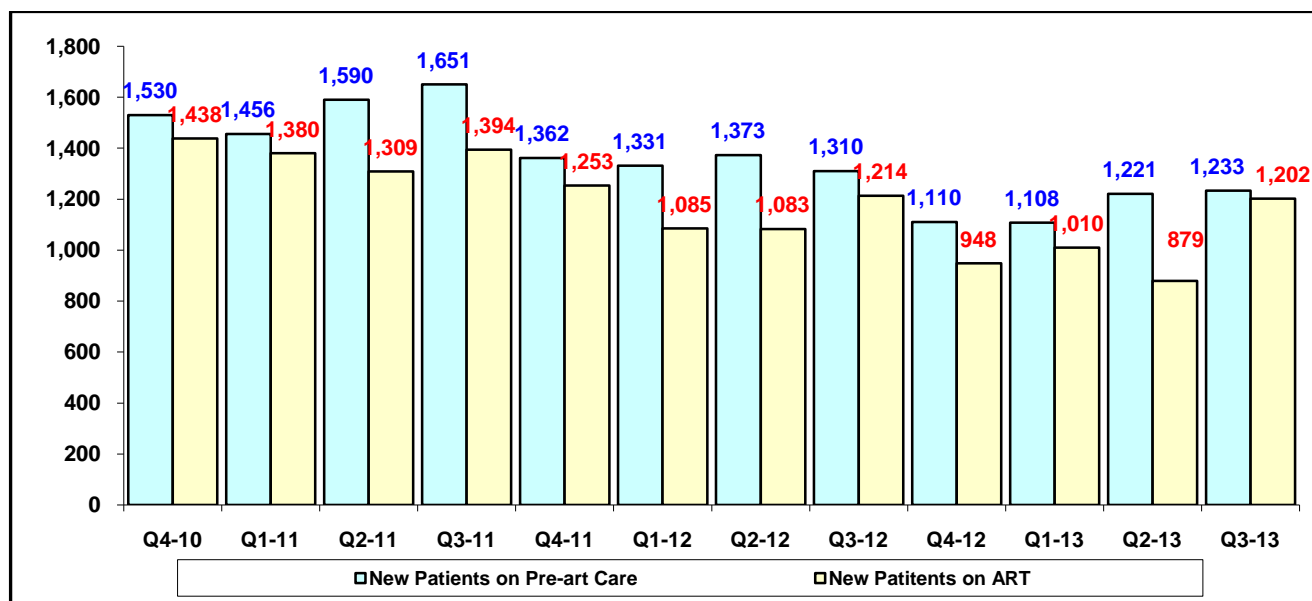
**Figure 7:** Trend in number of OI/ART sites and active patients on ART from 2001 to Q3-2013



**Figure 8:** Trend in number of active adult and child patients on ART care from Q2 2009 to Q3-2013

In Q3-2013, female adult patients accounted for 49.5 % (24,904) of all active patients on ART. At OI/ART sites, a total of 1,233 new patients (including 78 children) started OI prophylaxis and management and 1,202 new patients (including 98 children) started on ART in Q3-2013 (Figure 10). The number of new patients on Pre-ART care has been slightly decreased since Q4 2010. On the other hand, the numbers of new patients on ART were

significantly increased than Q2 2013. In this quarter there are 305 patients lost and 47 died in Pre-ART care.



**Figure 9:** Trend in numbers of new patients on Pre-ART and ART from Q4-2010 to Q3-2013

There were a total of 3,323 active adult patients and 732 child patients with opportunistic infections who are not eligible for ART yet at the end of Q3-2013. Of those, 2,128 (52.5%) were female patients represented mostly the spouses of male patients who are started on Pre-ART care since years ago.

A total of 910 adult patients and 145 child patients on Pre-ART care were eligible to prepare on ART at the end of September 2013.

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

In Q3-2013, a total of 331 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 405 ART patients lost treatment and 158 patients died during this quarter. At the end of Q3-2013, 20 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,446 active patients on ART.

**b. Drug and logistic support**

In Q3-2013, the number of patients on different ART regimens has been reported from all ART sites. Most AIDS patients were prescribed for 1<sup>st</sup> line of regimen, including

D4T+3TC+NVP, AZT+3TC+NVP and D4T+3TC+EFV; whereas 4.98 % of adults and 10.78 % of children were on PI-based regimens (Table 3).

ARV drug regimen Q3 - 2013	Adults N= 44,746*		Children N= 4,051*	
	No. (%)		No. (%)	
D4T+3TC+NVP	14,488	30.77 %	2,585	53.60 %
D4T+3TC+EFV	3,692	7.84 %	392	8.13 %
AZT+3TC+NVP	14,446	30.68 %	1,005	20.84 %
AZT+3TC+EFV	6,870	14.59 %	257	5.33 %
PI-based regimens	2,346	4.98 %	520	10.78 %

\* 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, Q3-2013

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

In Q3-2013, there were 1,233 new Pre-ART patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,155 new adult patients on Pre-ART, 915 (79.2%) were screened for TB Symptom during the quarter. Of the 357 patients suspect TB infected was screened for TB, 112 were detected as TB Pulmonary and TB Extra-pulmonary, among 112 TB Diagnosed detected 89 were TB treatment. The number of TB screened among new OI patients were slightly increased than Q2, 2013.

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

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

During the third quarter of 2013, there're 3 OI/ART sites implemented TST and 50 implemented non-TST. A total of 1,046 new Pre-ART patients registered at 53 sites implementing the Three "I" Strategy (3 TST sites= 105 new patients and 50 Non-TST sites = 941 new patients). Of these, new Pre-ART patients, 869 patients was screen for TB

Symptom and 525 not found any TB symptom, so there are 264 patients started IPT (TST sites=11 patients and non-TST =253 patients), and total 227 active patients on Pre-ART started IPT (TST sites = 11 patients, and non-TST sites=216) among all active patients adult on Pre-ART = 4,233.

- **Pre-ART (OI)**

There're 1,155 of new adult Pre-ART patients registered at OI/ART sites. Of these 915 received TB symptom screening that identified that 357 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 357 patients with screened positive for TB symptoms, 112 were diagnosed to have TB (BK+/-, EP), 348 started TB treatments, and 919 started IPT as they did not present TB symptom and put on IPT. There were 79 active patients on Pre-ART diagnosed with TB (BK+/-, EP), of which 68 patients started TB treatment, 67 TB-HIV patients started cotrimoxazole prophylaxis and 227 patients started on IPT during this quarter.

- **ART**

This quarter 1,104 new adult ART patients registered at Pre-ART/ART sites. Of these, 76 were diagnosed with TB (BK+/- EP), 59 patients started TB treatment. Of the 50,350 of active patients, there're 198 were diagnosed as having TB (BK+/-, EP), 80 started TB treatment and 99 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- **Pregnancy and abortion**

This quarter there're 680 new Pre-ART female patients registered at Pre-ART sites, among these new female 35 became pregnant. Of all 3,182 active female patients on Pre-ART until this last quarter, 40 got pregnant and 18 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 643 new ART female patients registered at ART sites, among these new female, there is no became pregnant. Of all 26,880 active female patients on ART in this quarter, 162 of them got pregnant. There were three pregnant women reported to have spontaneous abortion, and two women was reported to have induced abortion during this quarter.

- **Positive Prevention**

This quarter, there were 1,233 new Pre-ART patients registered at OI/ART sites, there're 786 patients (437 female) received counseling for positive prevention among 61

OI/ART sites reported. And there are 1,202 new ART patients registered at ART sites, 769 patients (415 female) received counseling for positive prevention among 61 sites reported.

### **2.3. Linked Response**

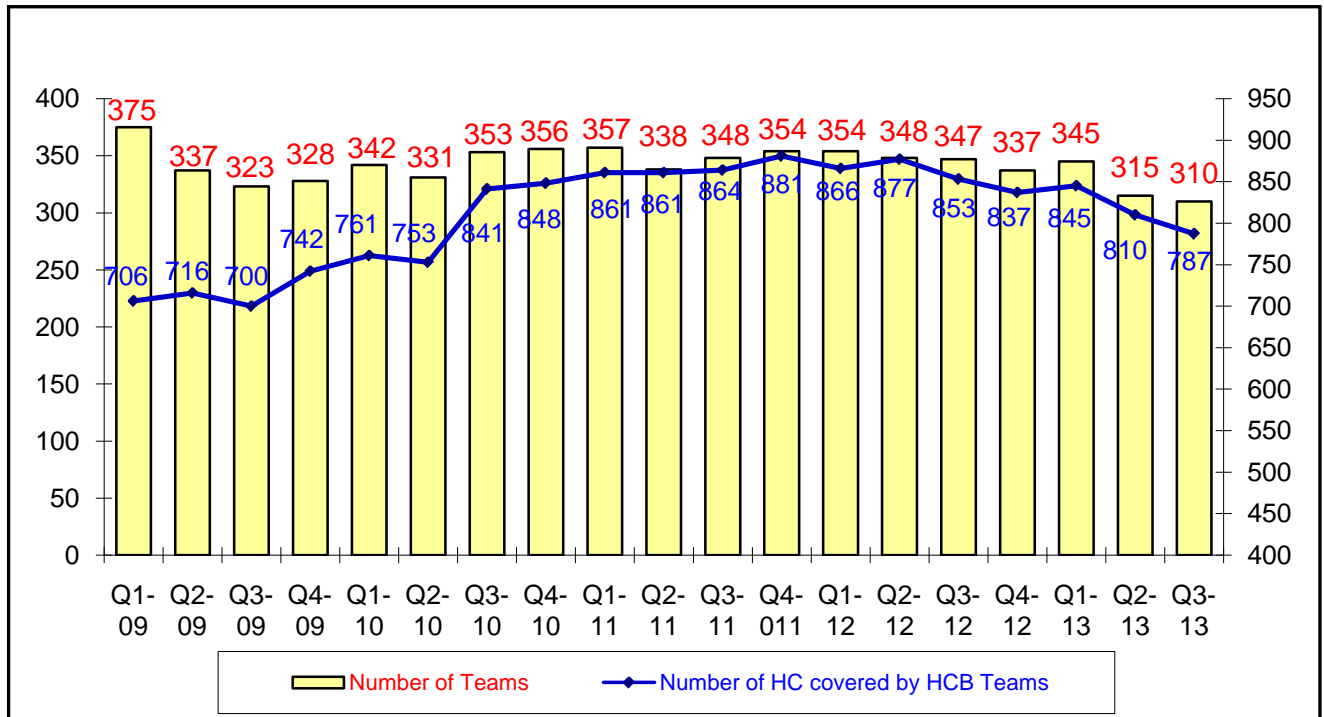
#### ***74 Reporting LR ODs, April to June 2013***

In Q3 2013, of the 75 ODs implementing the Linked Response Approach, 75 ODs had reported data. From July to September 2013, of a total of 83,902 first ANC attendees at Linked Response sites and outreach services, 66,894 (79.7%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 16,450 (19.6%) husbands/partners accepted testing. Among the 61,352 pregnant women who received an HIV test, 62 (0.1%) was HIV positive.

A total of 113 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between July and September 2013. Of this quarter, 106 (93.8%) accessed ARV drugs: 81 (76.4%) received ART and 25 (23.6%) received ARV prophylaxis. Of 113 infants born to HIV-infected mothers at PMTCT maternity sites, 106 (94%) received NVP, 105 (93%) received Cotrimoxazole and 125 Exposed infants received DNA-PCR1 tests before 2 months and 14 after 2 months of age, 5 was DNA-PCR1 positive and 4 exposed infant were died.

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

As reported in 3<sup>rd</sup> quarter 2013, there are 310 HBC teams covered over 787 Health Centers in 76 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 (Figure 13) within the CoC established in.



**Figure 10: Trend in number of HBC teams form Q1-2009 to Q3-2013**

These HBC teams are currently supporting for a total of 23,241 PLHA, which 3,263 were registered in Pre-ART (OI) and other 19,978 were registered in ART.

**IV. Challenges and Constraints:**

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

**V. Conclusion and Recommendation**

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