

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**FOURTH QUARTERLY COMPREHENSIVE REPORT, 2007
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**

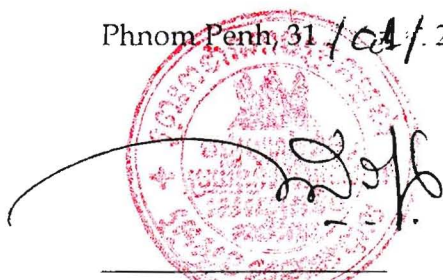


**MINISTRY OF HEALTH
National Center for HIV/AIDS, Dermatology and STD**

ACKNOWLEDGEMENTS

On behalf of National Center for HIV/AIDS Dermatology and STD, I would like to acknowledge the hard work of all staff and partners in the implementation of HIV/AIDS Prevention and Care Programme in line with to Strategic Plan For HIV/AIDS and STI Prevention and Care 2004-2007 and regularly send reports to Planning Monitoring and Reporting Unit and Data Management Unit of NCHADS. These achievements occurred the great participation of Provincial Health Department/Provincial AIDS Office, Operational District, Referral Hospital, and NCHADS Units and supported from all stakeholders and partners.

Phnom Penh, 31 / 04 / 2008

A handwritten signature in black ink is written over a red circular official stamp. The stamp contains the text 'NATIONAL CENTER FOR HIV/AIDS' and 'NCHADS' around the perimeter, with a central emblem. The signature is written in a cursive style.

Dr. Mean Chhi Vun
Director of NCHADS

Contents

I. Introduction

II. Programme Implementation

1. Prevention Package
 - a. BCC
 - b. STD
2. Care Package
 - a. Health Facility Based Care and Home Based Care
 - b. VCCT
3. Surveillance and Research Package
 - a. Surveillance
 - b. Research
4. Programme Management
 - a. Planning
 - b. Monitoring
 - c. Data Management
 - d. Drug and Logistic Management

III. Outcomes of Services Delivery

1. HIV/AIDS prevention activities for the general population and specific groups
2. Comprehensive care for people living with HIV/AIDS (PLHA)
 - 2.1 Availability of services
 - 2.1.1 VCCT
 - 2.1.2 OI and ART services
 - *Laboratory support*
 - *Patient mobility across services*
 - 2.1.3 Community-based care services
 - *HBC*
 - *PLHA support groups*
 - *TB/HIV collaborative activities*
 - 2.2 PMTCT services
3. Drugs and Logistic Support

NATIONAL CENTER FOR HIV/AIDS DERMATOLOGY AND STDs

ACTIVITIES PROGRESS REPORT

OCTOBER TO DECEMBER 2007



I. Introduction:

This report capture the progress made during 4th Quarter of 2007 on key activities for each NCHADS Units and provinces with summary achieved outputs.

During this Quarter, \$1,269,646 was disbursed, representing 59% of the Annual Work Plan managed by NCHADS. This amounted to 64% of the Quarterly Work Plan, to support the implementation of the provincial and national activities. A breakdown by funding source is in Table 1.

Table 1: Summary expenditures by sources

Sources	Q4 Plan	Q4 Act	Q4 %
DFID	478,057	533,817	112%
GFATM (R2, R4 and R5)	990,666	460,290	46%
CDC	46,582	37,078	80%
EUROPAID	46,408	20,194	44%
UNSW/CTAP	73,220	77,969	106%
WHO	77,937	77,295	99%
FHI	9,000	4,500	50%
CHAI	37,420	43,671	117%
AHF	30,910	14,832	48%
Grand Total	1,790,200	1,269,646	71%

88% of the 4th quarter-approved budgets were spent to support the implementation of activities in the Provinces funded by DFID, GFATM-R2, R4, CDC and AHF. All activities such as organized the Water Festival and World AIDS Day, 100% CUP, STI care and treatment, Continuum of Care,

Management and coordination with partners strengthened in the 24 provinces.
All the provinces spent more than 80% of the budget plan.

Table 2: Summary Expenditures for provinces in Q4

Province	Total Expenditure in Q4				
	DFID	GFATM	CDC	AHF	Total
1 BMC			\$ 32,078		\$ 32,078
2 BTB	\$ 5,964		\$ 2,168		\$ 8,132
3 KCM	\$ 4,516	\$ 2,616			\$ 7,132
4 KCN	\$ 5,210	\$ 3,715			\$ 8,925
5 KDL	\$ 6,716	\$ 4,911			\$ 11,627
6 KEP	\$ 3,466				\$ 3,466
7 KPT	\$ 5,474	\$ 3,556		\$ 2,561	\$ 11,591
8 KTM	\$ 6,522	\$ 1,704		\$ 1,857	\$ 10,083
9 KRT	\$ 4,648				\$ 4,648
10 KSP	\$ 5,670	\$ 1,932			\$ 7,602
11 KHK	\$ 8,341				\$ 8,341
12 OMC	\$ 5,465				\$ 5,465
13 MDK	\$ 3,521				\$ 3,521
14 PLN	\$ 2,409	\$ 603			\$ 3,012
15 PNP	\$ 3,011	\$ 4,378			\$ 7,389
16 PST	\$ 3,323	\$ 2,396	\$ 3,281	\$ 754	\$ 9,754
17 PVG	\$ 7,440	\$ 4,019			\$ 11,459
18 PVH	\$ 5,948				\$ 5,948
19 RTK	\$ 4,371				\$ 4,371
20 SRP	\$ 5,628	\$ 3,775			\$ 9,403
21 SHV	\$ 4,220	\$ 2,293			\$ 6,513

22	STG	\$ 3,675			\$ 1,560	\$ 5,235
23	SVR	\$ 4,131	\$ 2,893		\$ 154	\$ 7,178
24	TKV	\$ 4,648	\$ 2,878		\$ 1,411	\$ 8,937

II. Programme Implementation:

According to the Objectives of the Strategic Plan for HIV/AIDS & STI Prevention and Care, in Quarter 4 (October - December), National and Provincial levels implemented activities were as follows:

1. PREVENTION PACKAGE:

a. BCC:

NATIONAL LEVEL:

- Provided technical support and supervised on World AIDS Day in Kampong Chhnaing, Sihanouk Ville, Kratie, Battambang provinces
- One 3-days Regional coordination meeting on Outreach Peer education programme and 100% CUP in Sihanouk Ville that funded by GFATM-R4, with 59 participants from 6 provinces (Kampong Cham, Pursat, Takeo, Sihanouk Ville, Pailin and Phnom Penh) and NGOs who are working on these programme in the provinces such as FHI, KHANA, RHAC, PACT, PSF, CWPD, KWCD, USG, PSAD, CBO, MEC, Khemera, WLTN, CARAM. The purpose of this meeting were to share experiences which each others, coordinate with relevant partners, find out some problems occurs during the implementation.
- One 3-days Refresher training for PST/OPC with 90 participants from 12 provinces (Kampong Thom, Battambang, Takeo, Sihanouk Ville, Kampong Cham, Kampong Chhnaing, Kampong Speu, Kampot, Koh Kong, Kratie, Kandal, and Pailin (Reports in file).
- To re-enforce the implementation of outreach programme, BCC officers participated in Peer and Owners meetings in Kratie
- Monitoring and supervision visits on the implementation of outreach program and 100% Condom Use program in Kampong Thom, Prey Veng, Svay Rieng, Battambang, Banteay Meanchey Takeo, Sihanouk Ville and Pursat (Reports in file).

PROVINCIAL LEVEL:

- Distributed and displayed some IEC materials to STD clinics, VCCTs, and NGOs who are working on HIV/AIDS in provinces, during Water Festival, and World AIDS Day.

- In collaboration with Local Authorities, NGOs, all provinces organized the educational events for youth and general population during WAD. These educational events included music dance presentations, drama and comedy show etc. All performances included a variety of HIV/AIDS prevention messages, and HIV/AIDS quiz games for members of the audiences.
- Quarterly meeting with brothel owners/entertainments, CUWG, PST/OPC, and CUCC to identify the issues and solve problems conducted in 22 provinces-cities except Mondulkiri and Kep.
- Regular meetings by CUWG members and monitor to brothels to ensure the implementation of policy of 100% CUP.
- Supply of condoms for outreach visits, STD clinic and VCT.
- Quarterly Technical coordination meetings to review the activities solve problem and plan next quarter.

Table 3: PST/OP & CUWG Training

Provinces	# participants
1 Pursat	19p

b. STI:

NATIONAL LEVEL:

i Prepare the GUIDELINES and training material

To ensure the good implementation of STD activities, STI/RTI Unit organized three Technical Working Group Meetings which were held at NCHADS training room. The objectives of the meeting were:

- to present and discuss on draft of SOP of Gonococcal Anti-microbial Surveillance Programme (GASP) and SOP of Syphilis screening among pregnant women for eliminating congenital syphilis.
- To review and develop Strategic Plan for year 2008 -2010

ii. Training-Workshops

- Facilitated in two sessions of workshop on strengthening coordination between STI/RTI services, 100% CUP, Outreach and Peer Education and VCCT services at CENAT.

iii. Monitoring and Supervision

- Regular monitoring, and supervision and provide technical support to STD clinic, STI/RTI officers and STIC clinic monitor the STI activities in Koh Kong, Sihanouk Ville, Prey Veng, Pursat, Svay Rieng, Stungtreng, Bantey Meanchey, Rattanakiri, Preah Vihear, Kampong Cham, and in Siem Reap. (Reports in file).

iv. Other Activities:

- Chief of STI unit attended the Regional Workshop in Asia-Pacific on STI Prevention and Care in Penang, Malaysia.

NATIONAL STD CLINIC

Table 4: CONSULTATION AND TREATMENT

Disease	Dermatology		STD		Surgery	
	Male	Female	Male	Female	Male	Female
Month						
October	11254	1708	49	54	6	7
November	1011	1296	40	54	6	7
December	1122	1429	34	48	4	6

2. LABORATORY

Table 5: Serology

Test	RPR		TPPA		HBs-Ag		HBs-Ab		HCV-Ab		HIV-Ab	
Month	Total	+	Total	+	Total	+	Total	+	Total	+	Total	+
October	33	1	33	8	34	3	37	7	35	2	28	2
November	50	4	44	6	46	8	46	8	44	3	31	1
December	33	2	3 3	3	49	5	50	10	49	3	34	2

Table 6: Bacteriology

Method	Gram Stain				Wet mount		
Months	GNI	PMNs	Yeast	# of test	Tricho monas	# of test	
October	3	>10	19	10	29	0	20
November	3		25	20	36	0	29
December	7		17	7	23	0	17

PROVINCIAL LEVEL:

- Quarterly coordination meetings with STI clinics, ODs, and PAO staff (Kampot, Svay Rieng, Prey Veng)

Table 7: STI Coordination meeting

	Provinces	Participants
1	Kampot	NA
2	Koh Kong	7p
3	Kampong Thom	10p
4	Pailin	7p
5	Svay Rieng	7p
6	Battambang	28p
7	Prey Veng	12p
8	Kampong Chnaing	20p
9	Kratie	11p
10	Phnom Penh	43p

- Mobile STI clinics to Sex Workers every month (Kampong Thom, Pursat, Kampong Speu, Prey Veng, Oddor Meanchey and Svay Rieng province).
- Monitoring and supervision conducted by PAO/OD staff to health centers and STI clinics.

2. CARE PACKAGE:

a. Health Facility and Home Based Care:

NATIONAL LEVEL:

i Prepare the GUIDELINES and SOP:

- o TWG meeting on developing the SOP on TB/HIV Collaborative Activities.
- o Meeting on developing SOP for Strengthening Referral Linkages within and between Community Based and Facility Based Services to support a Linked Response for Prevention, Care and Treatment of HIV/AIDS and Sexual and Reproductive Health issues.
- o In collaboration with Research unit to conduct the meeting to discuss to develop on SOP for CQI for OIs and ART services for Adults and Children.

ii Meetings:

- Attended the meeting on HIV quality improvement in Bangkok, Thailand.

iii. Training-Workshops

- Facilitated on field attached of clinician from Pearsaing Hospital at Social Health Clinic, supported by Treat Asia.

iv. Monitoring and Supervision

- Provided technical support on CoC, OI and ART services and HBC in Kampong Trach OD, Kampot, Kampong Speu, Sihanouk Ville, Koh Kong, Koh Thom, Takmao, Pearaing, Prey Veng OD.

PROVINCIAL LEVEL:

- One 2-days workshop on Reviewing the CoC programme for PLHAS, which organized by Pursat Province.
- Support quality nutrition to PLHA admitted in the hospital (only in Banteay Meanchey)
- Support cremation for 29 poor AIDS patients who died in the RH and HCs (Banteay Meanchey)
- Monthly CoC coordination committee meetings;
- Support for MMM activities;
- Supervision on IC activities at OD level (KHK, SVR, BMC, SRP, PVG)
- Coordination meeting on Institutional Care

Table 8: MMM Activities

	# of MMM meeting	# of PLHA attended	# of CoC meeting	# of participants	# OIs team meeting	# of participants
1 BMC	6	660	4	96		
2 BTB			2	88		
4 KCN	3	813	3	109	1	19
5 KSP	3	420	3	57		
6 KPT	3	365	6	60	3	33
7 KTM	2	300	2	60		
8 KHK	3	403	3	73	3	27
PLN	2	185	2	22	2	18
9 PST	2	402	2	28		
10 PVG	6	678	4	60	6	57
11 SRP	6	NA	6	NA		
12 SHV	2	200	2	50		
13 SVR	6	369	6	67	1	19
14 TKV	2	296	3	NA		
15 KRT			2	30		
16 SHV	2	200	2	50		
17 KDL	2	320	1	68	1	26

- Quarterly meeting on TB/ AIDS with 31 participants from PAO, VCCTs, TB/ AIDS ODs, DAO, and representative from US-CDC (Banteay Meanchey)
- Supervision on TB/ AIDS in RH and HC has TB/ AIDS site (BMC)
- Supervision on PMTCT in RH and HC has PMTCT site (BMC)

- One-3day refresher training for 12 PMTCT counselors (BMC)
- Support for transport for poor PLHAs to HCs and RHs; (Banteay Meanchey)
- Supply of necessary home care kits to PLHA (301 Kits in Banteay Meanchey)
- Home based care network meetings to identify issues and solve problems.
- One 3-day training course on HBC Guideline for HBC Team members with 26participants (Kampong Speu)

Table 9: Home-based care activities

		# network meeting	# participants	# of supervision	# Sites visits
1	BMC			12	12
3	KCN	1	31	2	2
4	KDL	1	38	2	3
5	KSP	1	20	12	12
6	KPT	1	112	7	4
7	PLN	1	20	4	2
8	PVG			14	10
9	SRP	1	31	2	2
10	KTM			5	4
11	SVR	1	31		
12	SHV	1	15		

b. VCCT:

NATIONAL LEVEL:

i. Workshop/Training:

- Two 5-day refresher training workshops on HIV/AIDS Counseling for 45 Counselors, supported by GFATM (Reports in file).
- Two 5-day trainings on Laboratory for HIV testing with 24 participants from 3 provinces and RHAC supported by WVC and RHAC (Report in file).
- One 5-days refresher training on Laboratory for HIV testing with 11p from KCM, KHK, KDL, PLN, PNP, BMC, BTB, TKV, SVR, and KSP.

ii. Monitoring and Supervision:

- Regular monitoring, supervision to VCCT in KCM (VCCT Peam Chikang, Peam Prapnuos, Steng Trang, and dambe) in Pailin (VCCT Phnum Spung and Phsarprom), Koh Kong and Sre Ambel, in Battambang (VCCT Tmar kol, Sdao, Beung Pring,

Anlongvil, Mong) Siem Reap, Prey Veng and Svay Rieng. (Reports in file).

PROVINCIAL LEVEL:

- Counseling meeting network.
- Supervision to VCCTs

Table 10: VCCT Activities

	Province	# network meeting	# Participants	# of supervision	# Sites visits
	BMC	2	42p	5	5
1	BTB	1	NA	2	2
2	KCM	1	34p		
3	KCN	1	19p		
4	KEP			1	1
5	KPT	1	22p	4	4
6	KRT	3	15p		
7	PVG	1	8p	5	5
8	SRP	1	51p	3	3
9	TKV	1	8p		
10	SVR	1	19p	2	2
11	KSP			2	2
12	KRT	1	15p		
13	PNP	1	26p		
14	SHV	1	16p		

3. SURVEILLANCE & RESEARCH PACKAGE:

a. Surveillance:

- Data collection of Survey on HIV Prevalence among Drug Users in Cambodia in Phnom Penh.
- Data entry, data cleaning of survey on HIV Prevalence among Drug Users in Cambodia for year 2007.
- Continued to analyze the data of BSS 2007.
- Meetings to develop protocol for survey on HIV Drug Resistance among PLHAs on ART in Cambodia.

b. Research:

- One 1-day of training for Interviewers for Sexual Behavior and related factors among PLHAs study that will conducted in five provinces Battambang (Provincial referral hospital), Prey Veng (Neak Loeung referral hospital), SihanoukVille (referral hospital), Kandal (Takmeo) and Siemreap.

- Supervision on data collection for Sexual Behavior and related factors among PLHAS study in Battambang, Siem Reap, Prey Veng, and Kandal.
- Supervision on data collection for Multi-site cohort study for AusAID Project in Battambang, Sihanouk Ville.
- Attended the consensus meeting on Drug use (Amphetamine Type Stimulants and STI among Youth with NACD (National Authority for Combating Drugs), FI, WHO and Korsang.

4. MANAGEMENT PACKAGE:

a. Planning and Coordination:

NATIONAL LEVEL:

i Planning Activities

- Prepared integrated, Comprehensive 4th Quarterly Work Plans for NCHADS and 24 provinces that incorporated activities and funding from all sources.
- Organized one 3-day Coordination Meeting between NCHADS partners and 24 provinces in Sihanouk Ville. This meeting provides a forum for reviewing and discussing achievements of the health sector response to HIV/AIDS in 2007, including prevention and care and treatment, as well as to identifying solutions and answers to constraints and difficulties. This is also an opportunity for NCHADS to present and discuss the draft Strategic Plan in Health Sector 2008-2010 as well as provincial work plans for 2008.
 - To review achievements made during the First three quarters 2007 for NCHADS programme;
 - To inform and update technical, strategic or guidelines in the programme.
 - To share information from selected partners on the achievements and support activities in 2008;
 - To discuss on draft NCHADS strategic plans for HIV and STI prevention and care in Health sector 2008-2010;
 - To discuss Financial Management and related issues at the provincial and OD level;
 - To final review Budgets and Work Plans 2008;
 - To create a forum for discussion to partners to include their work plans into NCHADS' AOCPP 2008.

ii Monitoring Activities

- Joint supervision trips with Logistic Management Unit and Finance Unit to Kratie, Battambang and Kampot.

PROVINCIAL LEVEL:

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

Table 11: Provincial Coordination

	Provinces	# of Participants attended the Meeting
1	Kampot	22p
2	Koh Kong	20p
3	Kratie	37p
4	Kampong Thom	27p
5	Preah Vihear	6p
6	Mondulhiri	12p
7	Kampong Cham	43p
8	Pailin	40p
9	Takeo	9p & NGOs
10	Stung Treng	12p
11	Sihanouk Ville	23p
12	Kandal	38p
13	Kampong Chhnaiing	24p
14	Siem Reap	48p
15	Prey Veng	36p
16	Svay Rieng	24p
17	Kampong Speu	NA
19	Banteay Meanchey	41p
20	Pursat	42p
21	Phnom Penh	40p

- Developed the monthly Activity Report and sent to NCHADS.
- Supervision to ODs on programme management in Siem Reap, Kampong Thom, Banteay Mean Chey, Svay Rieng.
- One 4-day training on Management, Monitoring and Evaluation for OD coordinators, OD, and PAO staff in Kampong Cham.

b. Data Management:

- Three 2-week Backlog data entry for OI/ART were conducted at Battambang, Sihanouk Ville and Prey Veng Province. Its objective is to improve the quality of data collection, recording, Monitoring and reporting system.

c. Logistic Management:

- Four 2-day workshops on SOP for logistic management for HIV/AIDS were conducted at Siem Reap and Kompong Cham Province. The objective of the workshop is to upgrade participants' capacity on rational drug use according to Standard Operational Procedure.

III. Outcome of Service Deliveries:

1. HIV/AIDS prevention activities

In Quarter 4-2007, there were a total of 30 specialized government STI clinics (family health clinics) covering 21 of the 24 Cambodia provinces and cities (except Mondul Kiri province and Kep city). There are also 18 NGOs STI clinics (RHAC, MEC and PSF). In addition 75 OD in 24 provinces have reported STI/RTI syndromes managed at health center level.

Of the 30 specialized clinics 29 (96%) are upgraded with laboratory support to perform RPR testing and basic microscopy (Annex: STI indicator 1). Of those, 16 labs are functioning. This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations. In the fourth quarter 2007, 48,476 consultations were provided at the total of 48 specialized STI clinics (30 is government and 18 NGO STI clinics) [4,724 consultations were provided to male patients, 850 to MSM, 31,488 to low-risk women and 11,414 to sex workers (4,778 for DSW ; 6,636 for IDSW;) of which 7,301 were monthly follow-up visits]. In this quarter most of STI Clinics also reported their laboratory results, which total 1,477 of RPR testing reported has 18 (1.2%) were diagnosed with RPR positive, but some clinics have not reported to NCHADS. Attendance of entertainment workers, both brothel based (DSW) and non brothel based (IDSW) at specialized STI clinics has decreased in this quarter (Figure 1).

Of 3,234 male STI syndromes reported, 2,921 (90.3%) were urethral discharges; Anal discharge 24 (0.7%), Ano-genital ulcers 181 (5.6%), Ano-genital warts 69 (2.1%), Scrotum swelling 3 (0.1%), Inguinal bubo 36 (1.1%). Of the 69 STI syndromes reported among MSM, 36 (52.2%) were urethral discharge and 18 (26.1%) were ano-genital ulcers.

Of 22,918 STI syndromes reported among low-risk women, 5,196 (22.7%) were cervicitis, vaginitis 17,263 (75.3%), PID 135 (0.6%), Ano-genital ulcers 210 (0.9%) and Ano-genital warts 114 (0.5%) (Figure 1).

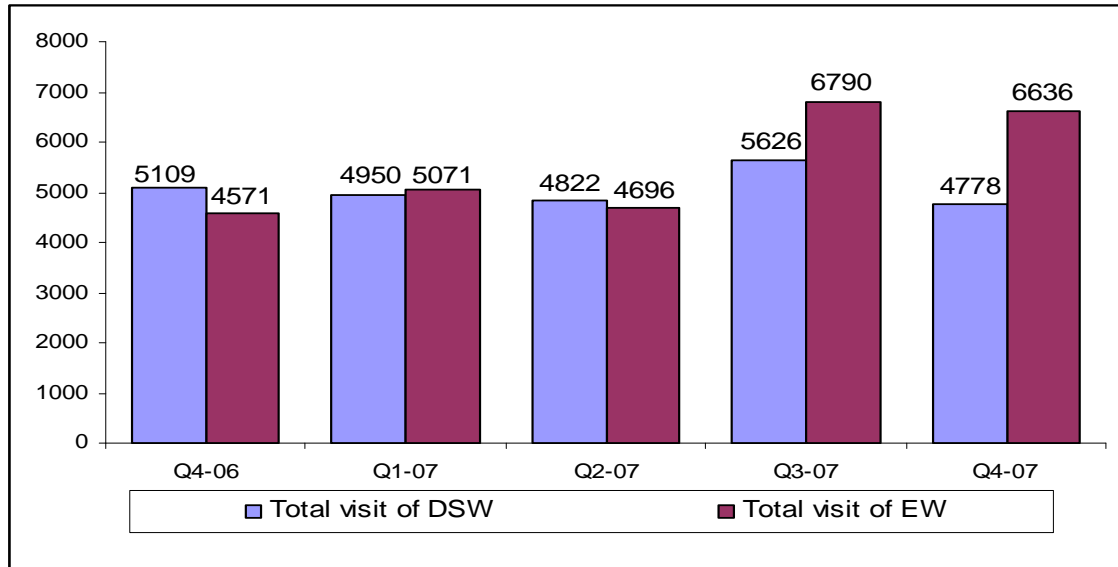


Figure 1: DSW and EW attendance to specialized STI Clinics, from Q4 2006 to Q4- 2007

In quarter 4 -2007, of the 1,207 DSWs who attended specialized clinics for their first visit, 716 (59.3%) were diagnosed with a STI, including 370 (30.7%) with cervicitis. Among 3,571 DSWs who attended specialized clinics for monthly follow-up visits, 1,050 (29.4%) were diagnosed with a STI, including 568 (15.9%) with cervicitis (Annex: STI indicator 2). In quarter 4 -2007, of the 2,906 EWs who attended specialized clinics for their first visit, 1,738 (70.8%) were diagnosed with a STI, including 888 (30.6%) with cervicitis. Of the 3,730 EWs who attended specialized clinics for monthly follow-up visits, 1,054 (28.3%) were diagnosed with a STI, including 506 (13.6%) with cervicitis.

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

2.1. Availability of services

To date, 39 Operational Districts (OD) in 20 provinces have established a Continuum of Care (Annex: CoC indicator). These CoC have been established in ODs that have OI/ART sites at the exception of Phnom Penh ODs.

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 5 years, from 12 sites in 2000 to 197 sites by December 2007 (Annex: VCCT indicator 1) (Figure 2).

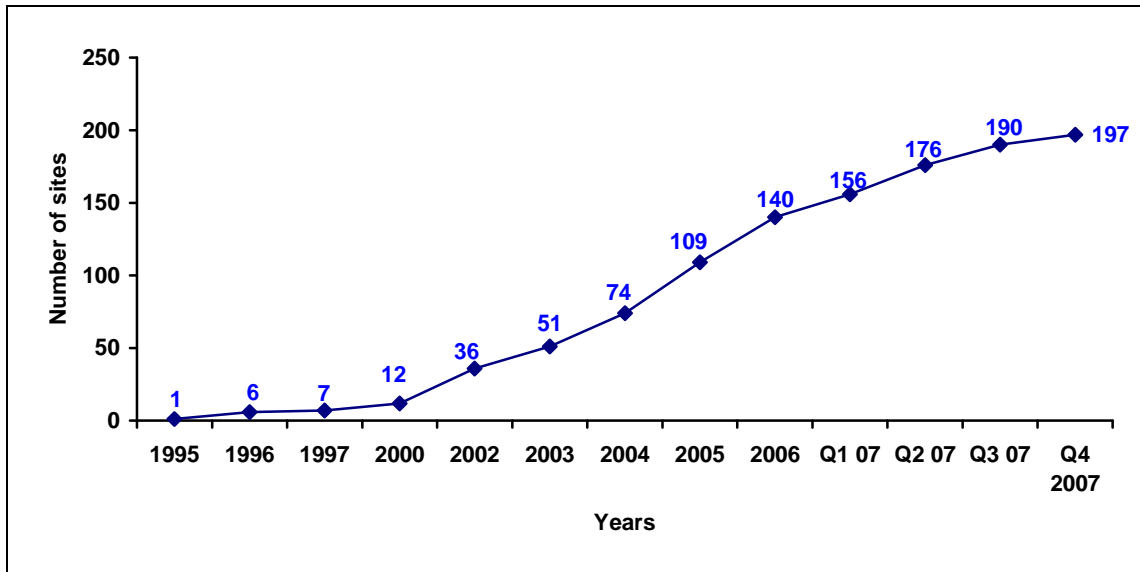


Figure 2: Trend in number of VCCT sites from 1995 to Q4-2007

A total of 7 new VCCT sites have been opened Q4-2007. Of the current 197 VCCT sites, 170 are supported directly by the Government and 27 by NGOs (RHAC, PSI and Marie Stope) but there are 4 sites of PSI that have been stopped their activity.

Of a total of 86,558 VCCT clients, 69,516 persons have been tested for HIV at VCCT sites in Q4-2007 (Figure 3).

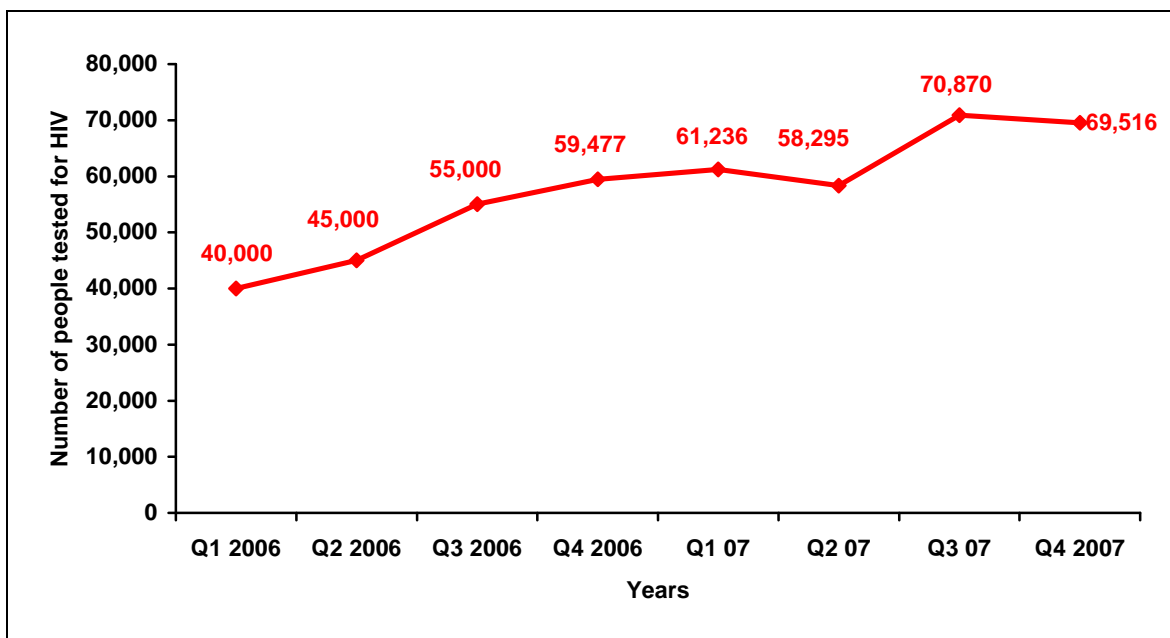


Figure 3: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q4-2007

Of the total number of people tested in Q4-2007, 39,878 (57.4%) were female and 63,193 (91.9%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 69,516 No. (%)	People tested HIV positive N=3,095 No. (%)
Age		
≤14 years	2,759 (3.9)	277 (9.0)
15-49 years	63193 (91.9)	2,666 (86.1)
> 49 years	3,564 (5.2)	152 (4.9)
Sex		
Male	29,638 (42.6)	1,411 (45.6)
Female	39,878 (57.4)	1,684 (54.4)

Table 1: Characteristics of clients tested at VCCT sites, Q4-2007

In 2007, a total of 259,917 persons were tested for HIV. Of those were aged 15-49 years (VCCT indicator 2)

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

In Q4-2007, 98.9% (range: 87.4% - 100% across sites) of clients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q4 2007, of 86,558 VCCT clients 52,882 (75.8%) were self referred, 1203 (1.7%) were referred by STD clinics, 3931 (5.6%) were referred by TB services, 4329(6.2%) were referred by HBC, 2938(4.2%) were referred by general medicine, 1593 (2.3%) were referred by Maternity services, 181 (0.3%) were referred by Pediatric care, 237 (0.3%) were referred by FP services and 2451 (3.5%) were referred by others(Figure 4). However, NMCHC reported that 15,322 pregnant women were tested for HIV in Q4 2007.

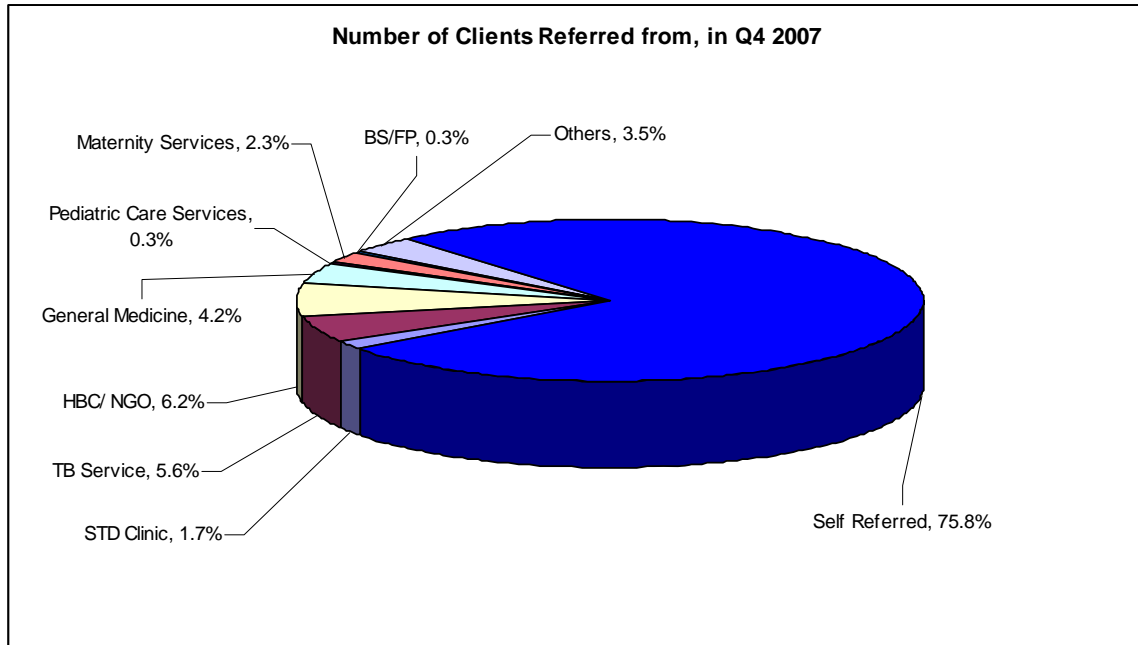


Figure 4: Trend in number of VCCT clients referred from other services in Q4-2007

In Q4-2007, of 86,558 VCCT clients, 3931 (5.6%) were referred from the TB program (Figure 5) (VCCT indicator 4). From January to December 2007, a total of ? VCCT clients have have been referred by the TB program.

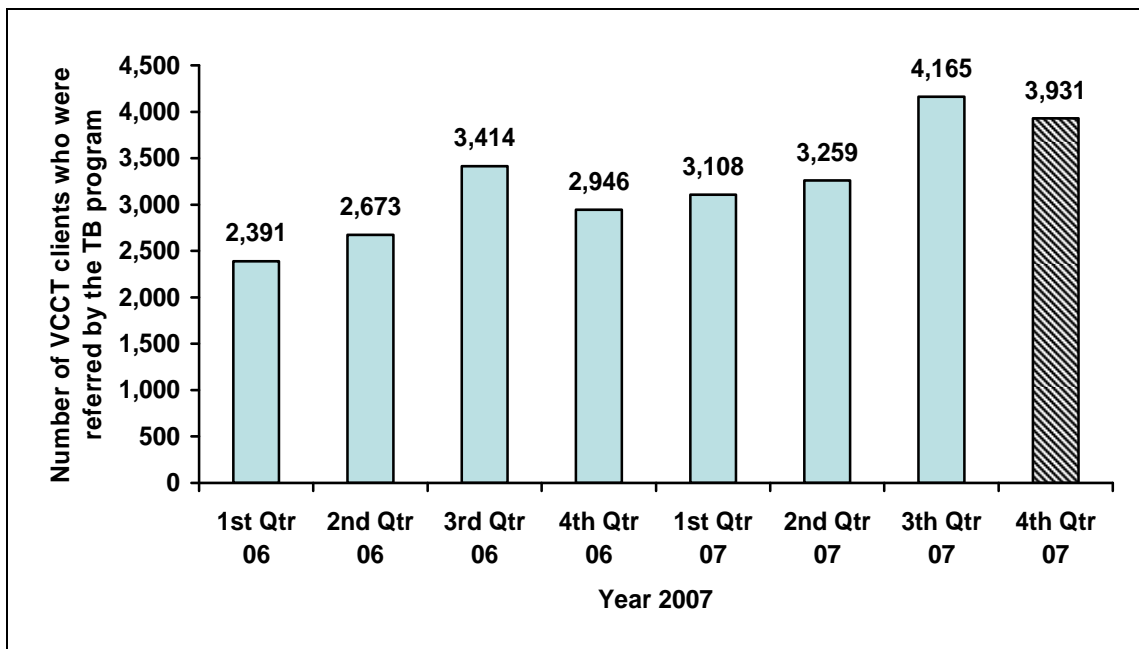


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2006 to Q4-2007

In Q4-2007, a total of 3,095 persons nationwide were detected HIV positive at VCCT sites. The HIV-infection rate among VCCT clients is decreasing with 4.5% of VCCT clients found HIV-infected in Q4-2007 (Figure 6).

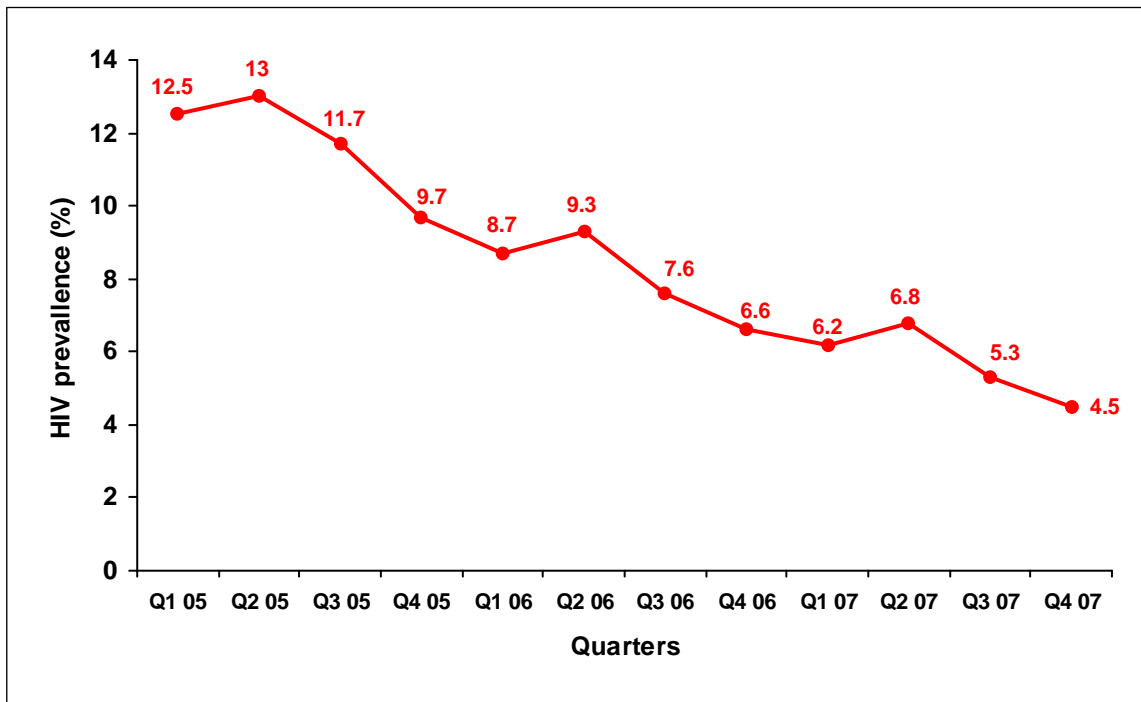


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q4-2007

2.1.2. OI and ART services

To date, 49 health facilities offer OI and ART services in 20 provinces, including 1 site that providing OI care only is Pearaing Referral Hospital in Pearaing Operational District in Prey Veng province. These 49 OI and ART services are supported by the government and by partner NGOs. Of the total 49 OI/ART sites, 22 sites provide pediatric care.

In Q4-2007, 39 ODs have at least one facility that provides ART services (Annex: HFBC indicator 1). Pearaing RH is the site that provided OI service only and will start ART soon (Figure 7).

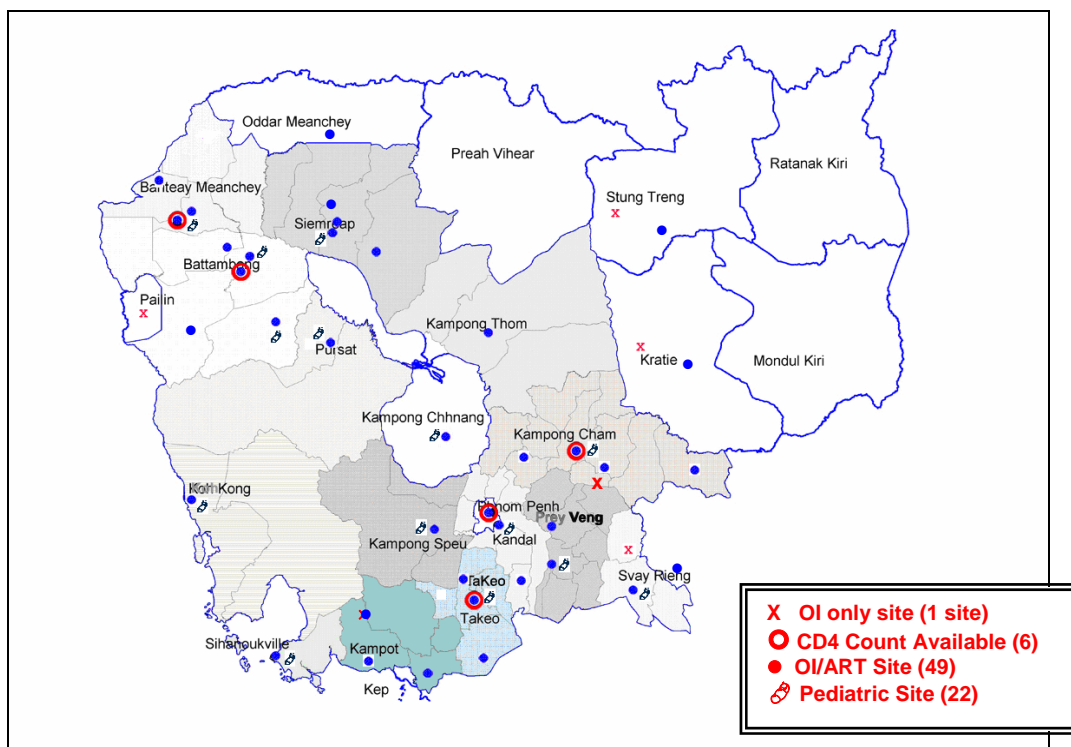


Figure 7: Location of facility-based OI/ ART sites as of 30 December 2007

Laboratory support

The four leased CD4 FACScouts are still operational in 4 provinces (Takeo, Kompong Cham, Battambang and at NIPH in Phnom Penh). CD4 count is also available at Pasteur Institute in Phnom Penh and in Sisophon Banteay Mancheay (US CDC). A total of 17,154 CD4 counts have been conducted in Q4-2007 in the 4 provinces with the leased FACScouts (Figure 8). CD4 % testing for children is conducted at Pasteur Institute in Phnom Penh and at NIPH.

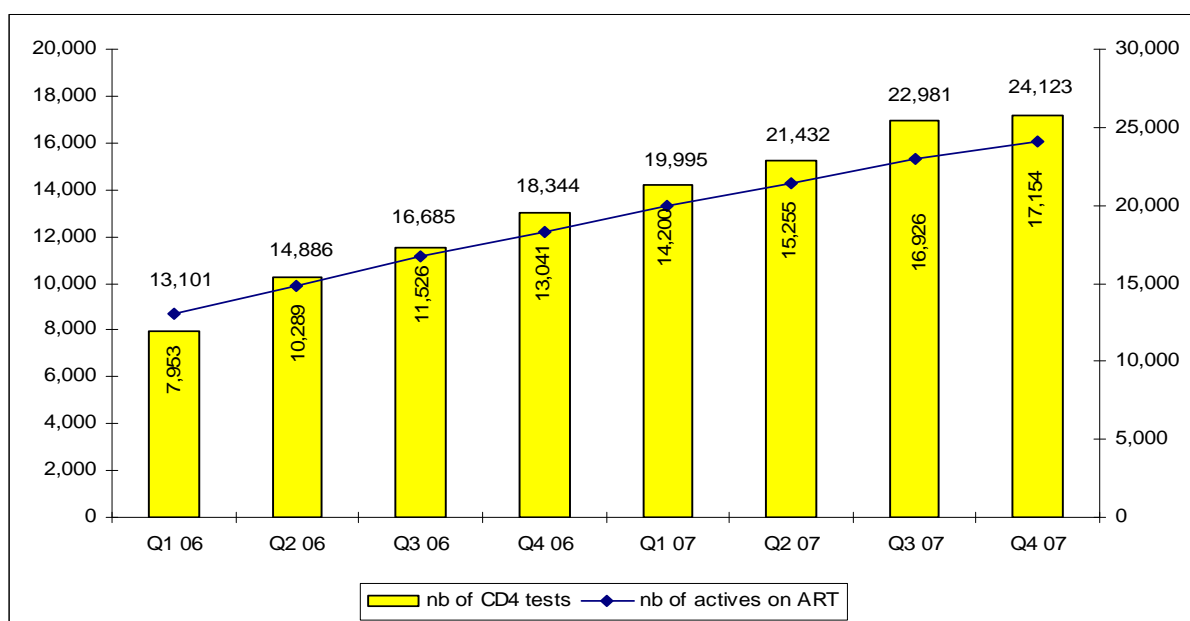


Figure 8: Trend in the total number of CD4 tests conducted at the 4 sites with leased FACScounts compared to the number of active adults on ART from Q1-2006 to Q4-2007.

Viral load and DNA PCR testing is available at IPC. NIPH laboratory has been equipped for viral load testing and DNA PCR in 2006. NIPH is currently able to perform both testing. In 2007, about 300 viral load tests have been conducted for 220 patients and 43 DNA PCR tests have been conducted for early infant diagnosis .

In Quarter 4-2007 a total of 26,664 active patients, including 24,123 adults and 2,541 children were receiving ART (Figures 9, 10) (Annex: HFBC indicator 3). 82.6% of the total number of estimated adults in need of ART in 2007 are actually on ART in December 2007

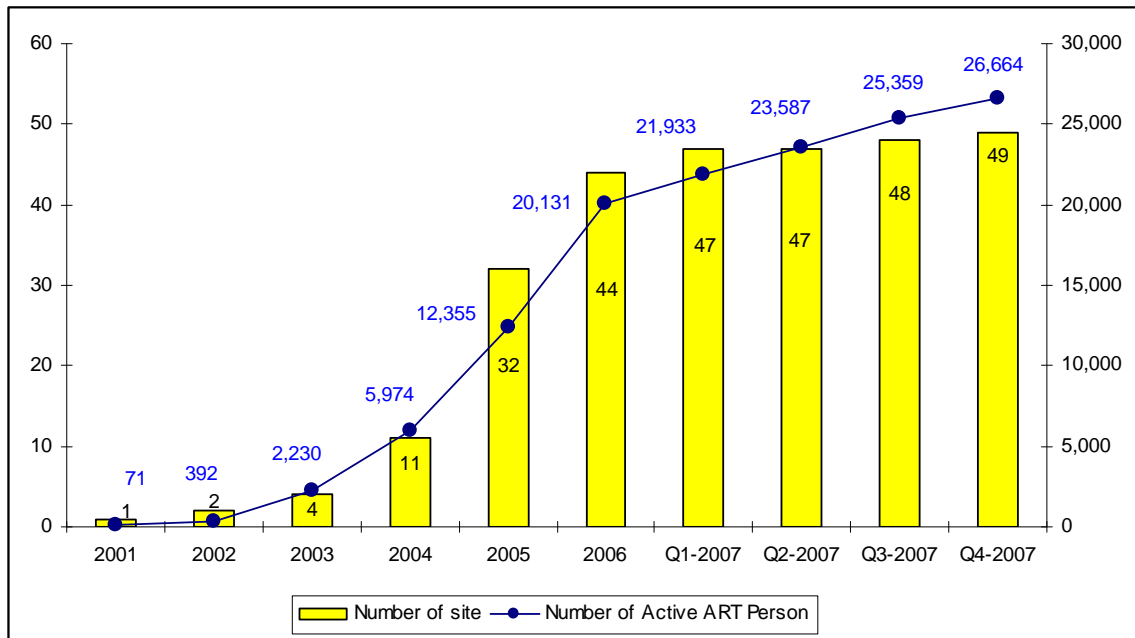


Figure 9: Trend in number of OI/ ART sites and active patients on ART from 2001 to Q4-2007

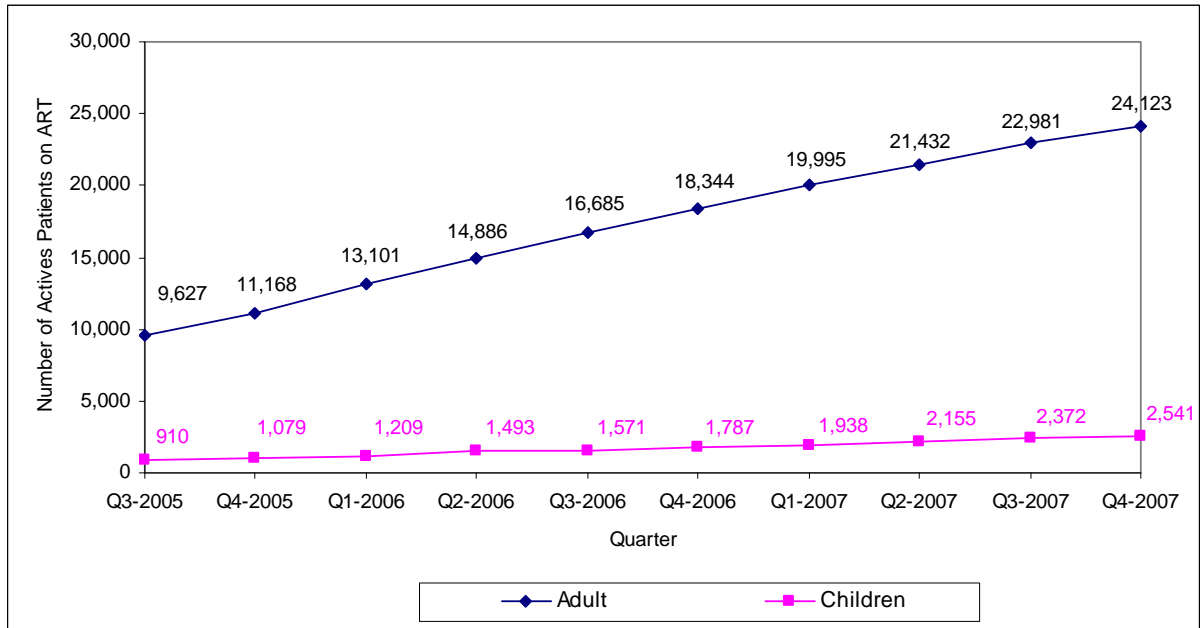


Figure 10: Trend in number of active adult and child patients from Q3 2005 to Q4-2007

In Q4-2007, female patients accounted for 51.2% of all active patients on ART and 48.8% of adult patients on ART.

At OI/ART sites, a total of 2,554 new patients (including 306 children) started OI prophylaxis and management and 1,685 new patients (including 191 children) started on ART in Q4-2007 (Figure 11). The number of new OI patients has been decreasing since Q2 2007 and the number of new ART patients has been decreasing than Q3-2007.

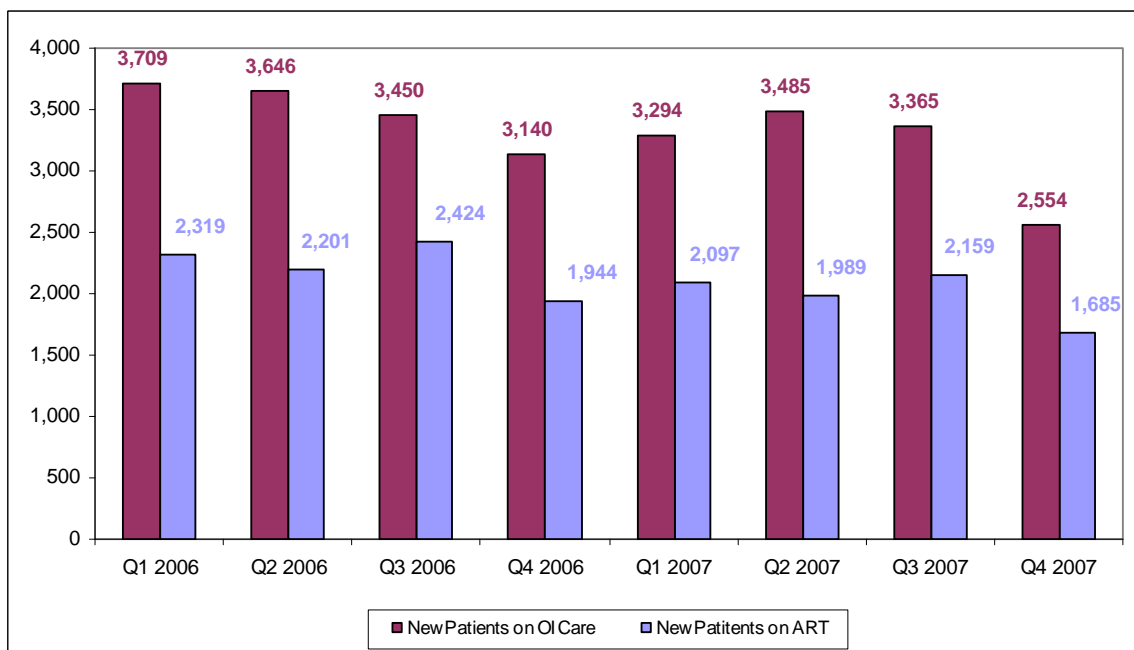


Figure 11: Trend in numbers of new patients on OI and ART from Q1 2006 to Q4 2007

There were a total of 8,843 active OI adult patients and 1,616 child OI patients not yet eligible for ART at the end of Q4-2007. Of those, 5,634 (64%) were female, representing mostly spouses of male patients started on OI/ART care some years ago.

Nation wide, 2,248 new adult patients and 306 new child patients were enrolled on OI care during Q4 07. A total of 2,084 OI adult patients and 532 child patients were eligible for ART but not yet on ART at the end of Q4-2007.

Patient mobility across services

During Q4-2007, a total of 409 ART patients were transferred out to new ART sites located closer to their home residence.

2.1.3. Community-based services

Home-based care (HBC)

To date, there are 253 HBC teams in Cambodia (Annex: HBC indicator 1) (Figure 12). The current number of HBC teams still has decreased in quarter 4 2007, because some organizations stopped their activity in some provinces due to lack of funding. The current number of HBC teams does not cover the need. A total of 683 health centers are linked to HBC teams (Annex: HBC indicator 4) in 18 provinces within the CoC.

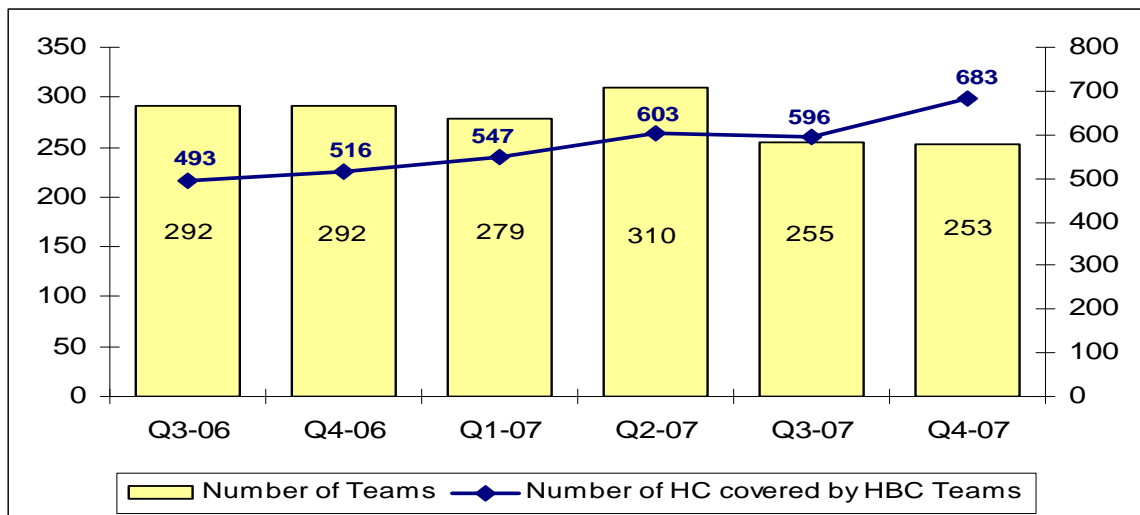


Figure 12: Trend in number of HBC teams form Q3-2006 to Q4-2007

These HBC teams are currently supporting a total of 25,395 PLHA (Annex: HBC indicator 2).

PLHA support groups (SG)

In Q4-2007, 38 new PLHA SG have been created. To date 723 PLHA SG are active in Cambodia. These PLHA support groups are currently established in 14 provinces only (source: CPN+ report). The number of active PLHA supported by these support groups increased to 36,166 in Q4-2007 (Figure 13).

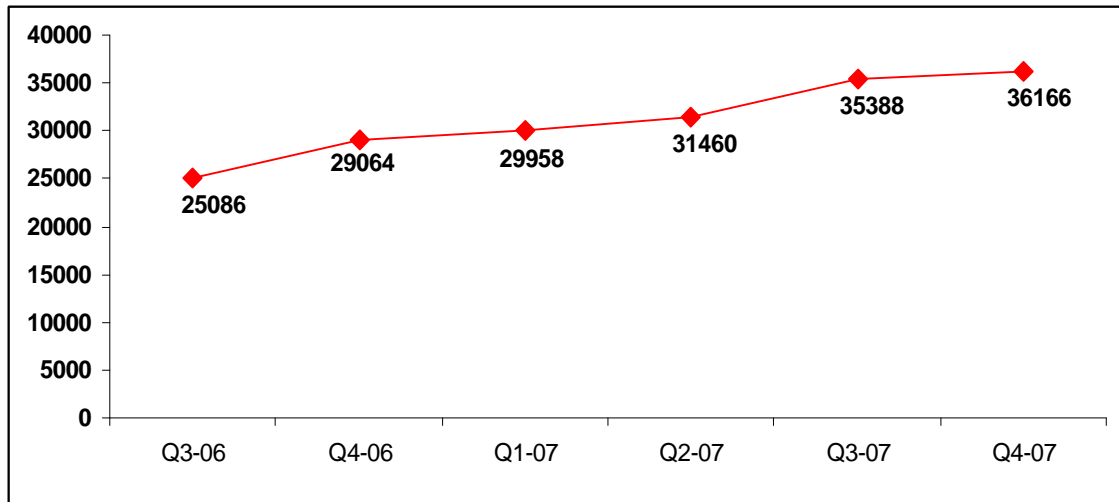


Figure 13: Trend in number of people supported by PLHA support groups from Q4 2006 to Q 4 2007

TB/HIV collaboration

In quarter 4 2007, 522 health centers have intensified TB/HIV collaborative activities in 16 provinces, which is less than in Q3 2007, due to some provinces did not reported their TB/HIV activities just only home base care report in quarter 4 2007. In particular, health centers with HBC teams facilitate the transportation of TB patients from the community to the nearest VCCT site for HIV testing.

At the 522 HCs with special TB/HIV collaborative activities during Q 4 2007, of the 3,954 diagnosed and old TB cases identified by HBC teams as still on treatment but not yet HIV tested, 1,306 (33.0%) were reported by HBC teams as having attended VCCT services for HIV testing. Of the 1,306 TB patients tested for HIV, 115 (8.8%) were detected HIV-positive. TB/HIV co-infected patients were referred to OI/ART sites. Provincial performances in transporting TB patients to VCCT vary greatly.

In addition to the efforts of HBC teams to transport TB patients to VCCT, another 2,625 TB patients did reach VCCT sites by themselves in Q 4 07. Therefore, a total of 3,931 TB patients were seen at VCCT in Q4 2007 and tested for HIV. From January to December 2007, 7,103 TB patients were referred by HBC teams to VCCT and tested for HIV. The 2007 target of 10,000 TB patients to be referred by HBC teams to VCCT was not achieved. However, CENAT reported that from Jan to Sep 2007, 13,738 (51.5%) of new TB patients had an

HIV test result recorded in the TB register, which is an improvement compared to 2006.

2.2. PMTCT (Data provided by NMCHC)

PMTCT information is not available, but only indicator in this Q 4 2007.

3. Drug and logistic support

OI/ARV drug regimen and logistic information is not available in this Q4 2007.

ANNEX: Monitoring and Evaluation indicators

	STI Indicators (NCHADS)	2007 target No. (%)	Q4 2007 score No. (%)
1	Number and percent of specialized STI clinics with laboratory support to perform RPR and basic microscopy	30	29 including 16 functioning and 13 equipped but not yet functioning
2	Proportion of DSWs diagnosed with cervicitis during monthly follow up consultations at specialized STI clinics	< 15%	15.9%

	Continuum of Care Indicators (NCHADS)	2007 target No. (%)	Q4 2007 score No. (%)
1	Total number of Operational Districts with a Continuum of Care	33	39

	VCCT indicators (NCHADS)	2007 target No. (%)	Q4 2007 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors	170	197
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing ++	260,000 (3.5%) at year end	233,875 from Jan to Dec 2007
3	Percentage of those tested who received their result through post-test counseling	98%	96%
4	Number (%) of VCCT clients that were referred from TB program	14,000 at year end	14,443 since Jan- Dec 07
5	Number and percentage of new TB patients tested for HIV (at targeted districts)		13,738 (51.5%) in Sep 2007

	Health Facility Based Care Indicators (NCHADS)	2007 target No. (%)	Q4 2007 score No. (%)
1	Number (%) OD ¹ with at least one center that provides ART services	37 A: 37 C: 23	39 OD providing ART (and 2 OD providing OI only)
2	Number (%) OD with at least one center that provides PMTCT services	35	58
3	Number of people with advanced HIV infection on HAART	23,000 adults 3,000 children <u>26,000 total</u>	<u>24,123adults</u> <u>+2,541children</u> <u>26,664total</u>

	Home Based Care Indicators (NCHADS)	2007 target No. (%)	Q4 2007 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	290	253
2	Number of PLHA supported by HBC teams	26,000	25,395
3	Number of TB patients referred by HBC to VCCT	10,000 at year end	7,103 from Jan to Dec 2007
4	Number (percent) of HC with HBC teams	580 (62%) of 942 HC	683

	PMTCT Indicators (NMCHC)	2007 target No. (%)	Q4 2007 score No. (%)
1	# (%) ODs with at least one facility offering PMTCT services		58/76
2	# (%) ANC1 women who received HIV testing at		15,322(76.8

¹ Cambodia has 24 provinces, 76 ODs, including 68 ODs with referral hospitals.

	PMTCT sites		%) in Q7 2007 66,186 (72.7%) from Jan to Dec 2007
3	# (%) of partners who received results of their HIV test		10,670 (21.1%) from Jan to Dec 2007
4	# (%) of pregnant women in Cambodia tested for HIV (PMTCT sites and RHAC clinics) and received their result		72,455/ (442, 000) (16.4%) in 2007
5	# (%) HIV-positive pregnant women who receive ARV prophylaxis or ART for PMTCT		505/4509 (11.2%) from Jan to Dec 2007