

**KINGDOM OF CAMBODIA  
NATION RELIGION KING**

**FIRST QUARTERLY COMPREHENSIVE REPORT, 2012  
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 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: 15/06/2012



Dr. LY PENH SUN  
Deputy Director of NCHADS

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**National Center for HIV/AIDS Dermatology and STDs**  
**NCHADS' Quarterly Comprehensive Report**  
**January to March 2012**



**Introduction:**

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 1st quarter of year 2012. 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 first 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:**

In order to develop and Review the 2nd Progress Update and Disbursement Request on time and completely as requirement from LFA/GFATM, PR-NCHADS organized a haft day meeting with all SRs on 12<sup>th</sup> and 14<sup>th</sup> January 2012 to review and discuss based on slide presentation from LFA. The Manager and key persons who are responsible for Programmatic, M&E, Finance and Procurement of each SRs are invited to participate in this meeting.

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 R7 sub-recipients to track their achievements against the targets at the end of second 6 month period of program implementation (June-December 2011), 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 the reporting period. Manager and key persons who are responsible for Programmatic, M&E, Finance and Procurement of each SRs are invited to participate and present their achievements in the 2<sup>nd</sup> Semi-annual 2011 in the Quarterly Meeting which was held at NCHADS's meeting room, from 31<sup>st</sup> January to 2<sup>nd</sup> February 2012.

PR-NCHADS was organised a Principle Recipient Technical Review Team (PRTRT) meeting on 24<sup>th</sup> February 2012 to review a 2<sup>nd</sup> Semi-Annual Report 2011 of PR-NCHADS which consisted of three main parts: programmatic, financial and procurement section. The main purpose of the meeting were to review, to clarify, to comment, and to recommend to improve

the quality of report before submitting to LFA for further review, before the final submission of this report to the GFATM.

As agreed during the meeting with LFA and PR-NCHADS, PR-NCHADS will organized the meeting with all SRs and LFA team in 2nd week after submits the quarterly and semi-annual report to LFA in order to get clearly clarification from some concerned SRs before submitting the report to GFATM and to prepare the disbursement Request for the next period on time. This meeting took place at the meeting room of the National Center for HIV/AIDS Dermatology and STD, held on 2<sup>nd</sup> April 2012. The Program Managers and key responsible persons of each component: M&E, Finance and Procurement of each SR were invited to participate in this meeting to clarify the queries of the 2<sup>nd</sup> Semi-Annual Report 2012 of program implementation.

## **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 2011, a Workshop was organized by Planning, Monitoring and Reporting (PMR) Unit of NCHADS to review the achievements of program implementation in 2011 and to develop the Annual Comprehensive Work Plan in 2012 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 2012, 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 2012 has been approved. It has the total budget of \$19,673,359 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 2012 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 2012, 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 2012.

Due to reprogramming of GFATM-HIV-SSF grant in 2011 did not approved, and as well delay in approval of training plan for year 2012, most of activities related to training were postponed, only the routing activities including services deliveries, such as treatment and care to PLHAs, HIV testing, STI treatment, the routing meeting with the community 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 Populations:**

- 1. *Developed a SOP for Boosted CoPCT for Most at Risk Population in Cambodia:***  
NCHADS collaborate with partners to develop the Standard Operating Procedure for Implementation of the Boosted Continuum of Prevention to Care and Treatment (CoPCT) for Most at Risk Populations to reduce of new infected.
- 2. *Sexual Transmit Infection/ Reproductive Tract Infection (STI/RTI):***
  - Facilitate in the Refresher training on STI/RTI case management for EWs in Battambang, supported by FHI.
  - Facilitated in the training course on STI/RTI case management and Syphilis screening for Pregnant Women for Health Care providers who are working at the HCs in Kampot, Kep supported by UNICEF.

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

**1. SOP or Guidelines developed:**

- NCHADS collaborate with NMCHC and partners to develop the Standard Operating Procedure for Implementation of the Boosted Linked Response between HIV, SRH and TB Services for Elimination of New Pediatric HIV Infections and Congenital Syphilis in Cambodia.
- Monthly meeting of Core Group of TWG on HIV, STI, TB-HIV Prevention, Treatment, Care and Support in Prison (and correctional Center) in CAMBODIA to update information and develop curriculum training for HIV, STI, TB-HIV Prevention, Treatment, Care and Support in Prison setting to Health Post staff and Peer Educators.

**3. Surveillance & Research package:**

**a. Surveillance:**

**i SSS 2011:**

- Data entry and cleaning.

**ii IBBSS for DU:**

- The protocol, Specimen collection form and field Guideline for IBBSS for DU 2012 were developed and reviewed through technical working group and collaborate with National Authority for Combating Drug and partners.

**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 an annual and 1<sup>st</sup> quarterly comprehensive work-plan 2012 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 Annual 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. The report was summary the key achievements in 2011, feedback, and lessons learn to provide the strategically thinking and decision making of NCHADS and Provincial Health Department management leaders, health care professional, and stakeholders to develop strategies, SOPs, and set new targets for 2012.

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

- Provincial AIDS Office of 24 provinces-cities developed the Annual and 1st Quarterly Operational Comprehensive Plan for year 2012 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 year 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**

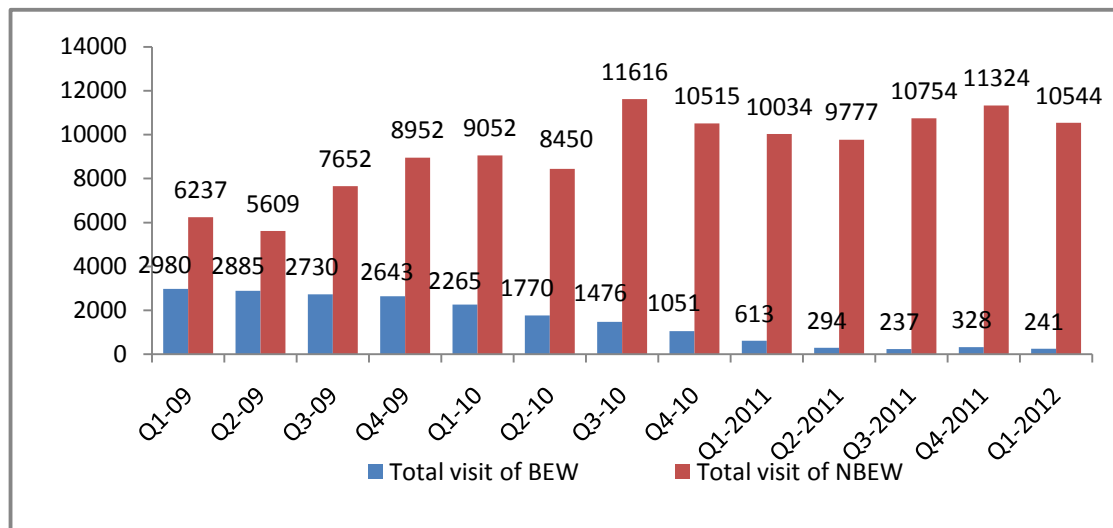
In quarter 1 -2012, there were a total of 60 Family Health Clinics (33 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 27 NGO STI clinics; RHAC: 16 clinics, Marie Stopes: 7 clinics, MEC: 1 clinic and PSF: 1 clinic, Chhouk Sar: 2 clinic).

Of the 33 family health clinics, 33 (100%) 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, 210 health centers in 71 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in quarter 1 2012, 1,108 consultations for male patients and 9,112 for female patients were reported to the data management unit of NCHADS. Of 933 male patients who having STI/RTI syndromes reported, 894 of those (95.8%) suffered from urethral discharges; 37 (4%) from Genital ulcers and 2 (0.2%) from Genital warts respectively. Of 8,392 female patients who having STI/RTI Syndromes reported, 4,668 of those (55.6%) suffered from vaginitis, 3,348 (39.9%) from cervicitis and vaginitis; 356 (4.2%) from PID, 17 (0.2%) from Genital ulcers and from genital warts 3 (0.04%) respectively. A total of 780 male partners and 1,725 female partners of STI patients were notified and treated for STI.

58,309 consultations were provided at a total of 60 specialized STI clinics (33 government and 25 NGO STI clinics, Among those consultations, 4,696 consultations were provided to male patients, 2,288 to MSM, 40,540 to low-risk women, and 10,785 to brothel entertainment workers (BEW) and non-brothel entertainment workers (NBEW) (241 for BEW; 10,544 for NBEW) of which 4,809 were monthly follow-up visits] (Figure 1).

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.



**Figure 1:** BEW and NBEW attendance to Family Health Clinics, from Q1 2009 to Q1- 2012

At the 60 specialized STI clinics, among the 3,459 male patients who having STI syndromes reported in this quarter, 2,998 (86.7%) got urethral discharges, 7 (0.2%) got anal discharges, 268 (7.7%) got Ano-genital ulcers, 144 (4.2%) got Ano-genital warts, and 26 (0.8%) were inguinal bubo. Among the 639 MSM patients having STI syndromes, 468 (73.2%) suffered from urethral discharges, 13 (0.2%) from anal discharges, and 85 (13.3%) from ano-genital ulcers respectively.

At the 60 specialized STI clinics, among the 43,421 low-risk women having STI syndromes reported that 36,761 (84.7%) were treated for vaginitis, 6,001 (13.8%) were treated for cervicitis and vaginitis, 141 (0.3%) were PID, 370 (0.9%) were ano-genital ulcers and 148 (0.3%) were ano-genital warts.

During the 1<sup>st</sup> quarter of 2012, of the 84 BEW who attended specialized clinics for their first visit, 86 (102.4%) were diagnosed with a STI, including 23 (27.4%) with cervicitis. Among



the 157 BEW who attended specialized clinics for monthly follow-up visits, 74 (47.1%) of those were diagnosed with a STI, including 48 (30.57%) with cervicitis. In quarter 1 -2012, of the 5892 NBEW who attended specialized clinics for their first visit, 4,719 (80.1%) were diagnosed with a STI, including 1,975 (33.5%) with cervicitis. Of the 4,652 NBEW who attended specialized clinics for monthly follow-up visits, 2,533 (54.4%) were diagnosed with a STI, including 1118 (24%) with cervicitis.

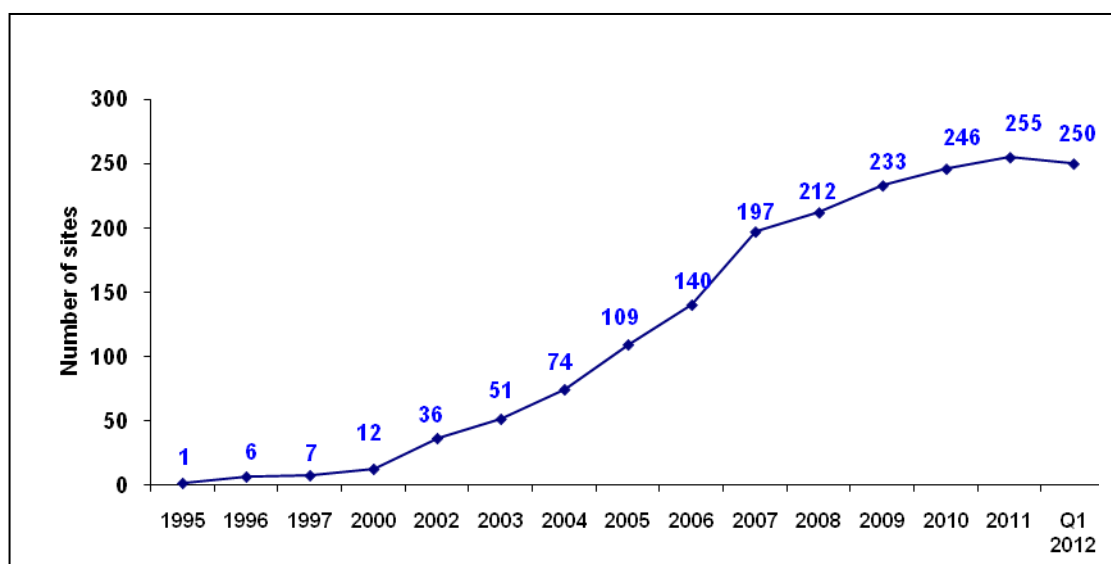
Of a total of 1,212 RPR tests were conducted in 1 quarter 2012 at the 33 government specialized STI clinics, and PSF and MEC clinics, 94 (7.76%) were positive.

During this quarter, specialized STI clinics have referred 2,293 patients to VCCT, 41 of HIV/AIDS patients (PLHA) to OI/ART services, 45 pregnant women to ANC, and 86 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 539 patients from VCCT, 248 of patients from OI/ART services, 51 pregnant women from ANC and 38 women from Family Planning services.

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

### 2.1.1. VCCT

The number of VCCT services has increased drastically over the last 12 years, from 12 sites in 2000 to 250 sites by the end of Q1 2012 (Figure 2).



**Figure 2:** Trend in number of VCCT sites from 1995 to Q1-2012

- **Notes:** In quarter1, 2012, there are 8 sites were removed from VCCT report (4 government's and 4 NGO's sites)

A total of 3 new VCCT sites have been opened in Q1-2012 (Ta chesh HC, Svay HC and Pong Ror HC in Kampong Chhnang Province). Of the current 250 VCCT sites, 226 are supported directly by the Government and 24 by NGOs (RHAC:16, Marie Stopes:3, MEC:1, Center of Hope:1, Institut Pastuer Cambodia:1 & Chhouk Sar Clinic: 2).

In Q1-2012, of 190,023 ( including 93,682 ANC attendees from NMCH) VCCT clients, 66,912 (35.2%) were self referred, 96,763 (50.9%) were referred by ANC services, 1,837 (1.0%) were referred by STD clinics, 3,724 (2.0%) were referred by TB program, 9,629 (5.1%) were referred by HBC/NGO, 6,441 (3.4%) were referred by general medicine, 307 (0.2%) were referred by Pediatric care, 1,037 (0.5%) were referred by Maternity services, 480 (0.3%) were referred by BS/FP services, 2,107 (1.1%) were referred by Health centers and 786(0.4%) were referred by others services (table 1).

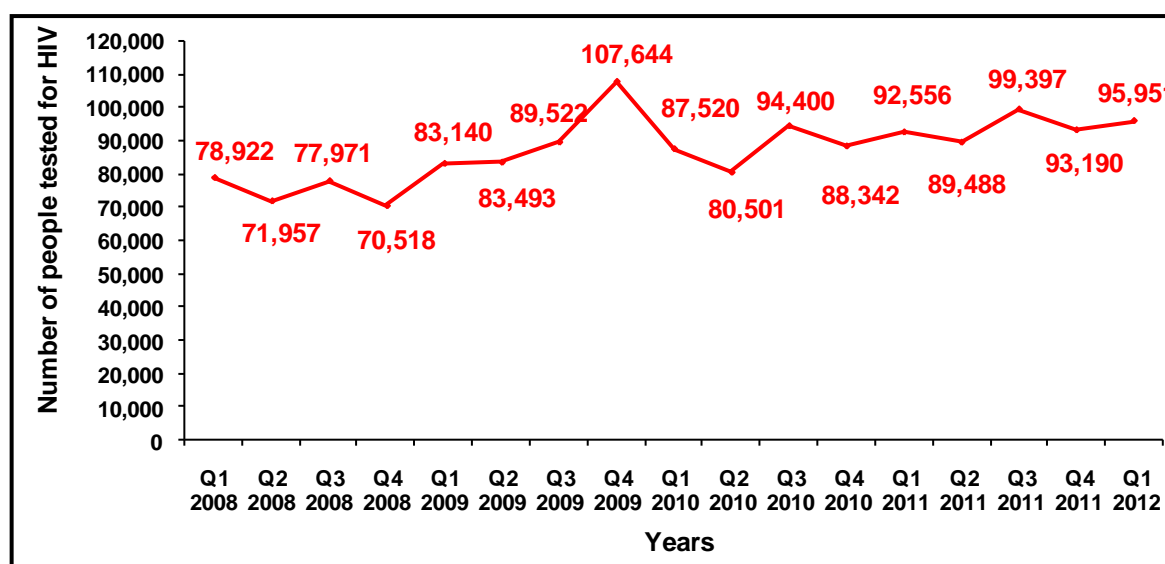
<u>Self Referred</u>	<u>STD Clinic</u>	<u>TB Services</u>	<u>HBC/NGO</u>	<u>General Medicine</u>	<u>Pediatric Care Service</u>	<u>Maternity Service</u>	<u>BS/FP</u>	<u>ANC</u>	<u>Others</u>	<u>Health Center</u>
35.2%	1.0%	2.0%	5.1%	3.4%	0.2%	0.5%	0.3%	50.9%	0.4%	1.1%

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

**Table 1:** Percentage of VCCT clients referred from other services in Q1-2012

A total of 189,633 clients have been tested for HIV in quarter 1-2012, including 95,951 VCCT clients, 3,313 TB patients, 77,586 pregnant women and 16,096 male partners of pregnant women(at government facilities only).

The figure 3 and Table 6 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 95,951 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q1-2012 (Figure 4).



**Figure 3:** Trend in numbers of people tested for HIV at VCCT services from Q1-2008 to Q1- 2012

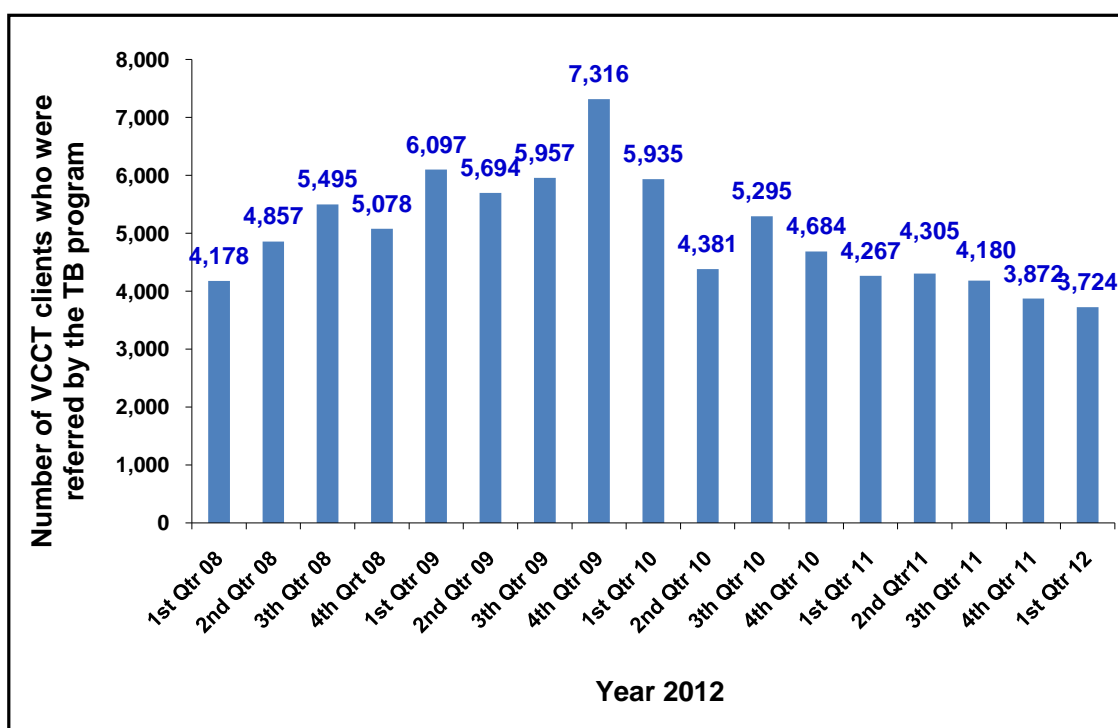
Of the total number of VCCT clients and TB patients tested in Q1-2012, 52,429 (54.6%) were female and 89,964 (93.8%) were aged 15-49 years (Table 2).

	People tested for HIV N= 95,951 No. (%)	People tested HIV positive N=1,643 No. (%)
<b>Age</b>		
≤14 years	1,935 (2.0%)	122 (7.4%)
15-49 years	89,964 (93.8%)	1,385 (84.3%)
> 49 years	4,052 (4.2%)	136 (8.3%)
<b>Sex</b>		
Male	43,522(45.4%)	791 (48.1%)
Female	52,429 (54.6%)	852 (51.9%)

**Table 2:** Characteristics of clients tested at VCCT sites, In Q1-2012

In Q1-2012, 99.1% (range: 82.0% - 100% across sites) of VCCT clients and TB patients tested and received their result through post-test counseling.

In Q1-2012, of 96,341 VCCT clients, 3,724 (2.0 %) were referred from the TB program. (Figure4).



**Figure 4:** Trend in number of VCCT clients referred from TB program from Q1- 2008 to Q1-2012

In Q1-2012, of the 95,951 VCCT clients and TB patients tested at VCCT sites nationwide, 1,643 (1.7 %) were detected HIV positive at VCCT sites (Figure 5).

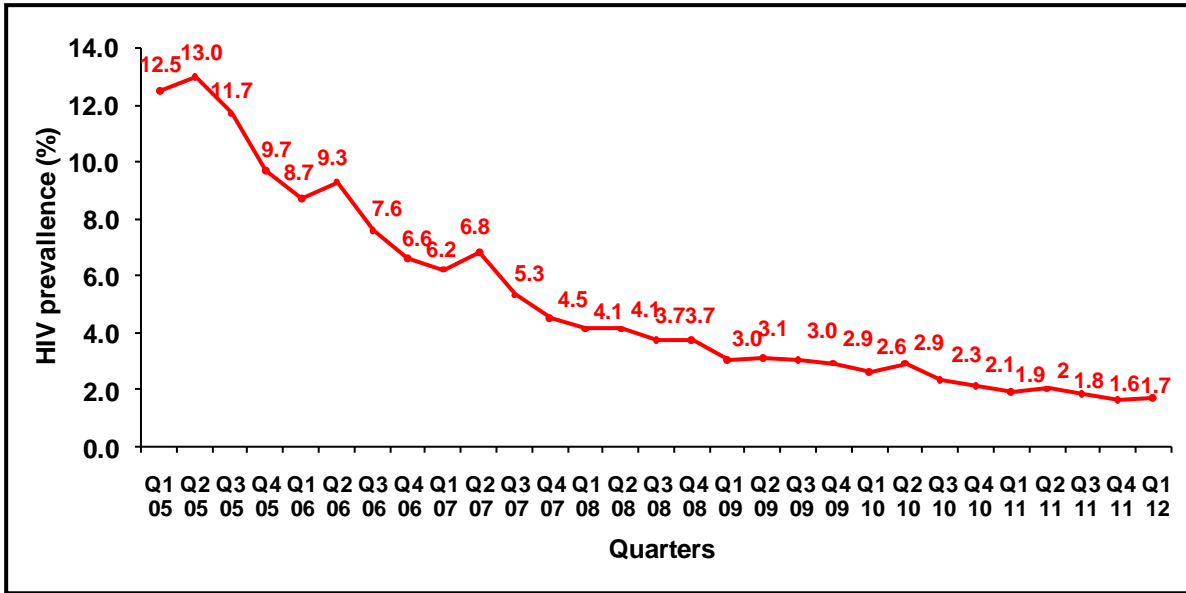


Figure 5: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q1-2012

## 2.2. OI and ART services

In Q1 2012, there are 60 health facilities offer OI and ART services in 49 Operational Districts in 21 provinces and cities. In this quarter there are three health facilities provided service OI-ART care to PLHIV, one at Pochintong Referral Hospital in Phnom Penh, one place at Kiensvay RH Kandal province and one place at BaraySantok RH KampongThom province. These 60 OI and ART services are supported by the government 56 sites and 4 sites by NGOs and partner. Of the total 60 OI/ART sites, there are 34 sites provide pediatric care in 32 Operational Districts.

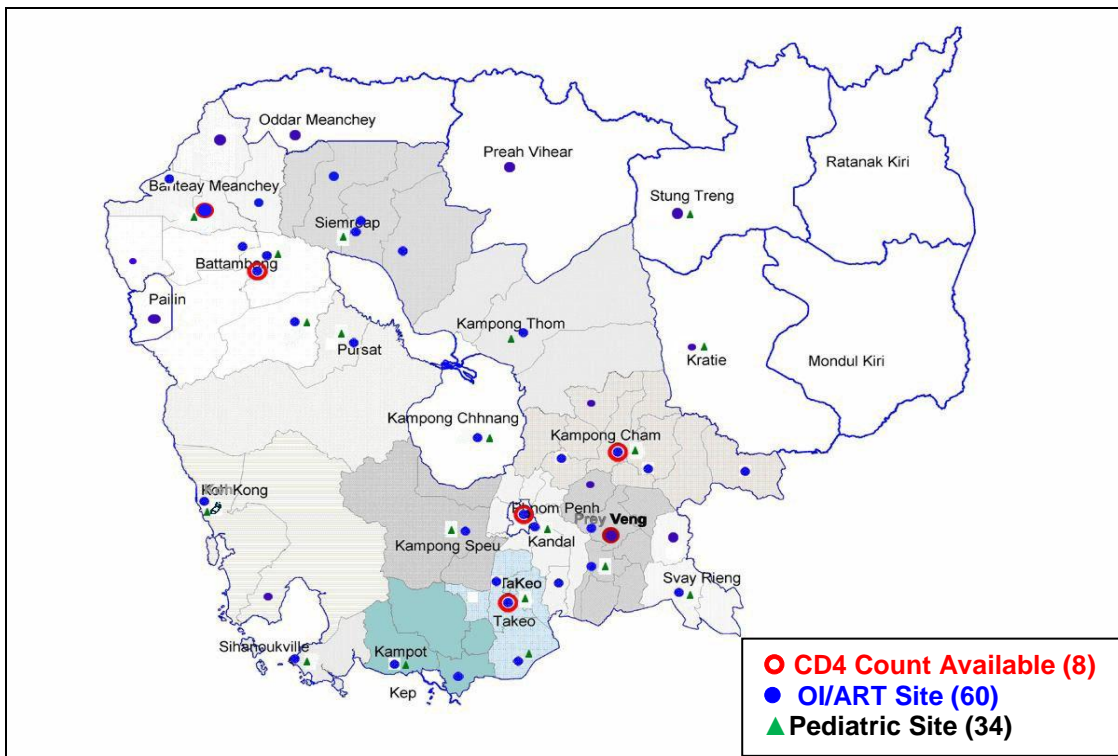
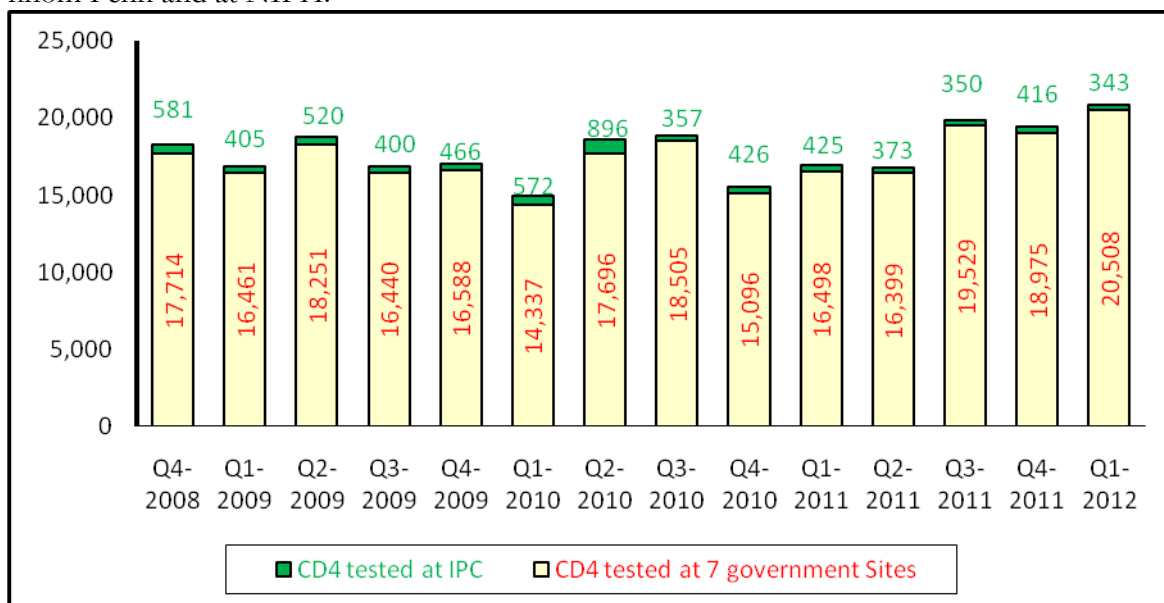


Figure 6: Location of facility-based OI/ART sites as of 31<sup>st</sup> March 2012

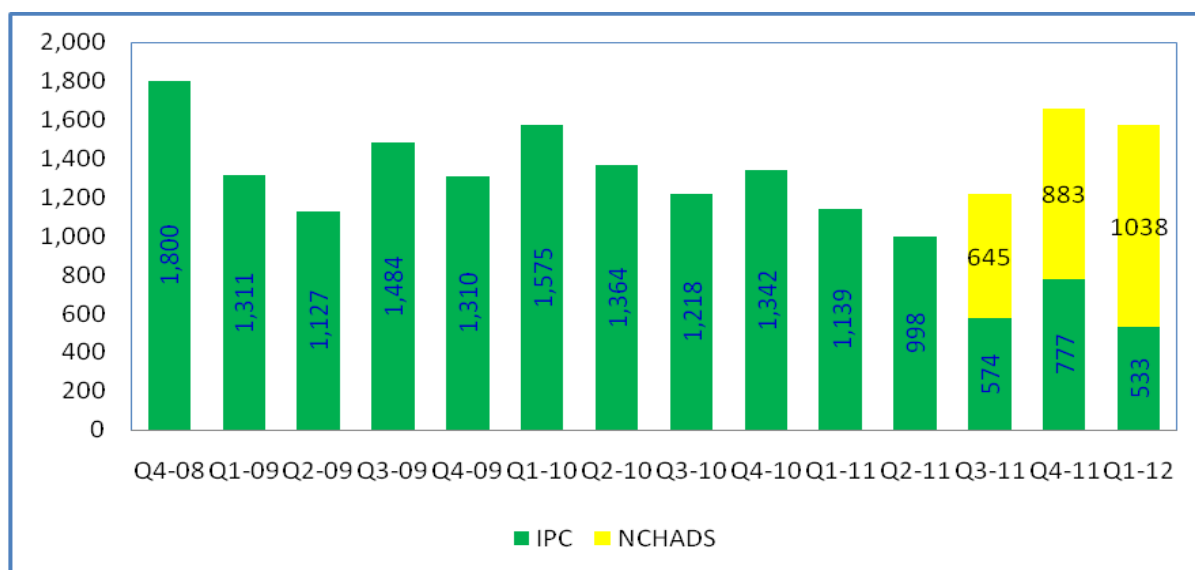
**a. Laboratory Support:**

In Q1-2012, 20,508 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 7). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 343 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 7:** Trend in the total number of CD4 tests conducted in Cambodia at 7 government sites and IPC from Q4-2008 to Q1-2012

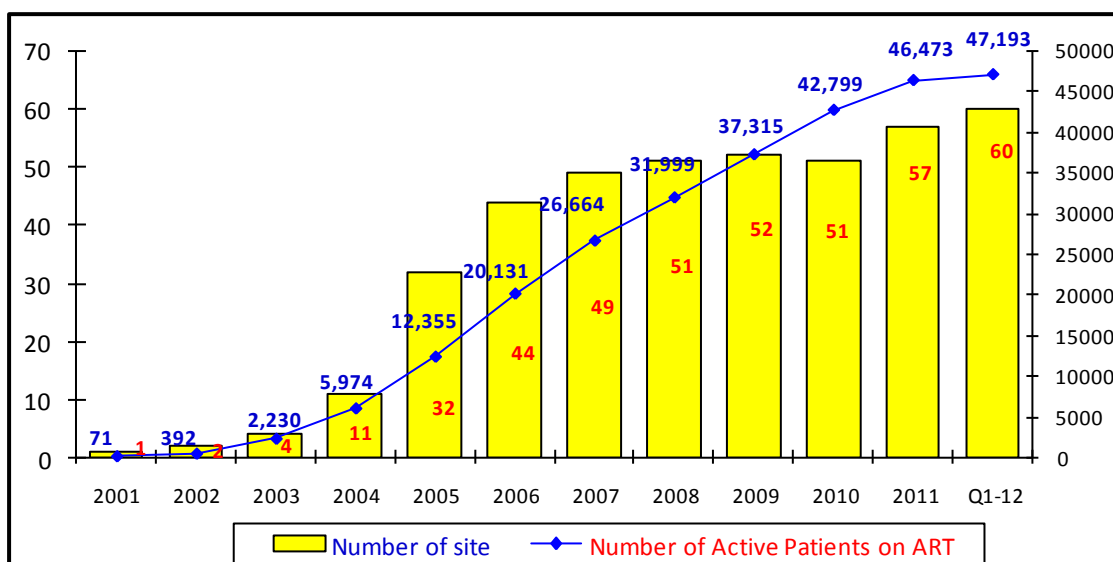
There are 533 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) and other 1,038 HIV RNA viral load also conducted at NCHADS in this quarter 1 (Figure 8).



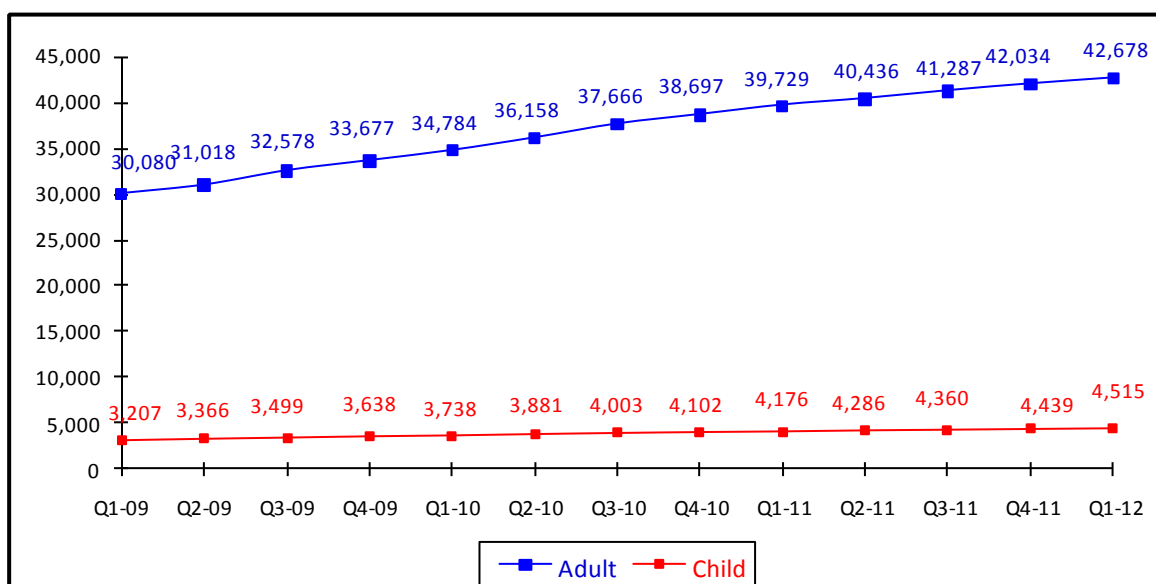
**Figure 8:** Trend in the total number of RNA Viral Load tests conducted in IPC and NCHADS from Q4-2008 to Q1-2012

There're 301 DNA-HIV DBS tests for Early Infant Diagnosed (EID) found 13 positive. The number of infant screened for the 1<sup>st</sup> time (excluding DBS for confirmation) are 242, infant screened for the 2<sup>nd</sup> time are 54, HIV-exposed babies did PCR test within 2 months of their life (include soon after birth and at 6 weeks) are 128. Number of infant diagnosed positive at time of 1<sup>st</sup> screening are 8 and there are no infant diagnosed positive at 1<sup>st</sup> screening within 2 months of their life. Another place at Institute Pasteur of Cambodia (IPC) in Q1-2012 the total number of DBS screened are 213 found 22 positive and Number of infant screened for the 1<sup>st</sup> time (excluding DBS for confirmation) are 139 which founded infant diagnosed positive at time of 1<sup>st</sup> screening are 18 and the total number of HIV DR tested are 28. (Sources: report from NIPH and IPC).

This Q1-2012, a total of 47,193 active patients including 42,678 adults and 4,515 children are receiving ART (Figures 9 and 10).



**Figure 10:** Trend in number of OI/ART sites and active patients on ART from 2001 to Q1-2012



**Figure 11:** Trend in number of active adult and child patients on ART care from Q1 2009 to Q1-2012

In Q1-2012, female adult patients accounted for 53.7% (22,914) of all active patients on ART. At OI/ART sites, a total of 1,331 new patients (including 95 children) started OI prophylaxis and management and 1,085 new patients (including 108 children) started on ART in Q1-2012 (Figure 12). The number of new patients on Pre-ART care has been decreased since Q4 2010. On the other hand, the numbers of new patients on ART were significantly decreased than Q4 2011. In this quarter there are 334 patients lost and 58 died in Pre-ART care.

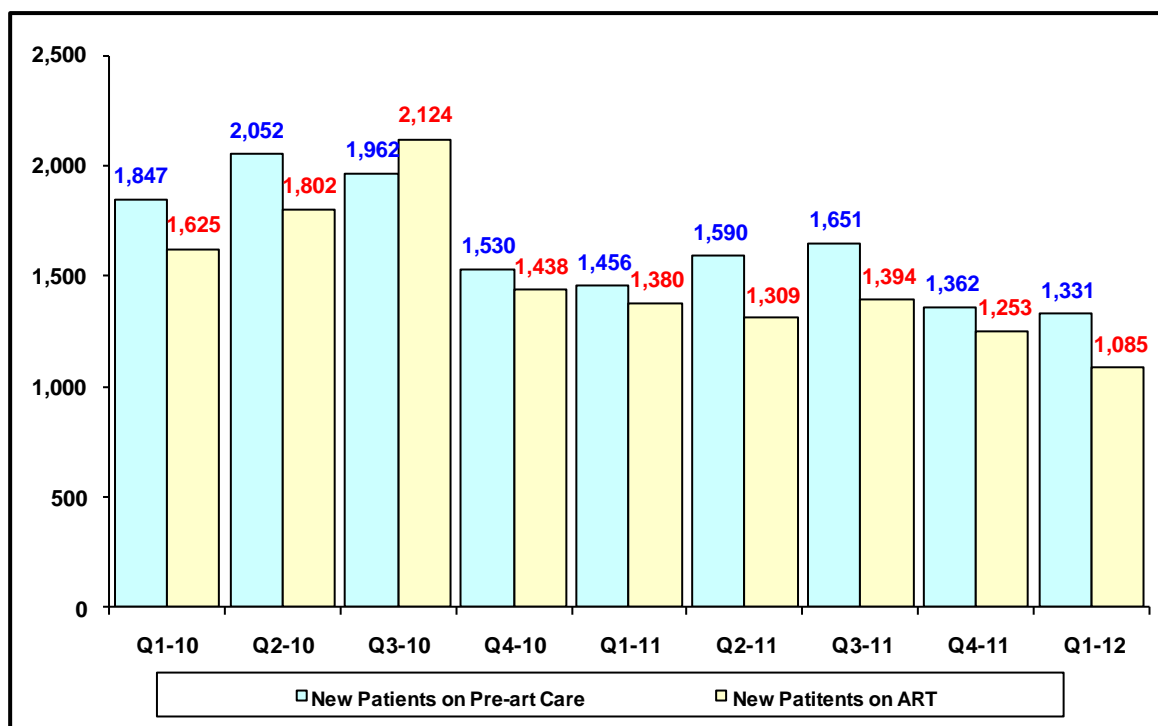


Figure 12: Trend in numbers of new patients on Pre-ART and ART from Q1-2010 to Q1-2012

There were a total of 4,935 active adult patients and 1,356 child patients with opportunistic infections who are not eligible for ART yet at the end of Q1-2012. Of those, 3,158 (63.9%) were female patients represented mostly the spouses of male patients who are started on Pre-ART care since years ago.

A total of 1,143 adult patients and 160 child patients on Pre-ART care were eligible to prepare on ART at the end of March 2012.

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

In Q1-2012, a total of 387 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 327 ART patients lost treatment and 129 patients died during this quarter. At the end of Q1-2012, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,583 active patients on ART.

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

In Q1-2012, 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 4.3 % of adults and 8.7 % of children were on PI-based regimens (Table 3).

ARV drug regimen Q1 - 2012	Adults N= 43,058*		Children N= 4,559*	
	No.	(%)	No.	(%)
d4t+3TC+NVP	16,322	37.9 %	3,146	69.0 %
d4t+3TC+EFV	5,455	12.7 %	432	9.5 %
AZT+3TC+NVP	11,601	26.9 %	415	9.1 %
AZT+3TC+EFV	4,541	10.5 %	146	3.2 %
PI-based regimens	1,845	4.3 %	395	8.7 %
Other regimens	3,294	7.7s %	25	0.5 %

\* 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, Q1-2012

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

In Q1-2012, there were 1,426 new OI patients registered at OI-ART Sites (Adult and Pediatric). Of these 1,331 new adult patients on OI, 1,084 (81.4%) were screened for TB Symptom during the quarter. Of the 461 patients suspect TB infected was screened for TB, 163 were detected as TB Pulmonary and TB Extra-pulmonary, among 163 TB Diagnosed detected 136 were TB treatment. The number of TB screened among new OI patients were decreased than Q4 2011.

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

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

During the first quarter of 2012 there're 3 OI/ART sites implemented TST and 32 implemented non-TST. A total of 967 new Pre-ART patients registered at 35 sites implementing the Three "I" Strategy (3 TST sites=119 new patients and 33 Non-TST sites = 848 new patients). Of these, new Pre-ART patients, 828 patients was screen for TB Symptom and 455 not found any TB symptom, so there are 195 patients started IPT (TST sites=9 patients and non-TST=186 patients), and 273 active patients on Pre-ART started IPT (TST sites =7 patients, and non-TST sites=266) among all active patients adult on Pre-ART = 6,078.

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

There're 1,331 of new adult Pre-ART patients registered at OI/ART sites. Of these 1,331 received TB symptom screening that identified that 461 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 461 patients with screened positive for TB symptoms, 163 were diagnosed to have TB (BK+/-, EP), 136 started TB treatments, and 196 started IPT as they did not present TB symptom and put on IPT. There were 157 active patients on Pre-ART diagnosed with TB (BK+/EP), of which 100 patients started TB treatment, 97 TB-HIV patients started cotrimoxazole prophylaxis and 280 patients started on IPT during this quarter.

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

This quarter 1,085 new ART patients registered at OI-ART sites. Of these, 98 were diagnosed with TB (BK+/- EP), 73 patients started TB treatment. Of the 42,678 of active



patients, there're 283 were diagnosed as having TB (BK+/-, EP), 107 started TB treatment and 156 of TB-HIV patients started cotrimoxazole prophylaxis during this quarter.

- ***Pregnancy and abortion***

This quarter there're 721 new Pre-ART female patients registered at OI/ART sites, among these new female 65 became pregnant. Of all 3,886 active female patients on Pre-ART until this last quarter, 85 got pregnant and 26 of them started ARV prophylaxis. Two women were reported to have spontaneous abortion, and other one woman was reported to have induced abortion during this quarter.

There're 605 new ART female patients registered at OI/ART sites, among these new female 59 became pregnant. Of all 22,914 active female patients on ART in this quarter 212 of them got pregnant. Two women were reported to have spontaneous abortion, and other three women were reported to have induced abortion during this quarter.

- ***Positive Prevention***

This quarter there're 1,331 new Pre-ART patients registered at OI/ART sites, there're 697 patients (311 male and 386 female) received counseling for positive prevention among 29 OI/ART sites implemented. And there are 1,085 new ART patients registered at OI/ART sites, 499 patients (209 male and 290 female) received counseling for positive prevention among 29 sites.

## **2.3. Linked Response**

### ***72 Reporting LR ODs, January to March 2012***

In March 2012, of the 72 ODs implementing the Linked Response Approach, 72 ODs had reported data. From January to March 2012, of a total of 84,002 first ANC attendees at Linked Response sites and outreach services, 69,356 (82.6%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 15,482 (18.4%) husbands/partners accepted testing. Among the 61,593 pregnant women who received an HIV test, 101(0.16%) was HIV positive.

A total of 137 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and March 2012. Of these quarters, 131 (95.6%) accessed ARV drugs: 96 (73.3%) received ART and 35 (26.7%) received ARV prophylaxis. Of 138 infants born to HIV-infected mothers at PMTCT maternity sites, 131 (95%) received NVP, 99 (72%) received Cotrimoxazole and 104 Exposed infants received DNA-PCR1 tests before 2 months and 39 after 2 months of age, 3 was DNA-PCR1 positive and 1 exposed infants was died.

### **2.1.3. Community-based services**

As reported in 1<sup>st</sup> quarter 2012, there are 354 HBC teams covered over 866 Health Centers in 71 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.

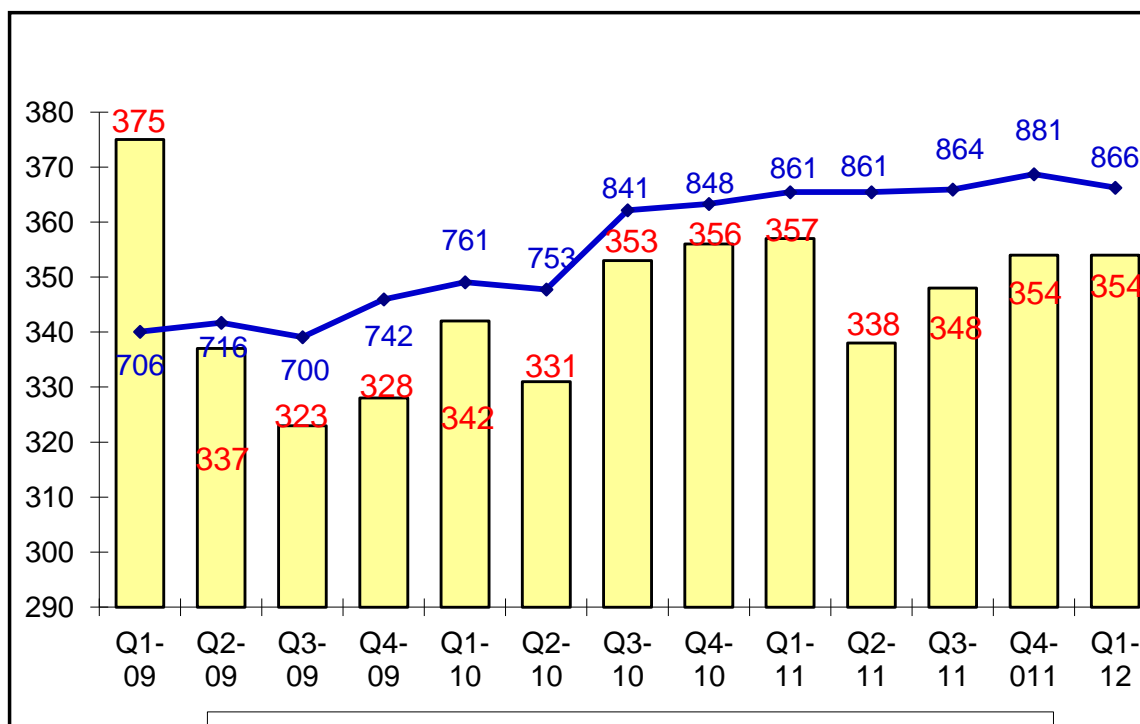


Figure 13: Trend in number of HBC teams from Q1-2008 to Q1-2012

These HBC teams are currently supporting for a total of 30,635 PLHA, which 6,186 were registered in Pre-ART (OI) and other 24,449 were registered in ART.

**III. FINANCIAL REPORT:** n/a for this quarter

**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.

**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 2012 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.