Field Visit Report

Activities: No.6.13.9: Supervision and Mentoring to Provincial Teams

Date: 14–17 June 2009
NP-SRs: NPH
GFATM Round: 7
Disease: HIV/AIDS
Location:
1- Stung Treng RH, PHD: Stung Treng
2- Kratie RH, PHD: Kratie

Monitored by: Name(s) and position:
1- Dr. Sam Sophan, a mentor, trainer of the National Pediatric Training Course on HIV/AIDS, M & E Officer SR/NPH and Vice-Chief of Department of HIV/AIDS/TB, NPH.
2- Dr. Kdan Yuvathana, working at Department I, NPH
3- Mr. Chea Chamnann, Technical Officer, Database Unit of NCHADS.

Focal person at the field: Name(s) and position [Local facilitators]
1. Dr. Hak Mesa (Chief of Pediatric Ward/OI/ART service, Stung Treng RH)
2. MA. Chhiv Sokunth (Physician of Pediatric Ward/OI/ART service, Kratie RH)

Local Team attended: Total: 22 Male: 11 Female: 11
1. Stung Treng RH: 11 persons (MD: 2; Nurse: 8; staff: 1); Male 6, Female 5
2. Kratie RH: 11 persons (MD: 1; MA: 2; Nurse: 7; staff: 1), Male 5, Female 6

Objectives of the field visit:
1. to improve the technical skills of staff in implementation the ART and OI program for HIV infected children in the provinces
2. to understand and identify the difficulties/barriers in practical work in the fields.
3. to provide constructive feedback and training as soon as possible according the findings.
4. to coordinate and facilitate the technical standard to improve or strengthen their performance and plan for the next necessary action as needed.

Methodologies:
1. Direct observation
2. Case review on medical records by random technique (data cross checking)
3. Interview with staff or patients
4. Training on site (Learning by Doing).

M&E Tools Used:
1. Feedback: cases discussion and review based on the National Guidelines, and curriculum/modules
2. Meeting between mentors and relevant local staff for providing constructive feedback, comments and suggestions.
3. Report to steering committee of the SR/NPH project for further action plan
4. Coordination in some issues with NCHADS.

RESULTS:

I- Stung Treng RH: Date 15 June 2009
- OI/ART Service Code: 19-01
- The service has been implemented in a place located under the Health Center building. There is a very tiny space and there are no shelf or file cabinet to keep the medical record appropriately. But a new building is in the process of construction and UNICEF has promised to support the office furnishing when the building is ready.
- Current Pediatric OI/ART data: active file: Total 8 (OI=6, ART=2)

1- ART Patients:
- 1 child was transferred from Kampong Cham RH (with code number: 26100B) on 14 Jan 2009. This patient must be coded with Stung Treng Site Code: P19-01-0001 (has been corrected).
Another 1 child also referred from Kg. Cham RH on 10 Apr. 2009 with a code number: 03-01-00208. This patient can keep the previous code number ( because it is a code number registered by the National ART Site Code ).

2- OI: 6
- One patient is eligible for ART ( CD4 126 cells/ml), code number 002. This child will receive ART very soon ( Prep).

3- How to register in the service:
- All new cases or transfer-in cases ( OI or ART ) must register in the registered log book accordingly. [ Previously, there were not registered, just recorded in the ART log book].

- So register number in OI and ART were rearranged accordingly.

3- Follow up HIV exposed babies:
- There 3 babies via PMTCT ( the oldest was around 7 months old).
- There are not recommended to check PCR to confirm HIV status by sending sample to Phnom Penh.
- One child was malnourished and receiving nutrition from pediatric ward.
- The 3 babies were registered in OI code of the side code. [ Now we recommended to take them out from the OI code and waiting until confirmed HIV status before enroll in the cohort.]

4- Drugs:
- There are no pediatric FDC in this site. One transferred in case from Kg. Cham receiving Triomune Junoir 12mg, 1 tab bid, will prescribed available ARV in separated formulation (but need to explain caregiver properly).

5- Issues/ Challenges:
- Need to train more staff to be able to help each other (back up).
- All staff are on duty in every ward including HIV infected patients so they should know at least basic understanding on HIV/AIDS management.
- Access to CD4 count was performed at Kampong Cham RH in the week 3 of the month ( 1 time per month).
- So far there are no recommendation to send sample to NIPH for PCR ( DBS) to detect HIV in exposed babies yet. ( The team strongly suggests NCHADS to manage this issue accordingly).
6- Feedback/ Training:

- Review the basic skill on pediatric OI/ART case management
- Cross check of medical record: improve to fill properly the forms, summary data on CD4 follow up and weight gain.
- Updated ARV drugs dosing table for children.
- Explain the use of Poster for Pediatric HIV Management

*We advised our colleague here to conduct closed follow up the HIV exposed babies according the National Guidelines.*

- Good commitment for the program

7- Suggestion from local team:

- Train two more doctors on diploma course
- Need training more staff and refresher for trained staff (basic course)
- Need continue supervision & monitoring from national team regularly.

II- Kratie RH: Date 16 June 2009 and 1 morning of 17 June 2009

-OI/ART Service Code: 10-01
- The service has been implemented the program and a new building was inaugurated by H.E. Mam Bun Heng, Mister of MoH, in early June 2009
- Current Pediatric OI/ART data: active file: Total 28 (OI=12, ART=16)

1- ART Patients:

- 8 child were transferred from Kampong Cham RH with code number provided by the MSF. These patient must recode with Kratie Site Code: **P10-01-** *(has been corrected).*
- These patient previously were kept old code number (because there are not a code number registered by the National ART Site Code).
- We have recommend to recode following the existing code number: P10-01-0009; P10-01-0010; P10-01-0011; P10-01-0012; P10-01-0013; P10-01-0014; P10-01-0015 and P10-01-0016.
- 8 patients were started ART by local staff using correct code from P10-01-0001 to P10-01-0008. (just had some mistakes in filling in the Log book).

2- OI: 12 children
- None Abnormal Detectable (NAD)

3- How to register in the service:

- All new cases or transfer-in cases (OI or ART) must register in the registered log book accordingly. [Previously, there were not registered, just recorded in the ART log book].

- \textit{So register number in OI and ART were rearranged accordingly.}

3- Follow up HIV exposed babies:

- There are recorded in a Follow-up Log Book. 3 babies. (OK).

- All blood samples of 3 babies were sent to NIPI for PCR DBS (the results were Negative).

- They have a project to follow HIV exposed infants (home visit), but there no time yet to implement.

- There are recommended to check PCR to confirm HIV status by sending sample to Phnom Penh. Ok

4- Drugs:

- There are no pediatric FDC in this site.

5- ARV Treatment:

- Some children were prescribed in low doses of ARVs (we provided new \textit{Weight-band Dosing Table}).

- 3 children were started ART on 5 June 2009:

  - All the 3 patients developed dry rash on day 9 or 12 of NVP based regimen (P1b) with fever and no mucous membranes involvement.

  - All 3 were admitted for closed monitoring (we see all cases in the ward).

  - 1 of them was suffered with Malaria, Plasmodium Falciparum +). This case was took NVP200mg ½ tab bid form day 1, even she was correctly prescribed by our physician, only ½ tab OD, in the morning dose. Grand mother accepted her mistake.

5- Issues/Challenges:

- Need to train more staff to be able to help each other (back up).

- All staff are on duty in every ward including HIV infected patients so they should know at least basic understanding on HIV/AIDS management.
- Access to CD4 count was performed at NIPH one time per month by sending sample via taxi (usually in the mild month).

6- Feedback/Training:
- Review the basic skill on pediatric OI/ART case management
- Cross check of medical record: improve to fill properly the forms, summary data on CD4 follow up (every 6 months) and weight gain.
- Explain how to collect or read available data (weight, CD4, Regimen) from Kg.Cham RH to fill in the summary form.
- Updated ARV drugs dosing table for children.
- Explain the use of Poster for Pediatric HIV Management

7- Suggestion from local team:
- Need training more staff and refresher for trained staff (basic course)
- Need continue supervision & monitoring from national team regularly.
- Waiting for Pediatric FDC from NCHADS.

Things to follow up for the next field visit (by monitor person)

- Suggestion to the local teams to have free contact with pediatric HIV/AIDS expert from NPH (warm line: Tel: 089 252 378) when they have problems with the complicated patients
- The supervision was completed successfully
- All local teams felt very happy to have mentor team from Phnom Penh and have an opportunity in local site training by doing in real cases.
- Next visit should be conducted at least every 6 month.
- See the good commitment for the program of all focal teams.
- All sites should be supported from the national mentor team to improve quality of care.

Signature of the Reporter

Dr. Sam Sophan
Head of Mentor Team

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