

Kingdom of Cambodia
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Ministry of Health

Standard Operational Procedure
for
Implementing Modul Mith
Chouy Mith (mmm) for
Children HIV Infected in
Cambodia



National Center for HIV/AIDS, Dermatology and STD

Phnom Penh, October 2009

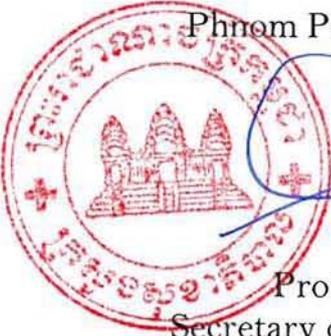
Forward

The Ministry of Health recognizes the importance of the Standard Operational Procedure for Implementing Modul Mith Chouy Mith (mmm) for children HIV infected in Cambodia is the appropriate strategy for implementation at the National, Provincial and Operational District level. This approach will contribute to improve the quality of Pediatric AIDS Care service.

To implement the Standard Operational Procedure with good achievement, NCHADS will work in close collaboration with all stakeholders including donor agencies, UN agencies, civil society and community-based organizations, CPN+.

The Ministry of Health endorses the Standard Operational Procedure for Implementing Modul Mith Chouy Mith (mmm) for children HIV infected in Cambodia. The Ministry of Health provides technical and financial support in order to reach the goal for improving child health care and contribution to reduce infant mortality in Cambodia.

Phnom Penh, 13/11/ 2009



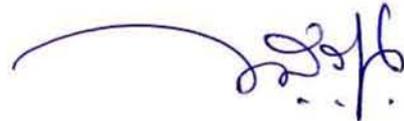
Prof Eng Huot
Secretary of State for Health

Acknowledgments

NCHADS would like to thank to all partners which involved in making a Standard Operational Procedure for Implementing Modul Mith Chouy Mith (mmm) for children HIV infected in Cambodia such as UNICEF, WHO, CHAI, FHI, Maryknoll, Magna, WVC, CARE, US-CDC, NHCC, Ankor hospital for Children and all public hospital especially National Pediatric Hospital and OIs and ARV practitioners that has shared a good experience in conducting a mmm activities.

Without the strong commitment and hard work of these partners, the SOP for Implementing Pediatric mmm Activities could not have been completed.

Phnom Penh, 29 October 2009



Dr. Mean Chhi Vun
Director of NCHADS

<p>STANDARD OPERATING PROCEDURES (SOP) FOR IMPLEMENTING PEDIATRIC mmm ACTIVITIES IN CAMBODIA</p>

LIST OF ABBRAVIATIONS:

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Treatment
CBO	Community-based Organizations
CHBC	Childrens Home Based Care
CoC	Continuum of Care
CoCCC	Continuum of Care Coordination Committee
CPN+	Cambodian People Living with HIV and AIDS Network
DPN+	District People Living with HIV and AIDS Network
HIV	Human Immunodeficiency Virus
MCH	Maternal & Child Health
mmm	Pediatric Mondul Mith Chuoy Mith (Friends Helping Friends) Support Group
MMM	Mondul Mith Chuoy Mith (Friends Helping Friends) Support Group
MoH	Ministry of Health
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NGO	Non-Governmental Organization
OD	Operational District
OI	Opportunistic Infection
PAO	Provincial AIDS Office
PHD	Provincial Health Department
PMTCT	Prevention of Mother-to-Child Transmission
SHG	Support Health Group
SOP	Standard Operating Procedure
TB	Tuberculosis
VCCT	Voluntary Confidential Counseling and Testing

1. BACKGROUND AND RATIONALE

In 2006, according to the report of a consensus workshop on HIV estimates and projections in Cambodia, even though the national HIV sero-prevalence has declined from 2% in 1998 to 0.9% in 2006, the number of people living with HIV/AIDS who need care and treatment has been dramatically increasing. It was estimated that there were 67,200 of adults ages 15-49, living with HIV/AIDS, of which about 30,000 needed antiretroviral therapy yearly; and, with a limited number of parameters, there were 3,870 children ages 0-14 also living with HIV/AIDS.

Due to increased demand for care for PLHAs, the Ministry of Health of Cambodia approved the Operational Framework for Continuum of Care (CoC) for People living with HIV/AIDS in April 2003. Holistic and comprehensive care and support for PLHAs was approved for implementation and has been strengthened and gradually expanded. As of June 2009, 34,384 PLHAs, including 3366 children, were receiving ART services provided by 29 Pediatric AIDS care services and 10,864 PLHAs were receiving OI treatment. Collaboration between different national programmes (HIV/AIDS, TB and MCH) has been strengthened. Community and home-based care services, support groups for PLHAs and VCCTs have been strengthened and expanded to provinces and Operational Districts (OD) nationwide.

Despite increased coverage of care, treatment and support services, PLHAs still experienced many challenges to accessing these services, particularly financial, social and psychological support. Even greater is the challenge to adequately provide care and support to children infected with HIV.

Mondol Mith Chuoy Mith (MMM) was identified as one of the strategies to provide opportunity for PLHA to access health care, share experience and support each others, and reduce discrimination. With improvements of health care services and strengthened partnerships at the OD level, there is a need for expanding the roles MMM based in the referral hospitals to cover a wider range of services including pediatric HIV/AIDS care.

Although some hospitals and local and international NGOs already provided the mmm activities, each organization uses a different approach.

2. OBJECTIVES OF THE SOP

This SOP is intended to provide technical guidance to public health care providers and other concerned stakeholders who are implementing the mmm activities in Cambodia as part of the scaling-up towards universal access to prevention, care, treatment and support in 2010. It lays out the practical steps to establish an mmm at the OD and specifies the concrete package of activities that can be provided at mmm.

3. STEPS IN ESTABLISHING mmm

3.1. Need assessment and initial planning process

- Steps of the assessment:

1. Assessment team:
 - An initial rapid assessment shall be carried out as part of CoC assessment by the OD Coordinator with assistance from the PAO and NCHADS.
2. Key information should be collected on:
 - Scope of the HIV/AIDS problem in the OD: estimated number of HIV infected children and pediatric AIDS Cases;
 - Identification of an appropriate location for the mmm within the pediatric ward (availabilities of facilities; whether there is a need for a new building or renovation; how much space is needed, etc). Teams should focus on existing room or building within RH first.
 - Identification of members of mmm team; Pediatric Counselor number and or number of volunteers
 - Identification of needs of children infected with HIV; Child Rights and all aspects of child abuse issues Nutritional Status
 - Resources needed/cost estimates: How long will existing resources be available? Are there any alternative resources available?
 - Identification of stakeholders and supportive partners. Local Authority (Commune council)

The Report of the assessment (with findings and recommendations) will be presented and discussed to get consensus from the OD Continuum of Care Coordination Committee (CoCCC), and relevant stakeholders including representatives of PLHAs/CPN+. A proposed practical plan of action including budget will be developed based on the recommendations of the CoCCC. Minutes of the meeting together with findings and recommendations from the assessment shall be submitted to NCHADS via PAO/PHD.

3.2. Implementation of mmm

mmm must be established with participate children HIV infected and parents. mmms shall be conducted monthly (two month or quarterly if resource limited) at pediatric wards or appropriate places in referral hospitals where pediatric OI/ART services are provided. The implementation of mmm shall be carried out by DPN+ and PLHAs themselves; however, in this transitional period, the establishment and implementation of mmm is carried out by health care workers and NGOs partners in collaboration with DNP+ network..

3.2.1. Establishment and location of mmm

- To ensure sustainability of the mmm services and to make sure that children have access to a wide range of services including health and other support services, the mmm should be located within the pediatric ward or appropriate place.
- Appropriate room(s) in the pediatric ward or another appropriate place should be made available for mmm activities. Renovation of existing rooms or building new rooms for

- Agree and Approval from RH, OD, PHD, NCHADS and MoH should be sought before starting renovation or construction of the rooms.

3.2.2. Structure of mmm Team

The pediatric mmm team should include:

- At least one Coordinator, staff member of the Referral Hospital
- 1 or 2 PLHA who are members of DPN+ or Support Group
- Two Guest Speakers (Optional)
- Representative from other Partners

Member	Tasks/responsibilities
Coordinator (Pediatric counselor, Pediatrician, nurse/mid wives at pediatric service)	<ul style="list-style-type: none"> - Overall coordination of mmm - Member of CoCCC - Organizing monthly mmm meetings, including meeting facilitation, agenda setting, and record keeping (including list of infected Children at mmm) etc - Providing supportive counseling - Referral to appropriate services if needed
Assistant (one or two assistants, depending on the number of children come to mmm) PLHA who is caregiver of HIV infected child/children, HIV teenager. (Priority to PLHA)/or Caregiver	<p>Participate in the implementation of the activities of the mmm as designated by the Coordinator. These may include:</p> <ul style="list-style-type: none"> - Organization of monthly meetings - Facilitate mmm meetings - Referral to appropriate service if needed - Report the activities of the meeting (or can be done by coordinator, please discuss within the team)

- Team members should be trained in various knowledge and skills necessary to implement the mmm activities as per their respective designated roles. Trainings will be provided by the OD Coordinator with technical assistance from the PAO and in collaboration with other relevant stakeholders working in the ODs. Field visits to other mmm can be conducted as part of the capacity building.
- Pediatric mmm meetings shall be broken up into three groups based on age, to ensure that support activities meet the developmental stages and needs of children.
 - o Small children group, ages 0-4 years, will be taking care of by a nurse / Caregiver/ Peer volunteer, playground . Provide Health Education to caregiver on ART Adherence, infant feeding practice, food demonstration , EPI,. This younger group shall require that caregivers be present in order to facilitate the program.

- Children group, ages 5-10 years, will play games (drawing, telling stories) that have a message of drug adherence, hygiene, etc..... activities for caregiver /parents ().....
 - The older group, over 10 years old, shall engage in discussions and receive health education. Encourage children to create their own activities.
- If possible, MMM and mmm shall be organized on the same day in order to minimize transport costs. In addition, mmm shall offer toys and educational games to create an environment of comfort that children will want to return to.

4. PACKAGE OF ACTIVITIES FOR mmm

- Peer support activities: effective tools shall be used, such as memory books and memory boxes, to promote discussion between parents/caregiver and child about what is happening and who can provide care for the child and the future.
- Health education for children and family on self-care: by DPN+ and PLHAs, home care, health promotion, nutrition, immunizations and prevention of HIV transmission
- Nutritional education for children and caregivers.
- Adherence support and counseling for children receiving ART. The counseling should be performed individually or in group.
- Training on Child Rights issues and all aspect all child abuses(optional)
- Spiritual support including prayer and meditation with monks
- Physical Exercise program(game)
- Specialized training for caregivers in HIV/AIDS to cope or deal with discrimination and stigma, food preparation to prevent malnutrition
- Referral to OI service or nutritional service in the referral hospital if needed
- Health checks including treatment of simple OIs if needed
- Depending on their age and needs, refer to related services:
 - Reproductive health service (family planning, ...), PMTCT for adolescents
 - Social and financial supports
 - Available income generation and occupation promotion services for children who are under the labor law.
- Infant feeding practice for HIV expose infants.

5. Budget

The following describes the budget for one mmm meeting, the mmm will be organized different from MMM:

Item of expenditure	Rate	Remarks
Food for mmm meeting	US\$3 per meeting for caregiver and children (US\$2 for parents or caregiver and US\$1 for Children). (flexible according to available resources)	List of attendance to be provided as an evidence of the participation. Maximum of 50 children, plus parents or caregivers, are allowed for each meeting

Transport for children and care giver from the community to attend mmm meeting	Based on actual cost. As lump sum US\$3 per child (plus one parent or caregiver) per meeting. (flexible according to available resources)	List of attendance to be supplied as an evidence for participation. Maximum of 50 children are allowed for each meeting.
Monthly allowance for mmm coordinator and assistants	US\$30 per person per month. (flexible according to available resources)	To be covered by NGOs/CBOs.
Allowance for speakers	US\$12.50 per speaker per meeting. (flexible according to available resources)	This is paid to invited experts to address any specific topic. NGO staff will not be covered.
Stationary for mmm	US\$5 per meeting. (flexible according to available resources)	NCHADS will not cover this cost if supplied by NGOs/CBOs.
Other expenses	Based on actual cost. As lump sum US\$ 5 per meeting. (flexible according to available resources)	For example, inviting monks to provide spiritual support during PLHAs meeting.

Appendix 1—Format for List of Children attending mmm Meeting

Date:

Name of Province:

Name of OD:

No	Name	Gender	Orphan	Referred by (CHBC team, SHG, NGOs....)	No of accompanied caregivers	Signature or Finger Print
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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31						
32						

Note: This list shall be seen and signed by mmm coordinator.

Appendix 2—Format of List of Pediatric mmm Members

Name of Province:

Name of OD:

No	Name	Gender	Orphan	Address	Visited by (CHBC team, SHG, NGOs...)	Name of parent or care givers	Nutritional Status
1							
2							
3							
4							
5							
6							
7							
8							
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Note: This list should be updated regularly. New members should be included and members who died or moved out should be excluded.

Appendix 3—Format of Minutes of mmm Meetings

- Date:
- Number of members attended: adults, children
- Facilitators and speakers in the meeting: name, position and working place
- Meeting activities:
 - Topics discussed in the meeting:
 - Purpose of each topic
 - Main content of each topic
 - Methods used
- Other activities:
 - For example:
 - Medical check up: how many children were checked up or follow up for OI or ART
 - Referral to other services: how many children or parents were referred to TB, PMTCT services, etc
- Conclusion:
 - Do the topics discussed in the meeting respond to the need of PLHA attending the meeting?
 - Problems, solution and recommendation identified during the meeting

Date and agenda setting for the next meeting

Seen and Approved
Prepared by (Sign)