

KINGDOM OF CAMBODIA

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AGREEMENT

Between

**National Centre for HIV/AIDS, Dermatology and STD
(NCHADS)**

And

**Pharmaciens Sans Frontières - Comité International
(PSF-CI)**

**For Strengthening NCHADS logistics management of
ARVs and other HIV/AIDS related supplies at the OD level
Global Fund Round Four-Year 4 and 5 Phase 2**

September 2008 – August 2010

**Phnom Penh, Cambodia
March 2009**



I. INTRODUCTION

The National Centre for HIV/AIDS, Dermatology and STIs (NCHADS), Ministry of Health, Royal Government of Cambodia, and Pharmaciens Sans Frontiers-Comité International (PSF-CI) in Cambodia agree that close collaboration and coordination between government and NGOs will strengthen health promotion and health service delivery, in particular to improve access to antiretroviral treatment, by providing long-term reliable and quality supply of ARV/OIs drugs.

PSF-CI is an international non-government organization, officially recognized by the Ministry of Foreign Affairs and International Cooperation. The original Memorandum of Understanding with the Royal Government signed on 3rd, January, 2002, has been extended for another three-year term, beginning from 3rd January 2008 onward (No 2343 IO/MFA.IC).

PSF-CI has received funding in partnership with NCHADS under the Global Fund Round 4 agreement to strengthen NCHADS logistics management, and other HIV/AIDS related supplies at the OD/CoC levels.

During the first three years of the programme, most of the CoC sites have been assessed and among them, 16 sites have been selected and supported through provision of equipment, training and regular monitoring visits. However, due to the need to scale-up long-term antiretroviral treatment with the continuously growing cases of PLHA eligible for ART, NCHADS and PSF-CI agreed to expand the scope of activities in order to provide support to the remaining CoC pharmacies yet to be covered.

A request for reprogramming including those strategic changes has been submitted to Global Fund Principal Recipient (MOH) in August 2008 and was approved in December 2008.

PSF-CI will ensure that all activities and budget supported by GFATM are included in NCHADS Annual and Quarterly Comprehensive Work Plans and Reports.

II. OBJECTIVES FOR YEAR 4 & 5:

The Overall goal of the programme during phase 2 years 4 and 5 is *to continue support NCHADS logistic unit in order to strengthen ARV/OI logistic management in CoC sites at provincial and OD level*. The ultimate aim of this support is :

- To improve access to ARVs and OIs drugs.
- To improve rational drug use of ARV/OI.

The main strategic change for the last two years Round 4 is that we plan to provide onsite support for all CoC sites, and not just limited to the initial 16 sites previously targeted. The programme will also monitor more carefully the management of paediatric drugs, as well as supply for PMTCT.

The Common objectives of PSF-CI and NCHADS for the year 4 and 5 will be the following:

- 1) To ensure that **appropriate and sufficient information is exchanged between** CoC sites and NCHADS Logistic Unit through national and regional workshop (CoC sites can communicate their problems/suggestions and NCHADS make new recommendations and introduce new logistic management tools).
- 2) To train CoC site staff involved in ARVs and OIs (ordering and dispensing drugs, providing information to patients etc).
- 3) To develop new IEC materials for CoC sites (Dosage and administration mode)
- 4) To review regularly national guidelines or Standard Operating Procedures (related to Pharmacy documents) and others NCHADS Logistic Management Unit documents.
- 5) To ensure that the national quantification procedures match with those implemented in CoC sites.
- 6) To ensure optimal **stock management and quantification of the needs** at CoC level. The cost-effectiveness of supply system is one condition for reaching ARV universal access. If CoC sites reduce the quantity of drugs loss (expired or damaged drugs) and order certain items with specific quantity, it will contribute to an accurate estimation of needs at national level.
- 7) To ensure that appropriate forms of **paediatric drugs** are available at CoC sites according to the weight range of the children in the cohort.
- 8) To ensure the minimum package of drugs for **PMTCT** is available in all CoC sites.
- 9) To improve the **knowledge of dispensers** on administration mode, side effects, and interaction so that dispenser able to provide appropriate information to the patient .This is essential to reduce appearance of resistance and the need to switch to the 2nd line treatment which is very expensive.
- 10) To improve the **knowledge of drug counsellors** and adherence checking, so that the counsellor can offer more detailed advise to the patient, in case the dispenser is unable to give sufficient information.
- 11) To assess the situation of VCCT in the CoC sites we support and propose management tools or strategies to improve logistic where needed.

III. LOCATIONS AND ACTIVITIES:

A- National/Regional Support.

The mains areas of collaboration between NCHADS and PSF-CI at national and regional level would be:

- 1) To conduct one national-level training on OI/ARV management for pharmacists and other staff who dispensed drugs at CoC sites.
- 2) To conduct a total six workshops at provincial level for a period of two years. The objective of these workshops is to provide staff working at CoC pharmacy an

opportunity to share their experiences and to obtain update information related to ARV, treatments and care. Three workshops can cover all provinces; we plan to conduct three workshops per year.

- 3) To update guidelines related to ARV drugs as organized by NCHADS.
- 4) To update training curriculum on logistic management and appropriate use of ARV/OIs.
- 5) To organise one study tour overseas (possible destination to be proposed by NCHADS) and to use lessons from this experience to improve OI/ARV drug management in Cambodia.
- 6) To collaborate in national quantification of ARV needs for both children and adults.

B- CoC sites Support :

The proposed support at this level is more comprehensive because as it is directly targeted at CoC sites with a smaller number of participants and staff dealing with the day to day activities of OI/ARV drug logistics management and dispensing. Initially the plan was to support only 16 sites during the five-year project; it has been decided that the support shall expand to cover all CoC sites during the last two years (*See list in Annex 1*). The main activities would be:

- 1) To fill the gap in terms of equipment for the effective operation of the CoC pharmacy sites as per the national standard lists by NCHADS.
- 2) To conduct 10 onsite trainings (2-3 days) for the 27 new sites (each training will group 2 or 3 sites) and 10 refresher trainings for the 16 currently supported sites. Most of the 10 onsite trainings for new sites are planned to be conducted in year 4, while the remaining few trainings will take place before the end of semester 2 of year 5. This will give enough time (not less than 6 months) to conduct at least 2 or 3 M&E for each CoC site.
- 3) To conduct regular monitoring and supervision visits.
 - a. For new sites: we will conduct at least two or three M&E (quarterly).
 - b. For old sites: To continue to conduct monitoring and evaluation visit at 16 old sites as long as needed.(at least two per semester)

For more details, see Annex 2.

IV. RESPONSIBILITIES:

A- Responsibilities of NCHADS :

- 1) Provide technical support to the government health staff at all CoC sites;
- 2) Provide incentives to the pharmacists/dispensers working in OI/ART teams at all CoC sites;

- 3) Jointly conduct planned monitoring and supervision visits at all CoC sites on quarterly or semi-annual basis as needed to ensure quality patient care;
- 4) Take appropriate action on issues that will need follow-up and which will arise at various coordination meetings;
- 5) Take responsibility for the renovations at the supported sites as well as provide the required clinical and laboratory equipment
- 6) Coordinate to provide onsite trainings and regional workshops on OI/ART logistic management to staff working at CoC pharmacy.
- 7) Collaborate with relevant organizations on strengthening the service through capacity building, quality improvement, and quality assurance.
- 8) Inform and Discuss with PSF-CI about any proposed changes in this Letter of Agreement (LoA) .
- 9) To develop and print IEC material for CoC sites (support by PSF-CI).

B- Responsibilities of Pharmaciens Sans Frontières - Comité International

- 1) Provide technical support to NCHADS Logistics Management Unit in the development of training materials, monitoring tools and in conducting field activities;
- 2) Provide financial and technical support for on site trainings, regional and national trainings;
- 3) Provide support for monitoring and evaluation visits at the supported CoC sites;
- 4) Attend regular monthly and quarterly meetings as required by NCHADS;
- 5) Discuss with NCHADS about any changes in this agreement.

V. SOURCES OF FUNDING:

To support this programme, PSF-CI has received the funds from Global Fund Round 4. The budget to support joint activities for year 4 & 5 is planned as shown in the table below:

Activity	Quantity	Unit cost (US\$)	Total cost (US\$)
On SitesTrainings	20	450	9,000
M&E	104	140	14,560
Equipment	27	1,333	36,000
IEC	1000	2,000	2,000
Regional Workshop	6	4,000	24,000
National training	1	12,000	12,000
Study Tour	1	15,000	15,000
TOTAL			112,560

VI. GENERAL PROVISIONS

PSF_CI will plan its program for 2009-2010, and present this to NCHADS in draft format for inclusion in the NCHADS Annual Comprehensive Work Plan. Changes will be made in consultation with NCHADS. Planning, coordination and management of the above activities will be carried out jointly by NCHADS/PSF-CI.

This LoA is valid for a period of two years, effective from 1st September 2008. The scope and specific activities under this LoA may be adjusted, where and when deemed necessary with written consent of both parties.

For NCHADS

Date... 25.03.09.



Dr. Mean Chhi Yun
Director, NCHADS Director

For Pharmaciens Sans Frontières-CI

Date... 16.03.09



Mrs Anne Rouve-Khiev
Country Coordinator

List of annexes:

Annex 1: List of 16 CoC sites currently supported

Annex 2: Simulation of planning for group 2 and 3

ANNEX 1: CoC site list of group 1 and 2 (old site supported during year 1, 2 and 3), and group 3 (new site to be supported during year 4 and 5)

CoC site list to support for year 4 & 5					
Old site supported			New site to be supported		
No	Name	Province	No	Name	Province
Provide ARV/OI services			Provide ARV/OI services		
1	Kg Speu	Kg Speu	1	Pailin	Pailin
2	Kompong Leav	Prey Veng	2	Serey Sophon	Bantey Mean Chey
3	Neak Loeung	Prey Veng	3	Kralanh	Siem Riep
4	Kg Chnang	Kg Chnang	4	Daun Keo	Takeo
5	Kg Thom	Kg Thom	5	Sre Ambel	Koh Kong
6	Sampao Meas	Pursat	6	Mili Hosp	Battom Bang
7	Kirivong	Takeo	7	Koh Thom	Kandal
8	Ang Rokar	Takeo	8	Moung Russey	Battom Bang
9	Chey Chumnas	Kandal	9	Battom Bang	Battom Bang
10	Sautnikum	Siem Reap	10	Tmar Kaul	Battom Bang
11	Kratie	Kratie	11	Kg Trach	Kampot
12	Tbaung Kmum	Kompong Cham	12	Shaknouvill	Bantey Mean Chey
13	Cheung Prey	Kompomg Cham	13	Koh Kong	Koh Kong
14	Kampot	Kampot	14	MonKul Borey	Bantey Mean Chey
15	Romeas Hek	Svay Rieng	15	Siem Riep	Siem Riep
16	O'Chrov	Bantey Meanchey	16	Svay Rieng	Svay Rieng
			17	Memot	Kg Cham
			18	Srung Treng	Srung Treng
			19	Pear Rang	Prey vang
			20	Kg Cham	Kg Cham
			21	Oudong	Kg Speu
			22	Som Rong	Oddar Mean Chey
			Provide OI services		
			23	Presh Vihea	Presh Vihea
			24	Sampov Loun	Battom Bang
			Did not start ARV/OI		
			25	Kean Svay	Kandal
			26	Chhong	Kratie
			27	Baty	Takeo

ANNEX 2 : Here is one simulation for activities group3 (new site to support), the achievement will not respect exactly this plan. For group 1 and 2 (16 sites), the M&E will be plan according to the identified needs by NCHADS and PSF during the same period.

Simulation of planning for Year 4 & 5 for onsite activities in new sites (training + M&E + Workshops)

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