

KINGDOM OF CAMBODIA

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Ministry of Health

**Standard Operation Procedures for the Implementation of
Prevention, Care, and Treatment of HIV/AIDS, in Closed Settings
in Cambodia**

March 2022



National Center for HIV/AIDS, Dermatology and STD

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Preface

The Ministry of Health and The Ministry of Interior appreciate to all members of Core Group on HIV, STI and TB-HIV in Closed Setting in making this Standard Operation Procedures for the Implementation of Prevention, Care, and Treatment of HIV/AIDS, in Closed Settings in Cambodia process successfully.

These Standard Operation Procedures for the Implementation of Prevention, Care, and Treatment of HIV/AIDS, in Closed Settings in Cambodia has been revised in pursuant of the decision of the Ministry of Health to include health posts in the closed settings as part of its health coverage plan. This document provides guidance on the delivery of TB-HIV prevention, treatment and care in the closed setting in the Kingdom of Cambodia to respond to the urgent needs to address HIV, STI and TB-HIV issues in the closed setting.

The content of this document is based on the experiences in implementing HIV, STI, TB-HIV interventions in closed settings and current constraints faced by the health system in the closed setting. The SOP will be reviewed on a regular basis to reflect new developments and best practices in this area of work.

The Ministry of Health and The Ministry of Interior appreciate the dedications and efforts made by all members of the Core Group on HIV, STI and TB-HIV in closed settings in making this revision process successful.



Samdech Krolahom SAR KHENG



Acknowledgement

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) would like to express its appreciation and acknowledge the dedication of the members of the Closed Settings Technical Working Group (TWG) in the revision of the Standard Operation Procedures for the Implementation of Prevention, Care, and Treatment of HIV/AIDS, in Closed Settings in Cambodia. Throughout the process, they contributed high quality suggestions, enthusiasm, and hard work.

The revision of the SOP represents the continued collaboration, and strong support contributed by NCHADS, General Department of Prisoners (GDP), and its development partners in implementing HIV/AIDS prevention, care, treatment, and support in closed setting in Cambodia.

NCHADS would like to take this special occasion to thank the management and officers of NCHADS (Dr. Samreth Sovannarith, Dr. Ngauv Bora, Dr. Touch Sarun and Dr. Ky Sovathana), GDP of Ministry of Interior (Dr. Chengli Bunty), CRS (Dr. Noy Prophea, Mr. Sorng Sophat), WHO (Dr. Deng Serongkea), UNAIDS (Mr. Ung Polin), AHF (Dr. Chan Phanna), the consultant (Ph. Ung Vanny) and other TWG members who actively contribute to the successful development of **“the Standard Operating Procedures for the Implementation of Prevention, Care, and Treatment of HIV/AIDS, in Closed Settings in Cambodia”**.

Lastly, we would like to extend our sincere gratitude and appreciation for all of the hard work and dedication of all stakeholders, civil societies and partners in providing prevention, care, treatment and support to all PLHIVs either at the ART services or in closed settings in Cambodia.

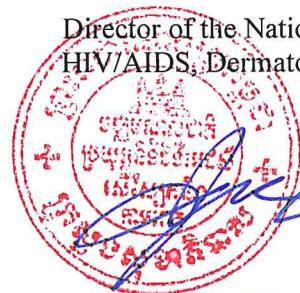


Director General of General
Department of Prisons




ឧត្តមអគ្គនាយកទូទៅ វិសេស វីសាឌុក

Phnom Penh, 11 July, 2022



Director of the National Center for
HIV/AIDS, Dermatology and STD



Dr. OUK VICHEA

List of Abbreviation

AHEAD	Association on Higher Education And Disability
AHF	AIDS Healthcare Foundation
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
CC	Correctional Center
CHAI	Clinton Health Access Initiative
CPN+	Cambodian People Living with HIV/AIDS Network
CRS	Catholic Relief Services
CSOs	Community Support Organizations
FHI 360	Family Health International 360
GDP	General Department Prisons
HIV	Human Immuno-Deficiency Virus
HPs	Health Posts
HTS	HIV Testing Services
ICRC	International Committee of the Red Cross
IEC	Information Education Communication
IPD	In-patient Department
IPC	Infection Prevention and Control
MHD	Municipal Health Department
MMD	Multi-Month ARVs Dispensing
MoI	Ministry of Interior
MoSAVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MSF	Medicine Sans Frontier
NCHADS	National Center for HIV/AIDS Dermatology and STDs
NGOs	Non-Government Organizations
PEP	Post Exposure Prophylaxis
PH	Provincial Hospital
PHD	Provincial Health Department
PLHIV	People Living with HIV
PPMP	Phnom Penh Municipal Prison
RDT	Rapid Diagnosis Test
RH	Referral Hospital
SOP	Standard Operating Procedure

SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
VCCT	Voluntary Confidential Counseling and Testing
WHO	World Health Organization

I. Background and Rationale

The closed setting system in Cambodia is under the management of General Department Prisons (GDP), Ministry of Interior. There are a total of 28 closed settings in Cambodia, of which four correctional centers (CC1, CC2, CC3 and CC4) are under the direct management of the GDP while 24 closed settings that are placed under the management of the provincial authorities and GDP. In January 2012, NCHADS and GDP in collaboration with development partners such as WHO, UNAIDS, UNODC, ICRC, CHAI, FHI360, CRS, AHEAD, MSF, Caritas Cambodia, and CPN+ have developed the Standard of Operation Procedure (SOP) for Prevention, Care, and Treatment for HIV/AIDS, STI and TB-HIV in closed settings in Cambodia.

Among 28 closed settings (including CC1, CC2, CC3, and CC4), Phnom Penh Municipal Prison (PPMP), and prisons in Battambang, Kampong Speu, Preah Sihanouk, Siam Reap, Banteay Mean Chey, Kampot, Tbong Khmum, and Kampong Cham province have operated with more than 1,000 prisoners and detainees. To provide health services for prisoners and detainees, one health post was established in each closed setting except in PPMP, and prisons in Pursat and Preah Sihanouk province. As of January 2021, there are a total of 143 officers working in all health posts including 5 doctors, 57 secondary nurses, 8 primary nurses, 3 midwives, 2 pharmacists and 68 other skills officers.

As of the end of Dec 2020, there were 39,317 detainees of which 2,597 were female. GDP reported HIV cases of 429 (81 females), and HIV/TB co-infection cases of 4 totally in 28 closed settings.

To align with GDP's Five-Year Strategic Plan (2019-2023), NCHADS' Strategic Plan for Prevention, Care and Treatment for HIV/AIDS, and STIs Response in the Health Sector (2021-2025), National Guidelines on the Management of ART, and SOP for Multi-Month ARVs Dispensing (MMD) 3 to 6 months, to reach the target 95-95-95 by 2025, and to improve response through the provision of quality services for HIV, STI and TB-HIV prevention, care, treatment and support, the Core Group on HIV, STI, and TB-HIV in closed settings suggests the revision and updates the SOP for closed settings from 2022 onward.

In order to improve health service access and to response to HIV, STI and TB-HIV issue in closed settings to prevention, care, treatment and support, national centers collaborate with many

partners have been initiating various modalities of service provision, ranging from referral to direct service delivery performed by health post officers and/or CSOs' officers.

This Standard Operating Procedures (SOP) is developed to support the implementation of Prevention, Care, Treatment and Support of HIV in Closed Settings in Cambodia. This document will contribute to address the vulnerability of the detainees infected with HIV by adopting a common model of service delivery in the current context of limited resources and capacity in the closed settings. It will be revised on a regular basis considering new developments and progress in health development in closed settings.

II. Objective

- To improve and strengthen access to quality of HIV, STI, and HIV/TB for prevention, care, treatment, and support of detainees in closed settings
- To improve and strengthen referral mechanism for HIV related services in closed settings.
- To improve re-engagement of PLHIVs in ART service after release to community.

III. Packages of Activities

3.1. HIV Prevention

The reduction in new HIV infections is testament to the effectiveness of Cambodia's prevention program. NCHADS, development partners, and all relevant stakeholders have contributed efforts in developing innovative approaches to reach the vulnerable targeted groups. In the closed settings area, NCHADS in collaboration with GDP has established training to equip the health post officers the capacity in delivering HIV prevention messages to all detainees in the closed settings. Closed setting peer supports, group leaders, cell leaders, and health post officers need to be capacitated on communication skills and knowledge on HIV, STI and TB/HIV prevention, care and treatment, and other related educational topics to ensure correct information are provided in an effective manner.

Closed settings peer supports, group leaders, cell leaders, and health post officers will:

- Provide information and educate all detainees on HIV, STI, and TB/HIV prevention, care and treatment, nutrition, sexual reproductive health (SRH), and sanitation.
- Provide IEC materials on HIV, STI, and TB/HIV prevention. The IEC materials with relevant topics will be developed, printed and distributed during educational sessions conducted as per activity mentioned above.
- Apply infection prevention control (IPC) and universal precaution measures. Post-Exposure Prophylaxis (PEP) will also be available based on need in the closed settings. PEP would be managed by trained health post officers with support from ART team aligned with the PEP SOP. The health post officers require sufficient trainings and supply of infection prevention control materials to be able to implement it effectively.
- Educate PLHIV detainees on Positive Prevention (refer to the Guide for Implementation of Positive Prevention among PLHIVs in Cambodia 2012).
- Provide relevant preventive key messages including but not limited to treatment as prevention (TasP), Undetectable = Untransmutable (U=U).

3.2. HIV Testing and Counseling

In June 2017, NCHADS has updated the National Consolidated Guidelines on HIV Testing Services in Cambodia. NCHADS, in partnership with NGOs, has a strong collaboration with health posts of all prisons at national and sub-national level. Currently, at least two trained health care officers or lay persons of the health posts were trained to offer rapid HIV testing to volunteered detainees. The pre-test information, counseling and voluntary rapid HIV testing will be offered to all new detainees. The regular follow-up testing is encouraged for the HIV negative detainees to acknowledge their HIV status, so that they will receive care and treatment on time. There would be 3 categories of detainees:

- *New/previous detainees with unknown HIV status:* rapid HIV testing should be performed. The confirmatory test should be done when the rapid test is reactive.
- *New/previous detainees with known-positive HIV status (with history of ART loss to follow-up or no ART information):* rapid HIV testing, and confirmatory test should be done to further process for the new ART enrollment at the collaborated ART site.
- *New/previous detainees with known-positive HIV status and known ART services:* rapid HIV testing would not perform. The communication and coordination between detainee, detainee's family, CSOs, and health posts/closed settings officers should be done to facilitate treatment continuation (please follow section 3.3.1 Management of ART, OIs prophylaxis/treatment, laboratory test, and other co-morbidities treatment).

2 options can be considered depending on relevant resources within each health post:

- **Option 1:** The pre-test information, counseling and rapid HIV testing would be offered to all volunteered detainees either with unknown HIV status/unknown ART information in the closed settings. The regular follow-up testing is encouraged for the HIV negative detainees to acknowledge their HIV status by the trained health posts/closed settings officers. When the result is reactive, the health post/closed settings officers could draw the blood samples. The transport of the sample could be done/facilitated by the health post/closed setting officers and/or CSOs officers to the nearest or collaborated VCCT for confirmatory test. The result of the confirmatory test would be communicated responsibly

between the relevant stakeholders including CSOs and the confidentiality should be maintained.

- **Option 2:** The pre-test information, counseling and rapid HIV testing would be offered by the CSOs officers and/or collaborated provincial, hospital or referral hospital healthcare providers who will regularly visit the health posts and/or closed settings that would provide the rapid HIV testing to the volunteered detainees during the visit. Additionally, the regular follow-up testing for the HIV negative detainees to acknowledge their HIV status is encouraged as well. When there are reactive results, the blood sample will be drawn in the closed settings (especially for risky detainees) and will be sent for confirmatory test accordingly. The result of the confirmatory test would be communicated responsibly between the relevant stakeholders including CSOs. The confidentiality should be maintained.

Note: For new detainees known to be HIV positive (PLHIVs active on ART) should be noted and communicated with the relevant stakeholders, including CSOs and/or nearest or collaborated ART site to process document transferred to ensure ART treatment continuation.

The provision of HIV testing, and counseling should follow the National Consolidated Guidelines on HIV Testing Services in Cambodia. NCHADS/MHD/PHD/CSOs will responsible for supplying rapid HIV testing kits and other consumables as well as providing regular supportive supervision visits, in collaboration with GDP to the health posts and/or closed settings. For the recording and reporting of HIV testing result, GDP will collect the data and coordinate to communicate the data with NCHADS/MHD/PHD accordingly.

The health post officers will receive capacity building to update their knowledge and skills from time to time on the most recent NCHADS guideline and SOPs.

In the closed settings, all relevant stakeholders should promote access to HIV testing among people in closed settings through awareness raising on HIV risk, availability of HIV testing and HIV treatment.

3.3. HIV Care, Treatment, and Support

Ensuring health in closed settings was a component under strategy 1 (the closed settings management according to the standard that would ensure security, safety, health and humanitarian) of the five strategies of the five-year GDP's Strategic Plan 2019-2023 and ensuring HIV service in the closed settings was also included in the NCHADS Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2021-2025. This session would detail on minimum package of activities respond to Care, Treatment and Support as below:

3.3.1. Management of ART, OIs prophylaxis/treatment, laboratory test, and other co-morbidities treatment

The closed setting authorities in collaboration with NCHADS and partners should ensure that detainees infected with HIV would receive care, treatment and supports equivalent to that available to PLHIVs in the community, including ART¹.

The new HIV-positive detainees and those with no ART information should be initiated on ART according to the national guideline.

However, the existing active HIV-positive detainees with access to their ART status (ART site, ART code, ART regimen, etc.) would be transferred and continue ART at the new nearest/collaborated ART site. To ensure the treatment continuation upon entry to the closed settings, if the individual is already on treatment:

- The closed settings should allow PLHIV's family/peers/CSOs' officers to bring ARVs and OIs medication for HIV-positive detainees through the management of health post officers
- Health Post officers (HP) should document treatment regimen for report filling, then communicate with CSOs officers and/or the collaborated ART health care providers for ART document transferred.

The **ART provision** for new HIV-positive detainees and those with no ART information will be done through different approaches based on the capacity of the health post officers:

¹ WHO, UNODC, UNAIDS, Action Technical Paper Interventions to Address HIV in Prisons HIV CARE, TREATMENT AND SUPPORT, Geneva, 2007, https://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20hiv_treatment.pdf

- **Option 1:** In collaboration with GDP and health post officers, clinicians and counselors from collaborated ART site/CSOs will provide essential services including but not limited to pre-ART counseling, OIs screening, treatment and prophylaxis, ART initiation, baseline laboratory testing, and adherence supported counseling in the closed settings/health posts following the national HIV clinical management guidelines for adults and adolescents in Cambodia.
- **Option 2:** The health post officers with capacity building on HIV clinical management and counseling technique could provide pre-ART counseling, OIs screening, treatment and prophylaxis, ART initiation, baseline laboratory testing, and adherence supported counseling respectively in consultation with ART clinicians and counselors as the HIV-positive detainees need to register and to be initiated on ART respectively.

In case there is serious case including but not limited to poor health condition, developing OIs such as TB, experiencing drug side effect, health post officers could refer the HIV-positive detainees to ART/IPD in the nearest/collaborated PH/RH for further investigation in compliance with the security following GDP guideline.

Note: NCHADS will provide training on the HIV clinical management and comprehensive counseling from time to time in collaboration with GDP, with supports from relevant partners/stakeholders/CSOs based on the capacity of health post officers to ensure the quality of services provision to all HIV-infected detainees/prisoners.

A- Management of ART and OIs prophylaxis/treatment

Either option 1 or option 2 would be performed, the ARV drugs would be dispensed according to the clinicians' prescription:

- New HIV-diagnosed detainees: the ARVs dispensing and appointment would be every 1 to 3 months following the patients' health status.
- Stable HIV-positive detainees: for those who fulfill the criteria to receive multi-month ARVs dispensing (MMD) and appointment spacing would receive ARVs drug up to 6 months.

The health post officers will:

- Provide counseling to new HIV-positive detainees
- Screen TB symptoms in the health post (HP)/closed settings. Any suspected cases will be referred to the nearest PH/RH for further diagnostic work up and treatment and/or TB preventive treatment in accordance with TB national treatment guidelines and the updated Standard Operating Procedures for Latent TB Infection Management and TB Preventative Therapy (TPT), 2020 (CENAT/ NCHADS).
- Provide continuous follow-up on ARV drugs and appointment date based on clinicians' prescription
- Request new HIV-positive detainees to take ARVs face to face with health post officers every day for at least two weeks to make sure they are good on ART and to motivate them to continue their ART treatment further. After the period of 2 weeks, the ARVs would be provided every 3 days to detainees according to the GDP instruction.
- Check-up PLHIV detainees' health on the ART appointment date using health check list, follow up and monitor them closely.
- Bring health books of PLHIV detainees to the ART sites to get ARVs and OI prophylaxis drugs refill if any, and then dispense the ARVs and OIs prophylaxis drugs to PLHIV detainees in the closed settings.
- Reinforce treatment adherence counseling on regular basis in addition to the initial counseling at the ART initiation.
- Support them to have good health, good adherence, and live for better life.

***Note:** Health post (HP) officers will be trained on the management of care and OIs/ART treatment, on ARVs dispensing, ARVs refilling, and following up medication of HIV-positive detainees.*

B- Laboratory test

At baseline, all new HIV-positive detainees will be tested for CD4 baseline, and other biochemistry test including but not limited to complete blood count, kidney function test, liver function test, HBV, and HCV antibody. Beside baseline tests, ART monitoring required laboratory testing, essentially the viral load test which should be done in M6, M12 and yearly if the patients are stable following the viral load algorithm. The laboratory test performance should be based on the following:

- **Health post officers with capacity and equipment:**

The health post officers would receive the basic trainings and the equipment to support laboratory testing. Health post officers will review the PLHIV detainees' appointment date for CD4, VL, and other biochemistry tests. They would collectively draw the blood, pack the samples and send them to designate ART sites. ART sites will further refer samples to CD4/VL/biochemistry testing sites. The results of the tests will be communicated respectively when they are available and/or where needed.

- **Health post officers with less capacity and equipment**

Health post officers will coordinate and arrange nurses/clinicians visit to manage the blood drawing in the health posts/closed setting, if feasible. Another option, the health post officers could refer PLHIV detainees to ART site for laboratory testing.

C- Other co-morbidities treatment

- Management of common STI/RTI will be provided by health post officers who are trained in syndromic case management which would be guided by Minimum Package Activities (MPA) SOP/MoH. Severe STI cases and other cases required reproductive health, mental health and Methadone Maintenance Therapy service shall be referred to nearest PH/RH.

- Management of NCD and HPV will be done by experienced health care providers within PH/RH. Thus, health post officers should refer them to receive those services at the nearest PH/RH.

Note: the management of OIs and other co-morbidities would follow the updated National Guideline for Management of ART and other NCHADS updated Guidelines.

3.3.2. Support for ART adherence and retention

A. Pre-Release

To ensure that proper preparation and ongoing supports to PLHIV detainees to be able to access to health service effectively, some actions are required as following:

- The closed settings officers inform to health posts officers on the specific date of the release of the detainees. The health post officers communicate the expected released date with the CSOs and current ART sites for preparation documents and other follow up action.
- One session of comprehensive counseling provided by health post officers prior to the release includes but not limited to:
 - o HIV and STI prevention and substance abuse
 - o Positive prevention counseling
 - o Retention in service, ART and adherence supported counseling
 - o ARVs storage counseling
 - o Importance of laboratory tests
 - o Undetected = Untransmutable (U=U)
- At least 1-month supply of ARVs and other OI drugs should be prepared for all PLHIV detainees to be released into the community.
- Health post officers discuss with detainee to select ART site which they would like to be transferred to after the release.

Option 1: The selected ART site is different from the current ART site.

Contact the current ART site to prepare required documents for the transfer-out

prior to the release. The transfer-out documents, the remaining ARVs and OIs drugs should be attached with the released documents.

Option 2: The selected ART site is the same with current ART site. Contact the current ART site to inform the date of the release of detainee for the reference.

- In special circumstance where the urgent release would happen less than 1 month, the current ART site should be maintained. The detainees need to visit the current ART site for follow-up visit or further transfer-out per detainee preference after the release. In this case, the communication and coordination among health post officers, CSOs officers and the released detainees are critical. The remaining ARVs and other drugs should be provided to the released detainees or their family.
- The health post officers also communicate with CSOs officers accordingly to acknowledge the release so that CSOs officers could follow-up the detainees for the 1st visit to the ART site after the release. The directory list of CSOs would be available at all health posts/closed settings and the contact of CSOs officers would be informed to the released detainees or their family for reference.
- ART site providers/CAA officers should facilitate the transfer-out and communicate to new selected ART site in case the PLHIV detainees request to receive ART service at another ART site.

B. Post Release

After the release from the closed settings, the detainees should be followed up by CSOs officers accordingly to ensure treatment continuation and retention. Relevant information about the **HIV-positive inmate's discharge from the closed settings must** be provided to the concerned/relevant authorities and CSOs officers, so that the HIV-positive individual can be followed up at regular intervals and linked to the ART site at their preference (optionally, it could be close to his/her place of residence) to ensure retention. The confidentiality of HIV status and relevant information of the released detainees must be maintained at all times.

Relevant CSOs officers, MoSVY social workers and/or family should be allowed to bring ART drugs for the released detainees in the community where applicable.

C. Re-engagement in Community

CSOs officers would work with health posts officers, ART site providers, local authorities and VHSGs to follow up PLHIV detainees who are released in the communities and to support them accordingly.

To ensure successful re-engagement of the released PLHIV detainees to the community and retention in ART site, the support of transportation cost and motivational counseling for PLHIVs to access ART services would be necessary.

The relevant partners' directory including but not limited to municipal/provincial HIV program, ART team, closed settings officers, health post officers, CSOs officers, CAA team, VHSGs, and social welfare officers should be developed and maintained for successful linkages and/or referrals to care and treatment during re-engagement to the communities or when back from community to the closed settings as well as between closed settings based on the needs and available services in the community.

D. Community Involvement

- Promoting HIV/AIDS education should expand its scope beyond basic information about HIV transmission, prevention and law on the control and prevention HIV/AIDS in Cambodia. These activities should be conducted by health center officers or VHSGs in cooperating with relevant CSOs officers.
- Practicing buddy system, peer to peer support group, friend help friend, or VHSGs to provide social and emotional supports to PLHIV detainees after the release.
- Expanding social health protection support (Health Equity Fund Card) to all PLHIVs through the support from local authority and CSOs as well as the other mechanisms are available (example: issue health equity fund card at ART sites).

E. Transfer mechanism in closed settings

E1. Transfer-out mechanism

The transfer-out mechanism would be applicable depending on the situation where the security reasons should be considered. Where the information of the transfer-out could be obtained ahead, the following suggestion could be considered as below:

- Before PLHIV detainees are transferred out to other closed settings, the closed setting officers should inform to health post officers on the date and location of closed settings that the PLHIV detainees will be transferred to. Health post officers would inform the transfer-out of PLHIV cases to ART site for preparing patient file/transferred-out document and send to health post officers. Health post officers prepare remaining ARVs and transfer-out documents (including all relevant health documents) of PLHIV detainee to closed setting guards that responsible for transferring detainee to another closed setting. The closed setting guards would provide ARVs and transfer-out document (including all relevant health documents) to health post officers in the new closed setting. Health post officers inform to ART site on real date of transfer-out then data entry clerk will update information in data system at the ART site.

Practically, in the consideration of GDP security, the information of the transfer out (who to be transferred out, when and where it happened) would be released just soon before the activities happened (immediate transfer-out), so there is not enough time to attached the PLHIV detainees' documents and ARVs drugs at the transfer-out. In this case, the health post officer should be aware of the number of detainees, including PLHIV detainees who were transferred out in the following day. The closed settings/health post officers should inform/coordinate and communicate the ARVs regimen, other treatment medication, and relevant information accordingly to the new closed settings' officers with the newly received PLHIV detainees. All relevant information and documents could be communicated virtually, responsibly between the health post officers, CSOs officers and ART site providers.

E2. Transfer-in mechanism

After health post officers in the new closed settings receive ARVs and transferred-in documents of PLHIV detainees, health post officers need to check on number of remaining ARVs and the next appointment date. Health post officers would inform the transfer-in PLHIV case to the collaborated ART site and bring the document to the site for data entry clerk to record the case as transfer-in patients. The continue follow-up for ART, laboratory test, and other supports should follow 3.3 HIV care, treatment, and supports.

In the case where the transfer-in cases happened without any prior preparation of ARVs and related documents. The health post officers of newly received PLHIV detainees will coordinate/facilitate and communicate between previous closed settings officers/health post officers and CSOs officers for further information such as ARVs regimen, current ART, and other relevant information. Thus, the health post officers and CSOs officers would facilitate to get the ARVs for treatment continuation.

IV. Commodity management

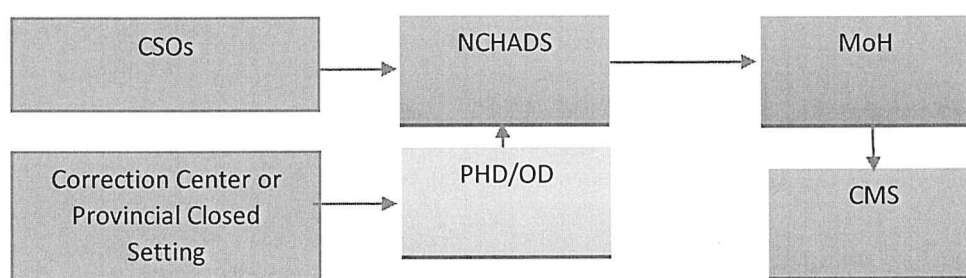
4.1. RDTs OIs Prophylaxis and ARVs Commodities Request and Distribution

A. Rapid Diagnostic Test (RDT: HIV and Syphilis) request and Distribution

The process of request for the RDT must follow to the central medical store (CMS).

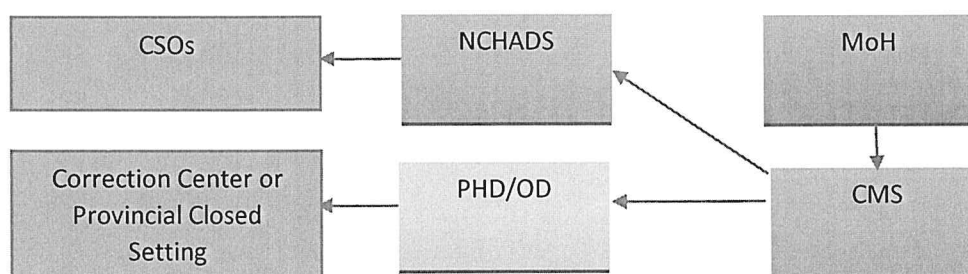
The flow of the request is separated for Correctional Center and Phnom Penh Municipal/ provincial closed settings. Correction center and provincial closed settings should have Request Report Form and Stock report (NCHADS form).

Flow of RDT Request



- The request from the closed setting/correctional center must be submitted to OD or PHD before the 25th of each month.
- This request report must be sent from PHD to NCHADS before the 5th of the following month.

Flow of RDT distribution



B. ARVs and other OIs prophylaxis treatment

The PLHIV detainees must receive care and treatment (enrolled at ART services and received ART at the nearest/collaborated ART site). ARVs and/or other OIs prophylaxis including but not limited to TB preventive therapy (TPT), Cotrim prophylaxis, and Fluconazole prophylaxis would be prescribed by the clinicians. The health post officers would be in charge of keeping these medications for all the PLHIV detainees.

4.2. RDTs OIs Prophylaxis and ARVs Commodities Storage

A. RDTs storage

Reagents (HIV, Syphilis) can be stored in the refrigerator. However, please follow the rule of commodities storage including:

- Do not refrigerate food or substances other than lab reagents and medicines
- Measure and record daily temperatures in a tracking chart and store near the refrigerator
- Keep monthly used temperature chart in filling and make a list of all the reactants in the refrigerator.

B. Medicine storage (OIs Prophylaxis and ARVs)

Store them in a well-ventilated place, it should be room temperature (not hot, not too humid), and keep them from direct sunlight.

All the medication of the detainees should be organized:

- By type of medicine such as syrup, tablets, capsules or skin cream.
- By groups of drugs that would treat the same symptoms, such as painkillers (headache, abdominal pain, toothache), cold/flu medicine, TPT, Cotrim, or Fluconazole etc.

The ARVs of each detainee should be labelled the code of detainee the ARVs belong too in separated boxes to avoid confusion, and miss-match the PLHIV detainees. The

ARVs regimen of one PLHIV detainee is different from another, health post officers should be highly aware of the matter.

After getting the prescription from the clinicians, and the medication was given to health post officers, they should check the expiration date and write them on the paper, or on the bottle, or on the package. In case the expiration date cannot be found, please find the date of manufacture and usually count for the next 3 years for the expiration date (some drugs, the duration from the manufacture date may vary). Please remember to always schedule medications from those that are about to expire. If the medicine has not expired, but the health post officers observe any abnormalities that are different from before, such as discoloration, change in appearance, smell and strange taste, etc. The drugs should be discarded and reported. The request of new drugs/ARVs should be done immediately to avoid ARVs missed doses for PLHIV detainees.

In the medicine cabinet or medicine storage box, the type, the name, and/or the code of medicine should be clearly written so that it is easy to take out and use.

During storage, the medication should not be cut into separate tablets or peeled from the pads, as the pads has the expiry date on the panel. This should be done only at the time of administration of the medication.

4.3. ARVs Delivery for PLHIVs

PLHIV detainees must understand how to use the medicine and treatment adherence, when to take it. During ART site visit, ART clinician must explain how to store ARVs, as well as other medicines in safe and cool place, under management of closed setting/health post officers. The medication should be stored separately from one to another detainees. The medicine could not be shared with another detainee with the same disease.

4.3.1. Provincial or Referral Hospital ART site

Provincial or Referral Hospital ART site should provide good quality ART services to PLHIV detainees as general PLHIVs. Health care provider at the hospital will:

- Provide priorities service to PLHIV detainees if feasible.
- Provide TB screening, treatment and positive prevention for PLHIV detainees, as well as manage other OIs and STIs screening, then treatment following updated national guideline. Other reproductive health, mental health and Methadone Maintenance Therapy shall be provided as required by PLHIV detainees where is applicable.
- Provide ART to HIV-positive detainees in need based on revised Cambodia ART guideline. ART monitoring should be performed as required especially confidential counseling related to ART adherence and/or VL suppression.

Stable PLHIV in closed settings will be allowed to:

- Reduce clinical visit frequency at the facility to every 3-6 month as stated in MMD SOP.
- Regularly have VL monitoring according to up-to-date VL algorithm.

Non-stable PLHIV detainees in the closed settings will be followed and monitored by health post officers, health care providers at the ART sites and CSOs partners. Non-stable PLHIV detainees could get ARVs according to appointment of ART site.

4.3.2. Health Post in Closed Settings

Health Post officers in the closed settings would have good collaboration with Health Center officers, ART sites team members and CSOs officers. They can refer PLHIV detainees to receive ART service or take ARVs for PLHIV detainees in the closed setting following the option listed in *3.3.1 Management of ART, OIs prophylaxis/treatment, laboratory test, and other co-morbidities treatment.*

Health post officers should focus on:

- Provide counseling to PLHIV detainees on HIV prevention, STIs, nutrition, TB/HIV, hygiene and infection prevention and universal prevention and self-care measures
- Keep all drugs (including ARVs) at drug store per guidance of GDP, dispense ARVs for PLHIV detainees, follow up them on appointment date, provide counseling to

them on ART adherence, and bringing them to ART site when needed and/or required by health care providers.

- Provide ARVs every 3 days to PLHIV detainees
- Use template check list quarterly to follow up and monitor PLHIV detainees.

4.3.3. Relative of PLHIV Detainees

Some detainees have already known their HIV status and already been on ART before they moved-in closed settings. Thus, their relatives would require delivering their ARVs from ART sites. Their relatives would be responsible to bring their ARVs and other related drugs to health post officers per GDP guidance. In this case health post officers should:

- Encourage relatives of PLHIV detainees to inform the in-charge health care providers to prepare transfer-out document from current ART site to the closed setting nearest/collaborated ART site via health post officers. So that the PLHIV detainees could regularly follow up their health status and receive proper services while staying in the closed settings.
- If relatives of PLHIV detainees would not be able to transfer document as mentioned above due to limited of time, limited communication and/or other challenges, their relatives need to make sure providing timely, sufficient ARVs to health post for the PLHIV detainees during the whole period in the closed settings. Please noted that, for longer period being in the closed setting, the PLHIV detainees' relatives must be encouraging to communicate and transfer the medical file of the PLHIV detainees to the closed settings' nearest/collaborated ART site for management of ART for the PLHIV detainees.

The relative of the PLHIV detainees should work with closed settings and health post officers to facilitate referral to access services at provincial/referral hospitals during pre-release period.

4.3.4. Community Supported Organizations (CSOs)

Community Supported Organizations would need to collaborate with ART sites and health post on:

- Remind health post officers on appointment date of PLHIV detainees

- Facilitate the preparation of patient's file/record for PLHIV detainees
- Mobilize resources to support HIV, STIs and TB/HIV interventions in closed settings.
- Support ART sites to identify PLHIV detainees' status and providing Multi- Month Dispensing (MMD)
- Work with closed setting and health post officers to facilitate referral of detainee to access services at provincial/referral hospitals during pre and post release period.
- Support referral to other social supported services.

V. Implementation Arrangement

This section would detail the roles and responsibilities of relevant key players involved in delivering HIV, STIs and TB/HIV interventions in closed settings and provide guidance on coordination of activities involved between provincial/referral hospitals/ART sites and closed settings.

5.1. The Roles and Responsibilities of NCHADS

NCHADS will work with GDP and partners to develop national policy, SOP, training curriculum, and relevant IEC materials to support the implementation of HIV, STIs and TB/HIV interventions in the closed settings. The training curriculum for the health post officers will need to be adopted to their current limited capacity and should cover the minimum requirements to ensure adequate delivery of services at the health post level. The content of the training should cover but not limited to the following:

- Peer education on basic information on HIV, STIs, TB/HIV, nutrition, sanitation
- Integrated counselling on HIV, STIs, TB/HIV, sexual reproductive health
- Education on HIV and STI prevention and substance abuse
- Infection control and universal precaution measures (including PEP)
- Positive prevention
- C/PITC approach
- HIV testing
- Adherence counselling
- TB symptom screening and SOP on 3 Is Strategy

NCHADS will be in charge of:

- Providing orientation to all relevant MoH officers and partners on the new policy and SOP
- Working with partners to provide necessary training to the closed setting/health post officers and/or CSOs officers

- Coordinating the supports at national level
- Supporting GDP for mobilizing resource through available mechanisms
- Supplying reagents of RDTs
- Working with GDP to monitor and review of the progress of the implementation of HIV, STIs and TB/HIV interventions in closed settings
- When available, providing necessary assistance and directive required by GDP in its effort to reform its health system (especially on programmatic aspects) to enable them to respond to the actual need in terms of care and treatment of OI/ART, STIs, TB/HIV co-infected inmates.
- Collaborating with health post to get all required ARVs, OIs prophylaxis/treatment, and other co-morbidities treatment prescribed by the clinicians at ART sites for all PLHIV detainees in need.

5.2. The Roles and Responsibilities of General Department of Prison

- Strengthen capacity of health posts' officers in all closed settings to meet the minimum requirements of the Ministry of Health
- Reform its health system (from programming to budget, infrastructure, etc.) in order to respond to the actual preventive and curative health needs of detainees including OI/ART, STIs, TB/HIV and linkages to community, health centers, and/or health facility
- Facilitate its health officers to receive necessary training and capacity building activities
- Work with NCHADS and other partners to plan and coordinate the implementation of HIV, STIs and TB/HIV interventions in closed settings
- Mobilize resources to support the strengthening of health services in closed setting including ensuring adequate referral of detainees in need of health services to relevant facility of the provincial and referral hospitals.
- Monitor and report on the progress of the implementation of HIV, STIs and TB/HIV interventions in closed settings

5.3. The Roles and Responsibilities of Municipal/Provincial Health Department through Municipal/Provincial AIDS and STIs Program (PASP), TB Program and relevant ODs

- Work with partners to provide technical support for the implementation of the HIV, STIs and TB/HIV interventions in the closed settings at municipal/provincial and OD level
- Provide training/coaching of/to health post officers on the necessary knowledge and skills
- Coordinate with partners (CSOs and MoSVY social workers) and closed settings' officers
- Ensure access to services provided by provincial and referral hospitals
- Facilitate the supply of OIs, ARVs, TB and STI drugs and infection control materials distributed through the MoH distribution mechanisms
- Monitor and supervise activities in closed settings level.

5.4. The Roles and Responsibilities of Provincial or Referral Hospital through ART sites (OI/ART Team)

- Provide TB screening and treatment and positive prevention for PLHIV detainees
- Manage OIs and provide ART to PLHIV detainees in need of the services at the ART sites or close settings
- Orient/coach to health post officers on-sites
- Facilitate referral to in-patient care when necessary.

5.5. The Roles and Responsibilities of Health Center in connection with the relevant health posts

- Health center which would become the satellite center for providing technical support and sharing information on OI/ART, and TB
- Manage mild symptoms; and facilitate the referral to other health services in provincial/referral hospitals
- Distribute IEC materials to health posts
- Dispense medicines including STI, TB drugs, and supplies the commodities requested by the health posts.

A. Officers of nearest VCCT will:

- Work with health post officers and detainee' peer supports and group leaders (cell leaders) to implement C/PICT in collaboration with health post officers.
- Carry out confirmatory HIV testing of reactive samples referred from closed settings.
- Orient health post officers to perform the motivational counseling for HIV testing

B. Closed settings' officers will be responsible for:

- Arranging appointment and referrals of detainees in need of health services to relevant health facility including health centers/provincial/referral hospitals
- Planning the release of PLHIV detainees in collaboration with relevant CSOs or MoSVY network officers to ensure continuity of HIV care and treatment services during the period in the closed settings.

Health posts officers will be responsible for:

- Training of peer educators (cell leaders) and educating detainees in basic information on HIV (prevention, system, care and treatment), STI, TB/HIV, nutrition hygiene, infection control and universal precaution and self-care
- Counselling on HIV, STI TB/HIV and sexual reproductive health
- Implementing C/PITC in collaboration with VCCT officers and peer educators (cell leaders)
- Providing positive prevention for PLHIV detainees
- Conducting TB symptom screening and referring those with positive TB symptom(s) to the nearest OI/ART service for further assessment and initiating TB treatment or TPT (when eligible)
- Managing/monitoring OIs and other common illnesses, STIs/RTI
- Ensuring adequate infection control and universal precaution in closed settings
- Providing adherence counselling to PLHIV detainees on ART and supporting the compliance to the ART treatment through close monitoring of the ARVs intake
- Preparing monthly report to the next level.

5.6. The Role and Responsibilities of Community Supported Organizations (CSOs)

Community Supported Organizations would need to collaborate with ART sites and health post on:

- Reminding health post officers on appointment date of PLHIV detainees
- **Facilitating the preparation of patient's file/record for PLHIV detainees**
- Mobilizing resources to support HIV, STIs and TB/HIV interventions in closed settings
- Working with national institutions, PHD, OD/ART sites/health center to provide technical support to closed setting officers
- Supporting ART sites to identify PLHIV detainees' status and providing Multi-Month Dispensing (MMD)
- Working with closed setting and health post officers to facilitate referral of detainee to access services at provincial/referral hospitals during pre and post release period
- Supporting referral to other social supported services.

5.7. The Roles and Responsibilities of MOSVY

- Mobilize resource to support HIV, STI and TB/HIV interventions in closed settings
- Work with closed setting and health post officers to facilitate referral of detainees to access health services at provincial/referral hospitals during pre-release period
- Work with closed setting/health post officers and other relevant stakeholders (community supported organizations (CSOs), prevention, care and support network, self-help groups) in planning the release of detainees to ensure continuity of health services
- Facilitate with the detainees' family, community leaders, health center officers or provincial/referral hospital health providers, 6 months before the release from closed setting, in order to support reintegration and aftercare supervision
- Support re-engage in health services during post release, and follow up the released detainees to ensure uninterrupted health services
- Support referral to other social supported services.

5.8. Coordination Meeting

5.8.1. National Level

The coordination of the activities will be assured by a **core Group on HIV, STI, TB/HIV in closed settings**, with rotating chairmanship on an annual basis. The core group will meet **every three months** to advise on management, coordination, technical aspects, and national achievement on implementation. The group members are NCHADS, GDP, CENAT, UN agencies, and other relevant CSOs.

5.8.2. Provincial and OD Level

The coordination of the activities will ensure that the responsiveness in closed settings are smoothly implemented through difference channel including GOC/B-IACM meeting, service delivery team meeting which will also include members from closed settings and will meet to coordinate the HIV, STI and TB/HIV interventions in closed settings.

5.8.3. Bi-monthly meeting

Health post chaired by closed setting chiefs or vice chiefs, with participation from PASP, Provincial TB/HIV program or TB/HIV OD coordinators, ART site providers, relevant health center officers and CSOs officers working with the relevant closed settings will coordinate the implementation of the interventions at closed settings level.

5.8.4. Annual meeting

All stakeholders working on the HIV, STI, TB/HIV interventions in closed settings will be convened to review the progress, and share lessons learned. The GDP will coordinate the organization of these meetings in collaboration with NCHADS and partners.

VI. Capacity Building

Human resource is the most important resource to implement effective program. The workforce can be empowered and enabled to develop and use their full potential to achieve the SOP objective or nationwide system vision for the future. For this initiative to occur, the national institution and other partners must provide opportunities for performance excellence, as well as for personal, professional and institutional growth.

NCHADS, General Department of Prison, Provincial Health Department, relevant governmental institution, CSOs and other health partners will work together to provide capacity building to relevant officers to ensure the efficiency and effectiveness of the program and reach the objectives of NCHADS Strategic Plan for HIV/AIDS and STI Prevention and Care and GDP strategy. AIDS Care Unit, GDP, and other relevant stakeholders (UN agencies, CSOs, and private sectors) will responsible for developing the curriculum based on the need of health post staffs on HIV prevention, Community/Peer Initiated HIV Testing and Counseling (C/PITC), HIV testing, counseling, OIs prophylaxis and ARVs management, laboratory testing and monitoring, positive prevention, STIs and TB-HIV screening, prevention and treatment etc. The capacity building can be implemented through, but not limited to, training, workshop, orientation, coaching, and supervision. The table below will summarize numbers of capacity building provided by NCHADS, partners and other stakeholders:

Capacity Building	Purpose	Frequency
Training on Comprehensive ART Management	To provide updated knowledge on OIs prophylaxis and treatment, ART management, and laboratory monitoring to clinicians	Annually
Training on Enhanced Adherence Counseling incorporating U=U	To provide comprehensive counseling skills, especially to strengthen adherence to ART and other relevant counseling to nurses, peer-counselor, and counselors.	Annually

messages		
Training on HTC	To provide updated HIV test and counseling skills and practices of the test for related health providers as well as community peers.	Annually
On-site coaching on HIV care and treatment in closed setting	To provide on-the-job training in the relevant health post to equip the officers with updated knowledge and the skills to manage HIV cases within the closed settings by NCHADS/GDP.	Quarterly
Secondement	To invite officers from relevant health post to receive capacity building at the collaborated ART site to observe and get new experience regarding OIs screening, prophylaxis, and treatment, ART management, monitoring of treatment and laboratory test.	Annually
Coordination meeting on progress of HIV care and treatment in the closed settings	To provide updates of HIV testing, care, and treatment in the closed setting. This platform will involve PHD/OD HIV program, collaborated ART site, CSOs, partners, health post and closed setting to discuss relevant issues and resolutions for better implementation of HIV program in the closed setting	Quarterly
Supervision	To provide supervision trip to the health post and the closed setting by joint visit of PHD/OD/ART site/CSOs. The trip will highlight the performance of the health post and strengthen the coordination between health post/closed settings and PHD/OD/ART site/CSOs.	Quarterly
Other workshop/ orientation/meeting	To acknowledge the new topics related to provision of HIV testing, care, treatment and support for PLHIV in the closed settings which is beneficial to the health post officers.	As required

VII. Recording Monitoring and Reporting System

7.1. Recording

The health post officers should record the result of RDTs test performed for new detainees with HIV status unknown and new detainee with existing HIV-positive status in the recording template provided by collaborated HC to keep recording and reporting these RDTs following to the recommendation of collaborated HCs. The recording of the status PLHIV detainees would be conducted per the guidance. Please see the recording template in the appendix below.

7.2. Monitoring and Supervision

The main objectives of monitoring and supervision are to support the national team (NCHADS, GDP, relevant development partners/NGOs/CSOs) collecting data of PLHIV detainees and to maintain the quality of health services provided to them aligning with the SOP and national guidelines.

National team and PASP should schedule the monitoring and supervision trip every quarter to the closed settings. Once the closed settings team gets more familiar with the SOP, guideline and the capacity of HIV, STI, TB/HIV (e.g. the closed setting officers have participated regularly in the orientation workshop, trainings, meeting etc.) the monitoring and supervision team could space the visit up to every six months.

The national team should schedule joint monitoring and supervision with PASP/collaborated ART team when required.

During the monitoring and supervision, the team should provide necessary supports, including but not limited to:

- Ensuring appropriate knowledge on HIV/AIDS, STIs, TB/HIV
- Ensuring consistency of data between the recording template and the electronic data record

- Ensuring that all stakeholders are able to provide comments on the achievement, challenges, and are able to follow up on actions planned for next steps.

7.3. Reporting

The focal persons at the closed settings should send electronic data recorded in the template (excel) to the GDP who will check and analyze the data for further review and final approval in monthly basis. Members from GDP in national team should perform analysis of the indicators that are needed for the quality improvement of the closed setting and send the feedback to them on a quarterly basis.

The final data that would be agreed in the national team should be posted at NCHADS website and/or GDP website publicly, if allowable. National team especially NCHADS and GDP should provide the feedback of the finding to closed settings for further follow up action for improvement.

7.4. Evaluating the Effectiveness of the Continuous Improvement Program

The closed settings, PASP, and relevant CSOs will organize the coordination meeting quarterly and yearly to discuss challenges and to evaluate the overall progress of the implementation of HIV, STIs and TB/HIV interventions in the closed settings, linking with collaborated ART sites and HIV/AIDS relevant CSOs and communities.

Selected closed settings will present the progress of the performance from the preceding four quarters, an overview of challenges, the action plans developed, and the outcomes and effectiveness of the action plans discussed.

In the light of this overall report from the closed settings, meeting/workshop/training will contribute to the evaluation of the accomplishments of the program in comparison with the overall and specific objectives of the performance. They will discuss any issues that arisen from the implementation, such as activities implementation, data collection, data entry and aggregation, calculation and appropriateness of the indicators used for monitoring the quality as well as any modifications or additions to indicators that may become necessary.

The results of this yearly meeting/workshop will be brought to discuss at national team in term of supporting and improving the performance of the closed setting with the engagement of national team.

7.5. Key Indicators

7.5.1. New HIV case detection

1. Number and percentage of volunteered for RDTs
2. Number and percentage of reactive to RDTs
3. Number and percentage of confirmatory test performed
4. Number and percentage of HIV positive confirmatory test at the VCCT site
5. Number and percentage of enrollment into ART services
6. Number and percentage of ART initiation

7.5.2. PLHIV detainees' retention in care

1. Number of active PLHIV detainees the end of reporting period
2. Number of active PLHIV detainees with TB co-infection receiving TB treatment

7.5.3. 3rd 95 among PLHIV detainees

1. Number and percentage of PLHIV detainees get VL testing according to the VL algorithm during the last 12 months
2. Number and percentage of PLHIV detainees receiving ART with viral suppression

Appendixes

- 1) List of health posts, closed settings, provincial or referral hospital, CSOs directory

The directory list would be shared among relevant stakeholders in excel formatted when required.

2) Check list to monitor and follow up detainee PLHIVs (done by health post officers)

ចំណុចផ្ទៀងផ្ទាត់	បាទ ឬ បាស ឬ អត់ទេ	សកម្មភាព (ប្រសិនបើ មានចម្លើយ បាទឬបាស)
1. មិនមានការយល់ដឹងពី មេរោគអេដស៍ និងការ ព្យាបាលដោយ ART ជា ពិសេសការលេបថ្នាំ មួយជីវិត		<ul style="list-style-type: none"> • អប់រំអ្នកជំងឺតាមរយៈសារជាតិខ្លី៖សំខាន់ៗ ស្តីពីមេរោគអេដស៍ និងការព្យាបាលដោយ ART ជាពិសេស ការលេបថ្នាំមួយជីវិត • ផ្តល់ព័ត៌មានក្រុមការងារនៅសេវា ART សម្រាប់ការអប់រំ ឬផ្តល់ប្រឹក្សាបន្ថែម
2. មានផ្ទៃពោះ		<ul style="list-style-type: none"> • ផ្តល់ដំណឹងដល់មណ្ឌលសុខភាព និងអ្នកសម្របសម្រួលនៅសេវា ART • បញ្ជូនទៅសេវាសុខភាពសម្រាប់ការថែទាំសុខភាព និងបង្ការការចម្លងមេរោគអេដស៍ពីម្តាយទៅកូន
3. ទទួលសេវា ART តិចជាង១២ខែ		<ul style="list-style-type: none"> • ផ្តល់ការប្រឹក្សា/អប់រំ ការលេបថ្នាំត្រឹមត្រូវ ទៀងទាត់ និងជាប់លាប់ ព្រមទាំង ទទួលសេវាតាមការណាត់ • ផ្តល់ដំណឹងដល់ មណ្ឌលសុខភាព និងក្រុមការងារនៅសេវា ART បើចាំបាច់ • បញ្ជូនទៅសេវាសុខភាព បើចាំបាច់
4. មានរោគសញ្ញាសង្ស័យ របេង៖ ក្អកលើស១៤ថ្ងៃ ក្តៅខ្លួនស្ទើរៗពេលរសៀល បែកញើសស្អិតពេលយប់ និងស្រកទំងន់		<ul style="list-style-type: none"> • អប់រំបង្ការការចម្លង ស្តីពីជំងឺរបេង • បញ្ជូនទៅពិគ្រោះជំងឺជាមួយគ្រូពេទ្យជំនាញ និងតាមដាន
5. មានរោគសញ្ញាសង្ស័យ ជំងឺរលាកថ្លើមប្រភេទសេ		<ul style="list-style-type: none"> • អប់រំបង្ការការចម្លង • បញ្ជូនទៅពិគ្រោះជំងឺជាមួយគ្រូពេទ្យជំនាញ និងតាមដាន
6. មានផលរំខានរបស់ថ្នាំ ដូចជា រលាកស្បែក ក្អក ចង្កោរ ឬ ឡើងជុំក ជាដើម		<ul style="list-style-type: none"> • ផ្តល់ព័ត៌មានដល់ក្រុមការងារនៅសេវា ART • បញ្ជូនទៅសេវា ART បើចាំបាច់
7. មានបន្ទុកមេរោគអេដស៍ តិចជាង ៤០កូពី/ml		<ul style="list-style-type: none"> • ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART • ប្រឹក្សា អប់រំ តាមដាន ដើម្បីរក្សាចំនួនបន្ទុកមេរោគអេដស៍ តិចជាង ៤០ កូពី/ml ដែលអាចមានសុខភាពល្អ និងមិនមានការចម្លងទៅដៃគូ <p>*** សូមបញ្ជូនសំណាកឈាម ឬមនុស្សទៅធ្វើតេស្តបន្ទុកមេរោគអេដស៍ក្នុងឈាម ប្រសិនបើមិនមានលទ្ធផល</p>

8. មានបន្ទុកមេរោគអេដស៍ ពី៤០-៩៩៩កូពី/ml		<ul style="list-style-type: none"> • ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART • ប្រឹក្សា អប់រំ តាមដាន ដើម្បីអោយលេបថ្នាំត្រឹមត្រូវ ទៀងទាត់ និង ជាប់លាប់ ព្រមទាំងរក្សាចំនួនបន្ទុកមេរោគអេដស៍ តិចជាង ៤០កូពី/ml ដែលអាចមានសុខភាពល្អ និងមិនមានការចម្លងទៅដៃគូ *** សូមបញ្ជូនសំណាកឈាម ឬមនុស្សទៅធ្វើតេស្តរាប់បន្ទុកមេរោគអេដស៍ ក្នុងឈាម ប្រសិនបើមិនមានលទ្ធផល
9. មានបន្ទុកមេរោគអេដស៍ ចាប់ពី១០០០កូពី/ml ឡើង		<ul style="list-style-type: none"> • ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART ជាការចាំបាច់ • ប្រឹក្សា អប់រំ តាមដាន ដើម្បីឱ្យលេបថ្នាំត្រឹមត្រូវ ទៀងទាត់ និង ជាប់លាប់ ព្រមទាំងធ្វើឱ្យបន្ទុកមេរោគអេដស៍ក្នុងឈាមត្រលប់ទៅក្រោម ១០០០ កូពី/ml ដែលអាចមានសុខភាពល្អជាងមុន *** សូមបញ្ជូនសំណាកឈាម ឬមនុស្សទៅធ្វើតេស្តបន្ទុកមេរោគអេដស៍ ក្នុងឈាម ប្រសិនបើមិនមានលទ្ធផល
10. ធុញទ្រាន់នឿយហត់ និងទទួលការព្យាបាល		<ul style="list-style-type: none"> • លើកទឹកចិត្តអ្នកជំងឺ • ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART • យុទ្ធសាស្ត្រលើកកម្ពស់ទៅទទួលសេវាទៀតទាត់ លេបថ្នាំត្រឹមត្រូវ ទៀងទាត់ និងជាប់លាប់
11. បើជាបុគ្គលធ្លាប់ ប្រើប្រាស់ថ្នាំញៀន មុនពេលចូលមណ្ឌល		<ul style="list-style-type: none"> • បញ្ជូន ដើម្បីផ្តល់ប្រឹក្សា • ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART
12. មានបាក់ទឹកចិត្ត ដូចជា មិនចង់លេបថ្នាំ ឬ បង្ហាញ ការចង់ឈប់ទទួលសេវា ជាដើម		<ul style="list-style-type: none"> • លើកទឹកចិត្តអ្នកជំងឺ • ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART • យុទ្ធសាស្ត្រលើកកម្ពស់ទៅទទួលសេវាទៀងទាត់ លេបថ្នាំត្រឹមត្រូវ ទៀងទាត់ និងជាប់លាប់
13. មិនបង្ហាញឱ្យដឹងពី ស្ថានភាពផ្ទុកមេរោគអេដស៍		<ul style="list-style-type: none"> • ពិនិត្យមើលផលប្រយោជន៍ និងហានិភ័យនៃការបង្ហាញឱ្យគេដឹងពី ស្ថានភាព HIV ឱ្យអ្នកជំងឺសម្រេចចិត្ត បើការបើកបង្ហាញនេះ គឺត្រឹមត្រូវ ចំពោះគាត់។ • សាកសួរ PLHIV អំពីអ្នកជិតជិតនឹងគាត់បំផុត ដែលអាចដឹងពីស្ថានភាព HIV ហើយ បន្តគាំទ្រ PLHIV ក្រោយចេញពីមណ្ឌល
14. បារម្ភពីការខ្មាស់រៀន/ ការរើសអើង		<ul style="list-style-type: none"> • លើកទឹកចិត្តអ្នកជំងឺ • ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART
15. មិនមានការគាំទ្រ ពីសង្គម		<ul style="list-style-type: none"> • ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART • ទាក់ទងទៅស្ថាប័នពាក់ព័ន្ធផ្សេងៗ ប្រសិនបើអាចធ្វើបាន។

3) Recording template

មជ្ឈមណ្ឌលជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ សើស្បែក និងការមរោគ National Center for HIV/AIDS Dermatology and STD ***** របាយការណ៍ជនជាប់ឃុំមានផ្ទុកមេរោគអេដស៍ និងមេរោគ-អេដស៍ HIV / AIDS and TB-HIV/AIDS for Detainees Report					
ឈ្មោះ ពន្ធនាគារ :		ខេត្ត-ក្រុង			
ឆ្នាំ		ប្រចាំខែ			
សូចនាករ				បុរស ស្រ្តី សរុប	
សកម្មភាពធ្វើតេស្តរកមេរោគអេដស៍					
១. សកម្មភាពស្វែងរកមេរោគអេដស៍ បើជនជាប់ឃុំ	ចំនួនអ្នកយល់ព្រមធ្វើតេស្តចុងមាត់ (បុគ្គល)				
	ចំនួនអ្នកមានលទ្ធផលតេស្តប្រតិកម្ម				
	ចំនួនអ្នកប្រតិកម្មតេស្តបានយល់ព្រមធ្វើតេស្តបញ្ជាក់				
	ចំនួនអ្នកបានធ្វើតេស្តបញ្ជាក់ មានលទ្ធផល វិជ្ជមាន				
សកម្មភាពពិនិត្យ និងព្យាបាលអ្នកជំងឺអេដស៍					
២. ស្ថានភាពអ្នកជំងឺអេដស៍នៅក្នុង ពន្ធនាគារ	ចំនួនជនជាប់ឃុំទាំងអស់កំពុងទទួលការព្យាបាលនៅក្នុង របាយការណ៍មុន	កំពុងប្រើថ្នាំ OI			
		កំពុងប្រើថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំ ដែលមានផ្ទុកមេរោគ អេសដ៍មុនពេលជាប់ឃុំ	កំពុងប្រើថ្នាំ OI			
		កំពុងប្រើថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំចុះឈ្មោះថ្មី បានទទួល ការព្យាបាល (តេស្តឃើញថ្មី)	ដោយថ្នាំ OI			
		ដោយថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំដែលបានបញ្ចូលទៅពិគ្រោះនៅសេវា ART site	ដោយថ្នាំ OI			
		ដោយថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំយកថ្នាំជំនួសដោយបុគ្គលិកប៉ុស្តិ៍សុខភាព	ដោយថ្នាំ OI			
		ដោយថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំទទួលសេវាពិភ័យផ្សេង (ART site) (តាម រយៈសាច់ញាតិ)	ដោយថ្នាំ OI			
		ដោយថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំបញ្ជូនចូល	កំពុងប្រើថ្នាំ OI			
		កំពុងប្រើថ្នាំ ARV			
ចំនួនជនជាប់ឃុំដែលបានបញ្ជូនចេញ	កំពុងប្រើថ្នាំ OI				
	កំពុងប្រើថ្នាំ ARV				
ចំនួនជនជាប់ឃុំដែលបានដោះលែង	កំពុងប្រើថ្នាំ OI				
	កំពុងប្រើថ្នាំ ARV				
ចំនួនជនជាប់ឃុំដែលបានស្លាប់	កំពុងប្រើថ្នាំ OI				
	កំពុងប្រើថ្នាំ ARV				
ចំនួនជនជាប់ឃុំទាំងអស់កំពុងព្យាបាលក្នុងរយៈពេលនៃ របាយការណ៍នេះ	កំពុងប្រើថ្នាំ OI				
	កំពុងប្រើថ្នាំ ARV				

សកម្មភាពជំងឺរបង-អដស៍					
៣. ស្ថានភាពអ្នកជំងឺរបង-អដស៍នៅ ក្នុងពន្ធនាគារ	ចំនួនជនជាប់ឃុំកំពុងព្យាបាល	TB + OI			
		TB + ART			
	ចំនួនជនជាប់ឃុំករណីថ្មី				
	ចំនួនជនជាប់ឃុំបញ្ជូនចូល				
	ចំនួនជនជាប់ឃុំបញ្ជូនចេញ				
	ចំនួនជនជាប់ឃុំដោះលែង				
	ចំនួនជនជាប់ឃុំ ដែលបានបញ្ចប់ការព្យាបាល				
	ចំនួនជនជាប់ឃុំដែលបានជាសះស្បើយ				
	ចំនួនជនជាប់ឃុំ ដែលការព្យាបាលបរាជ័យ				
	ចំនួនជនជាប់ឃុំស្លាប់				
	ចំនួនជនជាប់ឃុំបោះបង់				
	បញ្ហាប្រឈម/ដំណោះស្រាយ:				
ថ្ងៃ ខែ ឆ្នាំធ្វើរបាយការណ៍:					
ឈ្មោះ និងហត្ថលេខាប្រធានផ្នែក:					

4) Reporting template

មជ្ឈមណ្ឌលជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ សើស្បែក និងការរោគ National Center for HIV/AIDS Dermatology and STD ***** របាយការណ៍ជំងឺជាប់ឃុំមានផ្ទុកមេរោគអេដស៍ និងមេរោគអេដស៍ HIV / AIDS and TB-HIV/AIDS for Detainees Report					
ឈ្មោះ ពន្ធនាគារ :		ខេត្ត-ក្រុង			
ឆ្នាំ		ប្រចាំខែ			
សូចនាករ				កេ ទ	សរុប
				បុរស	ស្ត្រី
សកម្មភាពធ្វើតេស្តរកមេរោគអេដស៍					
១. សកម្មភាពស្វែងរកមេរោគអេដស៍ លើជនជាប់ឃុំ	ចំនួនអ្នកយល់ព្រមធ្វើតេស្តចុងមាត់ (បុគ្គល)				
	ចំនួនអ្នកមានលទ្ធផលតេស្តប្រតិកម្ម				
	ចំនួនអ្នកប្រតិកម្មតេស្តបានយល់ព្រមធ្វើតេស្តបញ្ជាក់				
	ចំនួនអ្នកបានធ្វើតេស្តបញ្ជាក់ មានលទ្ធផល វិជ្ជមាន				
សកម្មភាពពិនិត្យ និងព្យាបាលអ្នកជំងឺអេដស៍					
២. ស្ថានភាពអ្នកជំងឺអេដស៍នៅក្នុង ពន្ធនាគារ	ចំនួនជនជាប់ឃុំទាំងអស់កំពុងទទួលការព្យាបាលនៅក្នុង របាយការណ៍មុន	កំពុងប្រើថ្នាំ OI			
		កំពុងប្រើថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំថ្មី ដែលមានផ្ទុកមេរោគ អេដស៍មុនពេលជាប់ឃុំ	កំពុងប្រើថ្នាំ OI			
		កំពុងប្រើថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំចុះឈ្មោះថ្មី បានទទួល ការព្យាបាល (តេស្តឃើញថ្មី)	ដោយថ្នាំ OI			
		ដោយថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំដែលបានបញ្ចូលទៅពិគ្រោះនៅសេវា ART site	ដោយថ្នាំ OI			
		ដោយថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំយកថ្នាំជំនួសដោយបុគ្គលិកប៉ុស្តិ៍សុខភាព	ដោយថ្នាំ OI			
		ដោយថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំទទួលសេវាពិគ្រោះជំងឺ (ART site) (តាម រយៈសាច់ញាតិ)	ដោយថ្នាំ OI			
		ដោយថ្នាំ ARV			
	ចំនួនជនជាប់ឃុំបញ្ជូនចូល	កំពុងប្រើថ្នាំ OI			
		កំពុងប្រើថ្នាំ ARV			
ចំនួនជនជាប់ឃុំដែលបានបញ្ជូនចេញ	កំពុងប្រើថ្នាំ OI				
	កំពុងប្រើថ្នាំ ARV				
ចំនួនជនជាប់ឃុំដែលបានដោះលែង	កំពុងប្រើថ្នាំ OI				
	កំពុងប្រើថ្នាំ ARV				
ចំនួនជនជាប់ឃុំដែលបានស្លាប់	កំពុងប្រើថ្នាំ OI				
	កំពុងប្រើថ្នាំ ARV				
ចំនួនជនជាប់ឃុំទាំងអស់កំពុងព្យាបាលក្នុងរយៈពេលនៃ របាយការណ៍នេះ	កំពុងប្រើថ្នាំ OI				
	កំពុងប្រើថ្នាំ ARV				

សកម្មភាពជំងឺរបង-អដស៍					
៣. ស្ថានភាពអ្នកជំងឺរបង-អដស៍នៅ ក្នុងពន្ធនាគារ	ចំនួនជនជាប់ឃុំកំពុងព្យាបាល	TB + OI			
		TB + ART			
	ចំនួនជនជាប់ឃុំករណីថ្មី				
	ចំនួនជនជាប់ឃុំបញ្ជូនចូល				
	ចំនួនជនជាប់ឃុំបញ្ជូនចេញ				
	ចំនួនជនជាប់ឃុំដោះលែង				
	ចំនួនជនជាប់ឃុំ ដែលបានបញ្ចប់ការព្យាបាល				
	ចំនួនជនជាប់ឃុំដែលបានជាសះស្បើយ				
	ចំនួនជនជាប់ឃុំ ដែលការព្យាបាលបរាជ័យ				
	ចំនួនជនជាប់ឃុំស្លាប់				
	ចំនួនជនជាប់ឃុំបោះបង់				
បញ្ហាប្រឈម/ដំណោះស្រាយ:					
ថ្ងៃ ខែ ឆ្នាំធ្វើរបាយការណ៍:					
ឈ្មោះ និងហត្ថលេខាប្រធានផ្នែក:					

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