

**KINGDOM OF CAMBODIA**

**Nation Religion King**



**Ministry of Health**

**Standard Operating Procedure for the Implementation of  
ART Satellite Sites in Cambodia**

**January 2023**



**National Center for HIV/AIDS, Dermatology and STD**

## Preface

This Standard Operating Procedure (SOP) for the implementation of ART Satellite Sites (ASS) in Cambodia has been established in pursuant of the decision of the Ministry of Health to include health post in community, health center in the remote area, health posts in the closed settings as part of its health coverage plan. This document provides guidance on the delivery of HIV prevention, treatment, and care to support PLHIV who are living in the remote area which difficult to access ARV service and it is respond to the urgent needs of PLHIV in the community.

The content of this document is based on the experiences, best practices in implementing HIV, STI, TB-HIV interventions in ART site and address the current constraints faced by the health system in supporting PLHIV living in remote area.

The Ministry of Health appreciate for the dedications and efforts made by the National Center for HIV/AIDS, Dermatology and STD and all members of the Technical Working Group on HIV Care and Treatment, all development partners and civil societies in developing this SOP for the implementation of ART Satellite Site in Cambodia.

The Ministry of Health officially approved this SOP to be used in Cambodia and expect that Provincial Health Departments at sub-national level, HIV and STD program, and all development partners will support and jointly implement this SOP effectively to improve coverage and quality of HIV and STI prevention, care and treatment services in Cambodia.

Phnom Penh, 10... January 2023

  
Ministry of Health  
**Prof. ENG HUOT**  
SECRETARY OF STATE

## Acknowledgement

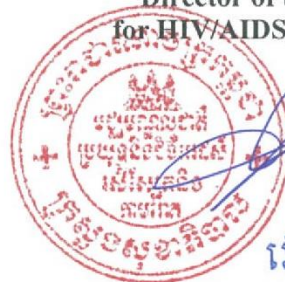
The National Center for HIV/AIDS, Dermatology and STD (NCHADS) would like to express its appreciation and acknowledge the dedication of the members of the Technical Working Group (TWG) on HIV Care and Treatment in the development of the “**SOP for Establishing and Functioning ART Satellite Sites in Cambodia**”. NCHADS has invested significant efforts in collaboration with CRS and other development partners; including WHO, UNAIDS, KWWA, CPN+, AUA, PC, FHI360/EpiC Project, AHF, and KHANA in the preparation of the SOP to support the implementation of ART Satellite Sites to deliver HIV care and treatment in Cambodia. These efforts were carried out through various meetings, experience sharing sessions, and exchanging of ideas, and recommendations through the process for developing the SOP are highly recognized and appreciated.

The development of the SOP for the implementation of ART Satellite Sites in Cambodia represents a new approach which aims to enrich, strengthen, and improve the implementation of the continuum of care and treatment for people living with HIV (PLHIV) in remote areas, as well as in closed settings. This also aims at enabling the scheduling of appointments for health consultations and pickup of antiretroviral drugs (ARVs) more convenient, accessible, and save times and money for travel cost for PLHIV.

On behalf of NCHADS, I would like to thank the management team and officers of NCHADS management and technical officers (Dr. Samreth Sovannarith, and Dr. Ngauv Bora, Deputy Director, Dr Kaoeun Chetra Deputy Head of Technical Bureau and B-IACM Team Leader, Dr. Ngeth Bottra, Vice Chief of AIDS Care Unit, and Dr. Ky Sovathana, Clinical AIDS Care officer), Dr. Kay Sokha Head of Administration Bureau for administrative supports; CRS (Dr. Noy Prophea, Dr. Song Chanthy, and Mr. Sorng Sophat); WHO (Dr. Deng Serongkea); UNAIDS (Mr. Ung Polin, and Dr. Khin Cho Win Htin); and FHI360/EpiC Project (Dr. Chel Sarim and Mr. Nhim Dalen), who actively contributed to the successful development of the “**SOP for Establishing and Functioning ART Satellite Sites in Cambodia**” and for their commitment and participation to strengthen and expand the quality and effective continuum of HIV/AIDS care and treatment services in Cambodia.

Phnom Penh, 02 January 2023

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



វេជ្ជ. អ៊ុក វិជ្ជា

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## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral Drug
ASS	ART Satellite Sites
B-IACM	Boosted Integrated Active Cases Management
BSL	Buddy System Leader
CAA	Community Actions Approach
CSO	Civil Society Organization
C/PITC	Community/Provider-Initiated Testing and Counselling
CMA	Case management assistance
CMC	Case management Coordinator
CoC	Continuum of Care
CQI	Continuous Quality Improvement
CV	Community Volunteer
GDP	Directorate General of Prisons
GoC	Group of champions
HEI	HIV-Exposed Infant
HC	Health center
HP	Health post
HAS	Hub ART site
KP	Key population
LA	Local authority
LTFU	Loss to follow-up
MoH	Ministry of Health
MoI	Ministry of Interior
MCH	Maternal and Child Health
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NGO	Non-Governmental Organization
OD	Operational District
PASP	Provincial AIDS and STI Program
PHD	Provincial Health Department
PHF	Public Health Facility
PLHIV	People living with HIV
RH	Referral hospital
SOP	Standard Operating Procedure
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
TB	Tuberculosis
VCCT	Voluntary Confidential Counseling and Testing
VHSG	Village Health Support Group
VL	Viral Load

## **I. Background and Rationale**

With the ambitious objective to eliminate new HIV infections by 2025, Cambodia has set to reach the 95-95-95 target by 2025. Accounting for constraints in financial resources while implementing the “Treat All Strategy”, the national HIV/AIDS program in Cambodia is focusing on the most efficient intervention to detect idling HIV cases in persons who are unaware of their status. Following this, a test is initiated and treated (if positive), to maintain viral suppression and to reduce the lost to follow-up (LTFU) cases, while also decreasing the workload at ART facilities by bringing all the relevant HIV services closer to all stable PLHIV. This is done at a lower cost and is less time consuming for accessing the antiretroviral therapy (ART) services (whereas current ART sites are based in the Provincial and Referral Hospitals). Based on recent evidence from various HIV programs, NCHADS introduced cost effective and efficient strategies that moved ART services closer to PLHIV at the communities, through establishing ART Satellite Sites (ASS) in Cambodia, to maintain and improve the outcome of HIV care and treatment services; particularly supporting PLHIV retention while in care.

ASS will be established and functioned to support HIV service in high burden HIV/AIDS areas (to avoid high load at the ART site with the high PLHIV cohort), and remote areas where the population of PLHIV find access to ART sites difficult (high cost for traveling and limited access to the provincial and referral hospitals). The ASS aims to provide continuity of HIV care treatment and support in testing, counseling, and providing links to care and treatment services to those retained in care. After an HIV infection is diagnosed, the ART initiation occurs at the ART sites located in the 71 provincial and referral hospitals and clinics nationwide. ART is recommended at the same day of HIV diagnosis and prescribed by the trained physicians at the ART sites. Beside clinicians, other team members will contribute their efforts in providing care and follow-up for PLHIV, particularly the Community Actions Approach (CAA) team, who will be in charge of active case management and providing support to PLHIV in communities. This will be done through active follow ups and regular counseling to all PLHIV in care.

The initiative of establishing and functioning ASS is to provide differentiated care and treatment, making the ART and other related HIV services more accessible, convenient, supportive, and closer to the communities. This is to bridge the gap in providing HIV prevention, care and treatment, as well as support for all PLHIV in need.

## II. Objective

The establishment of ASS services is developed under the following main objectives:

- To provide ART and related services<sup>1</sup> in a differentiated care model that is closer, more accessible, and convenient to the communities, in particular at the public health facilities (PHFs) for stable PLHIV<sup>2</sup>.
- To increase and expand ART and related services uptake at PHFs, including health posts in closed settings and reducing the workload of health providers at ART sites with a high PLHIV caseload.
- To strengthen the quality and coverage of HIV prevention, care and treatment, and support including follow-up treatment adherence, ART appointment and retention, other laboratory monitoring and virological assessments to achieve the 95-95-95 targets; by promoting community involvement and community engagement to support PLHIV in care.

## III. Scope of the ART Satellite Sites (ASS)

The ASS is defined as “a branch of an ART satellite site that is physically separated from the Hub ART site in a hospital”, where there is one or more of the following reasons, including:

1. A high case load of PLHIV receiving care at the Hub ART site and being crowded during every appointment visit for consultation, and ARV pick-up (small space for waiting areas, long waiting time, providers’ workload).
2. Geographical area where PLHIV have difficulties accessing the ART services (high transportation costs, long travel times, and limited access to the ART site which can be in remote areas) with the number of PLHIV who are eligible under the criteria for establishment of the ASS.
3. Vulnerable populations who are detainees living with HIV, in closed settings, and key populations (KP)

The ART Satellite Sites is characterized as follows:

- It is simply convenient by avoiding a long commute for PLHIV to access the ART services, by offering easily accessible services within their local area.

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<sup>1</sup> Based on Minimum Package Activities (MPA) guidelines for HC, MoH.

<sup>2</sup> Refer to the adopted WHO definition in section VIII Approach for ART Satellite Site.



- The providers know their clients well (PLHIV), have a network and stronger local connection, understand the local culture, and can handle their clients' needs and concerns.
- It can reduce the travel cost of ARV refills, health check-ups, and viral load (VL) monitoring for PLHIV.
- The ASS located in the health posts in closed settings will routinely facilitate voluntary HIV testing for any detainees who wish to know their HIV status. There will also be an ART follow-up care for detainees, on HIV care and treatment, VL sample collection, and other health related motivational counseling. This contributes to the achievement of ART retention, and 95-95-95 target among PLHIV detainees in closed settings.

The roles of ASS include:

- The ASS would act as a branch of the Hub ART site, providing care, ARV refills, and other treatment monitoring (adherence counseling, drawing blood, and referring to ART sites for CD4, lab test and VL monitoring) routinely for stable PLHIV). Unstable patients, including detainee PLHIV, should be managed in discussion with the Hub ART sites. The information should be collected and reported, to communicate and provide support in response to PLHIV health related issues at the Hub ART site.
- The ASS will refer complicated or severe HIV cases to the Hub ART site in coordination with CAA.

#### **IV. Eligible Criteria for ART Satellite Site**

The ASS was chosen based on the following criteria:

- (i) Availability of medical doctors or nurses, trained pharmacists and other supportive staff where most of the health care personnel are presented at the sites;
- (ii) Available HIV testing and counseling services (HTS);
- (iii) The presence of adequate counseling and consulting rooms;
- (iv) Capability for safe and secure storage of ARVs, HIV test kits and other drugs; and
- (v) Number of PLHIV in need of ART treatment in the coverage area of the health facilities.

#### **4.1. Facility Infrastructure**

The health facilities which should be potential for an ASS should possess an appropriate building, in accordance with the standard design of the Ministry of Health (MOH), including the following considerations:

- Triage
- Waiting area
- Consultation room/counseling room (privacy)
- Staffs' room
- Pharmacy storage
- Toilet/rest room
- Available office furniture (Tables, Chairs, Cabinets...).

#### **4.2. Geographical Infrastructure and Population of PLHIV**

The health facilities which could be a potential site for an ASS, should meet at least 3 of the following criteria:

- There are at least 15 PLHIV in very remote areas regardless of status of ART services available within the same or different Operational District (OD); and
- There are many mobile populations, especially PLHIV, across the coverage area or that come to live in the area; and
- The distance from the Hub ART site is over 20 km; accessible or through crossing a river, or difficult road conditions resulting in high transportation costs for PLHIV to access ART services at the Hub ART site.

All health posts in the closed settings that have PLHIV detainees are eligible for the development of the ASS to ensure continuation, and the effectiveness of HIV, TB, and STI support, care and treatment, for all detainees.

#### **4.3. Human Resources**

The standards for staff members are a concern, with the number and type of personnel (technical qualification) that the MOH requires for ART sites nationwide, in accordance with their activities

and functions, such as the provision of general 24-hour services (24h/24h); ensuring of regular visits and working closely with patients. For any PHF where human resources are available, the requirement for establishing the ASS is at least one medical doctor or one HIV care trained nurse, one trained staff to play pharmacist roles, and one other support staff.

## **V. Package of Activities**

### **5.1. HIV Testing and Counseling**

In the ASS, staff have the capacity to perform HIV testing on their target population:

- The referral hospital, health centers or health posts in the community and closed settings can perform the activities following the national guidance on HIV testing and counseling.

### **5.2. Health Education and Health Promotion**

The activities related to health education and promotion is conducted in the planned ASS and commit to do more for better health, through:

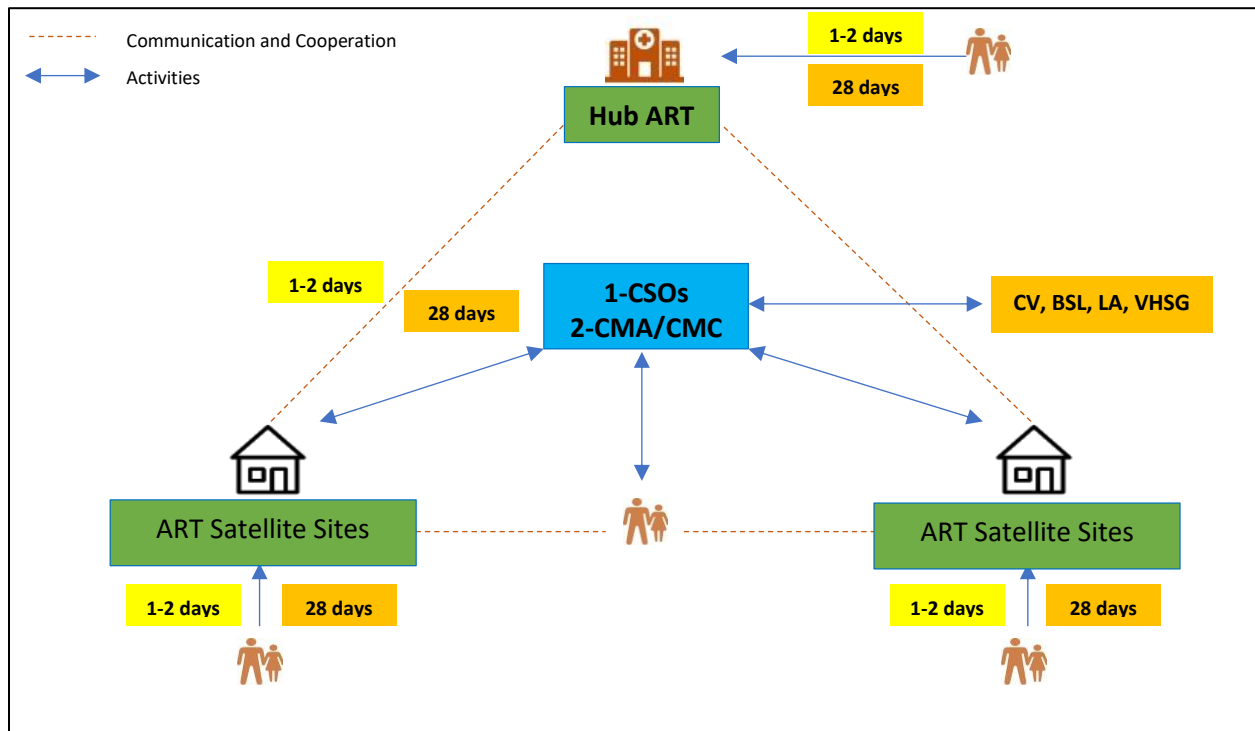
- Providing daily education on basic HIV/AIDS knowledge and HIV testing.
- Providing daily education on ARV adherence with motivational counseling for PLHIV.
- Updating the contact phone number of each patient living with HIV in every follow up visit.
- Linking or getting access to the Hub ART sites which supervise and manage PLHIV within their coverage area;
- Providing some preventive services, basic treatment, and health education such as HIV/AIDS, ARV adherence, hygiene and other basic health awareness; and
- Providing Enhance Adherence Counselling (EAC) following the national algorithm.

### **5.3. Follow Up Missed Appointment and Lost to Follow Up Flow Chart**

The flow chart describes the process of follow up with PLHIV who miss an appointment (i.e., LTFU cases). As routine health service activities at the Hub ART site, the ASS provides

daily service to PLHIV who come to access ART, including HIV testing, ARV appointments and refills, VL testing, and other treatment for infections and comorbidities. During the follow-up, if any PLHIV missed an appointment, this will be listed down by the counselor at the end of the workday, and after one or two days, the ASS will attempt to make a phone call to these patients or outreach to community. The results after contacting them will be recorded in the patient list of missed appointments, and hopefully the patients are reengaged for support. Should this not work, they will communicate with counsellors/CAA staff of related Hub ART sites, as well as Civil Society Organizations (CSO), Case Management Assistance (CMA) or Case Management Coordinators (CMC), to seek support in tracing and reengaging the patients who missed their appointment. After receiving the information, the CSO will work in collaboration with CMA and CMC to directly contact the community volunteer (CV), local authority (LA), Buddy System Leader (BSL), or volunteer health support group (VHSG), to seek support in following up with the PLHIV. In the meantime, CSOs will work and communicate with the community in order to meet with PLHIV and to provide counseling. After receiving feedback from the community, the CSO, CMA, or CMC will inform the ASS/Hub ART site with a new proposed appointment date for the PLHIV, and they will be reengaged for the HIV treatment services.

*Figure 1: Flow of follow-up clients*



## VI. ARV Management and Furniture

### ○ ARV management

- ARV drugs will be supplied through CMS to the Hub ART site and the ASS will request ARV drugs on a quarterly or semester basis, based on the number of PLHIV and appointment dates, and the instruction from the Logistic and supply management unit/NCHADS
- ASS will submit drug expense reports and requests to Hub ART sites on a regular basis and when needed (Annex 1)
- Regular coordination between the ASS and the Hub ART sites should be made to avoid shortage of drugs and/or out of stock.

### ○ Furniture

- Desk for provide service with chair
- Filing drawers/cabinet with lockable
- Hospital bed

## **VII. Roles and Responsibilities of Hub ART Site and ART Satellite Site**

### **7.1. Hub ART Site**

- Provide daily service to all PLHIV
- Conduct health check list for follow up PLHIV
- Identify stable patients and transfer them to the ASS and support the ASS for arranging the follow up visits for these patients.
- Provide basic knowledge and information to PLHIV related to HIV/AIDS, ARV, and ART using the motivational counseling method
- Reinforce treatment adherence counseling on a regular basis in addition to the initial counseling at the ART initiation
- Arrange quarterly or monthly supplies of ARV drugs and OI drugs to the ASS, as well as manage other logistics upon request.
- Arrange schedules for VL tests and inform the ASS upon sending out results
- Provide technical support, including supervised visits to ASS
- Collect monthly reports for drug expenses from ASS  
Compile and submit report to DMU/NCHADS.

### **7.2. ART Satellite Sites at Public Health Facilities**

- Provide daily ART services to PLHIV and refer them to Hub ART site if needed for complicated and severe cases
- Collect and refer blood samples to the Hub ART site for lab tests including CD4 and VL monitoring tests based on patients' routine schedules and request from Hub sites
- Provide HIV screening test and refer the reactive cases to VCCT for confirmation
- Provide basic knowledge and information to PLHIV related to HIV/AIDS, ARV, and ART with the motivational counseling method
- Conduct health checks for PLHIV by using the check list (Annex2)
- Assign one or two staff members with responsibility in the provision of ART services in ASS, as well as outreach activities.
- Provide EAC to relevant PLHIV
- Maintain good hygiene

- Take responsibility and care for all medical supplies and equipment, including an annual inventory which should be compiled
- Prepare monthly ARV or OI requests to the Hub ART site
- Attend monthly or quarterly meetings with GoC, B-IACM, or other meetings
- Work with CSOs in referral of unstable PLHIV back to the Hub ART sites, follow up missed appointments and LTFU cases with PLHIV, and provide transportation support to them
- Collect data of PLHIV and prepare monthly or quarterly reports to the Hub ART site.

### **7.3. ART Satellite Site at Health Posts in Closed Settings**

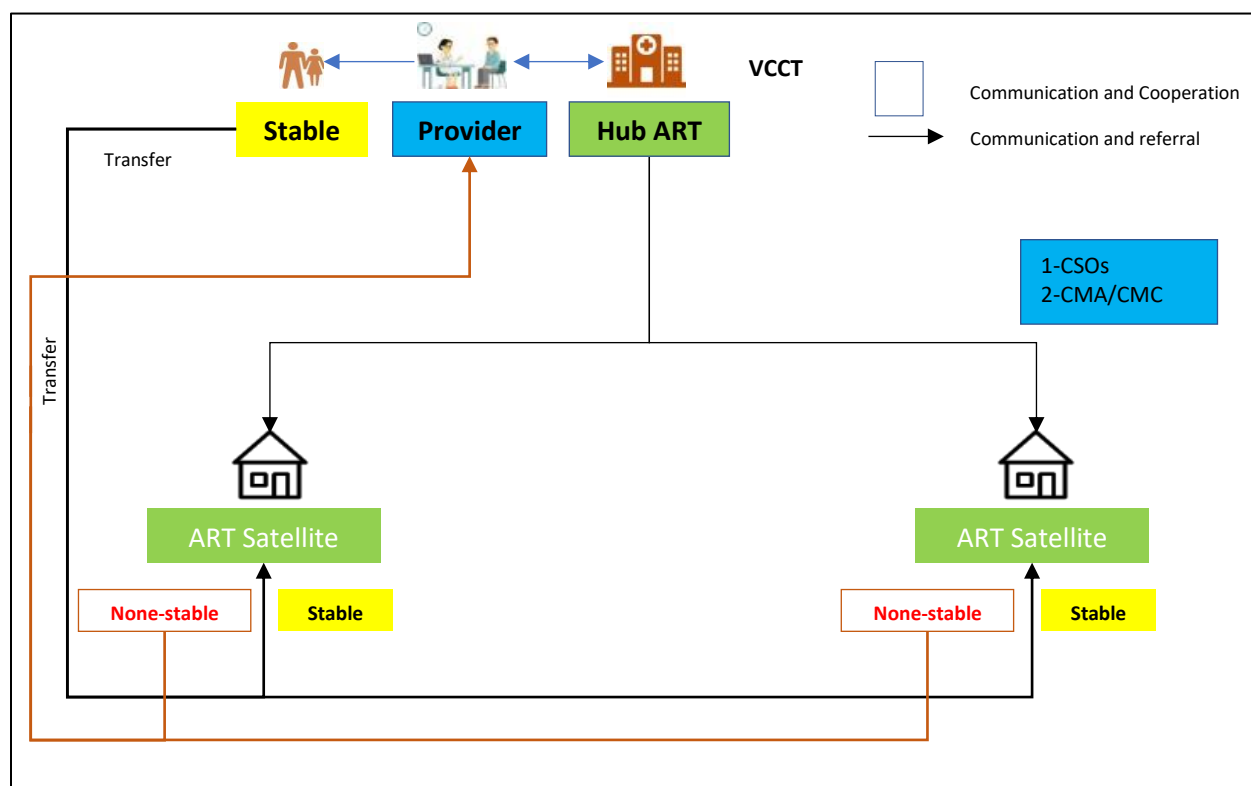
- Allocate one or two staff members, responsible in the provision of services in ASS in closed setting
- Accompany severely sick detainee PLHIV to the hospital
- Prepare monthly or quarterly ARV or OIs requests to the Hub ART site
- Provide basic knowledge/information and services to PLHIV related to HIV/AIDS, ARV, and ART with motivational counseling method
- Conduct medical checkups for detainee PLHIV using check list and accompany them to referral hospitals or Hub ART site, if needed
- Provide HTS and refer to VCCT for confirmation
- Work with CSOs in arranging PLHIV to receive ART at relevant ART site after being released.
- Attend monthly or quarterly meetings with GoC, B-IACM, or other related meetings
- Prepare monthly or quarterly reports to Hub ART site.

## **VIII. Approach for Implementing Activities at ART Satellite Sites**

The flow chart below describes the process of transferring stable patients from the Hub ART site to ASS. As a first step, health providers at the Hub ART site will develop a list of stable patients and discuss with the patients about the location of ASS where they can be transferred to – for instance, if PLHIV agree to move to ASS close to their current living/working address. Then the provider will prepare the relevant documents for transfer out to the ASS. If PLHIV do not agree and decides to continue receiving the services at the registered ART

site, the provider will respect their decision. However, the provider will continue having discussions with stable patients on their concerns and issues related to transferring out to the ASS and identify solutions accordingly. This is to help understand issues and challenges faced by PLHIV, with the ultimate aim to respect their decision. The provider at the ASS normally provides daily medical check-ups and counseling, but if there are any signs of poor adherence, the provider will contact the Hub ART site and transfer patients back to receive appropriate services (except PLHIV in closed settings). To ensure optimal treatment adherence and retention, the CSO, CMA or CMC will support on daily follow ups, both by phone and community outreach.

*Figure 2: Flow of patient referral between Hub ART Site and ART Satellite Site*



**Patients stable on ART** were defined as those receiving ART for at least 1 year, with no adverse drug reactions requiring regular monitoring, no current illnesses or pregnancy, a good understanding of lifelong adherence, and evidence of treatment success.

All stable patients that meet the criteria below will be eligible for transfer from the Hub ART site to ASS:



- Their current residential/working location is closer to the ASS than the Hub ART site
- Their VL result within the last 12 months shows suppression

## **IX. Capacity Building**

NCHADS and Provincial Health Departments, relevant governmental institution, CSOs and other health partners will work together to provide capacity building services to relevant staff in order to ensure the efficiency and effectiveness of the program to achieve the objectives stated in the Strategic Plan for HIV/AIDS and STI Prevention and Care. NCHADS, and other relevant stakeholders will be responsible for developing the training curriculum based on the need of health care providers on HIV prevention, Community/Provider Initiated HIV Testing and Counseling (C/PITC), other HIV testing, counseling, OIs prophylaxis and ARVs management, laboratory testing and monitoring, positive prevention, STIs and TB-HIV screening, prevention and treatment. The capacity building can be implemented through, but not limited to, trainings, workshops, orientations, coaching sessions, and supervision.

## **X. Monitoring and Supervision**

Health Facilities that serve as ASS are required to have the resource persons, potentially HC/HP/RH Chief or Vice-Chief, for providing the technical support, as well as monitoring and supervision, especially during the first year of service.

The main objectives of monitoring and supervision are to ensure timely reporting to the national team (NCHADS, relevant development partners, NGOs, CSOs) through quality data collection at the ASS, and to maintain the quality of health services provided to PLHIV in alignment with the SOP and national guidelines.

The national team and PASP, including the data management officer, should schedule the monitoring and supervision trip every quarter to the ASS. Once the satellite team is more familiar with the SOP, guideline, and the capacity of HIV, STI, TB-HIV data tracking and reporting is strengthened, the monitoring and supervision trip can be scheduled for every six months.

The national team should schedule joint monitoring and supervision activities with PASP/collaborated Hub ART team, and relevant CSOs, when required.

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

- Ensuring operationalization of the ART delivery at the ASS following the national guidance
- Ensuring appropriate knowledge and skills on HIV/AIDS, STIs, TB-HIV services
- 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 and challenges, and are able to follow up on an action plan for next steps.

## **XI. Data Management, Recording and Reporting**

The data management unit (DMU) of NCHADS works closely with the provincial data management officer (PDMO) at the provincial level, to provide training and coaching to ASS to ensure responsible staff have enough skills and the capacity to use the ART form and record data correctly and with high-quality. Each ASS will be responsible for tracking all relevant data and records in the patient's file and send the patient's form to the Hub ART site on a weekly basis. Facilitation and support from the CAA team will be provided, if needed. Once the Hub ART sites have received the patient's form and the data entry clerk at the Hub ART site enters the data into the ART database, the Hub ART site will send the entire site's backup file to the PDMO at the provincial level for review and analysis for the provincial report. A backup file will then be sent through a drag and drop to the DMU/NCHADS for uploading and aggregation of data to produce a national report.

Figure 3: Data and reporting flow

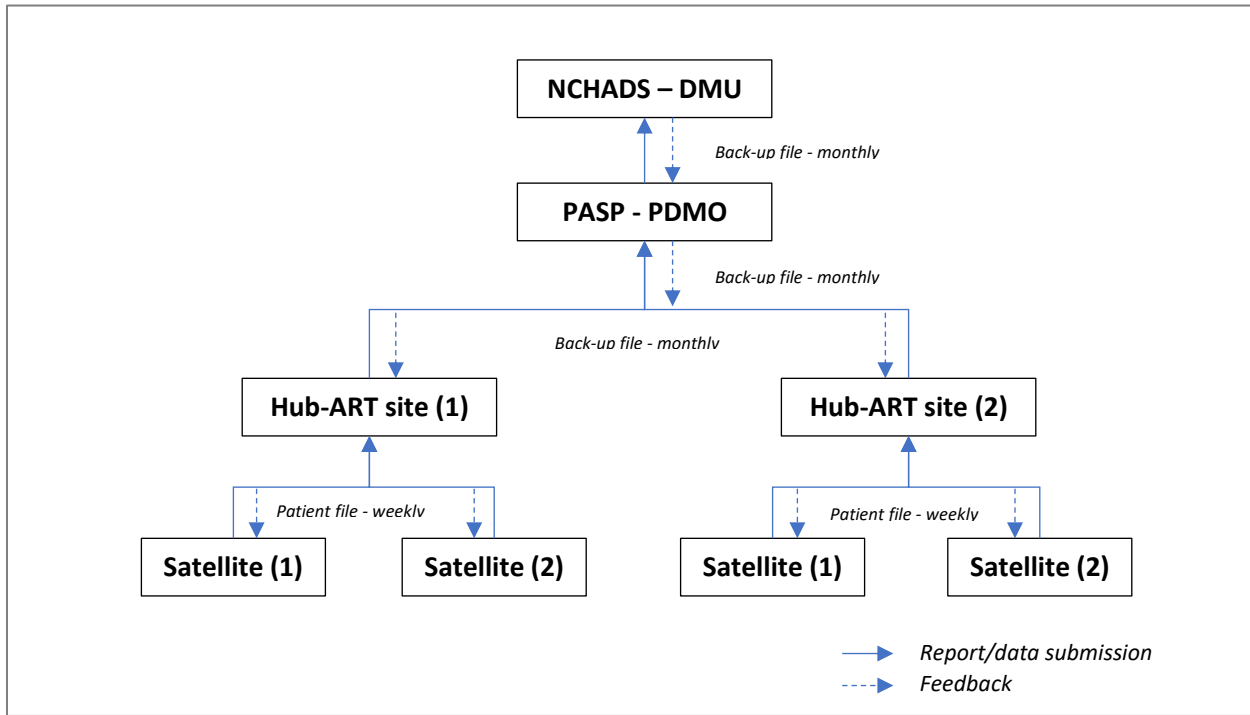
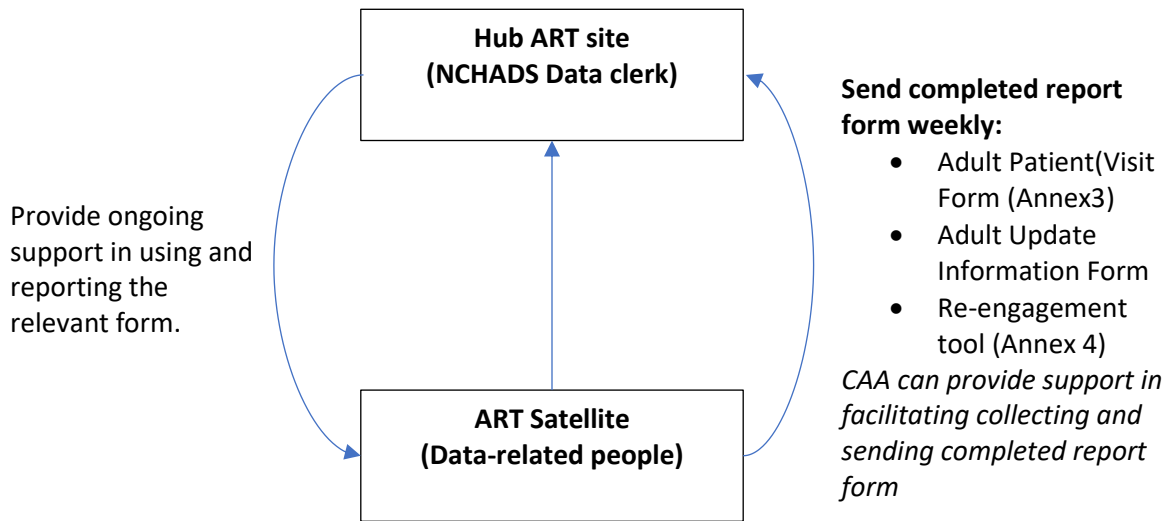


Figure 4: Reporting Flowchart for ART Satellite Sites to Hub-ART



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# ឧបសម្ព័ន្ធ ១

**ក្រសួងសុខាភិបាល**



**របាយការណ៍ស្តីពីស្ថានភាពស្តុកគ្រឿងថ្នាំ និង អ្នកជំងឺពិការយកមន្ត្រីព្យាបាលប្រចាំត្រីមាស ៤ ឆ្នាំ ២០២២**

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	60/30	tabs	60	NE0113	y						-	0	-	Z60	Feb-23		Exp:2.2023	
Tenofovir +Lam + EFV (TDF/3TC/EFV)	300/300/400	tabs	30	NE0273	y						-	0	-	T3TCEEV400	Jul-24			
Tenofovir +Lam + DTG (TDF/3TC/DTG)	300/300/50	tabs	30	NE0274	y						-	0	-	T3TCDTG	Jun-24			
Tenofovir +Lam + DTG (TDF/3TC/DTG)	300/300/50	tabs	90	NE0275	y						-	0	-	T3TCDTG90	Jun-24			
Tenofovir + Lam (TDF/3TC)	300/300	tabs	30	NE0272	y						-	0	-	T3TC	May-23		ផ្សេងៗ: Nch	
Abacavir + Lam (ABC/3TC)	600/300	tabs	30	NE0014	y						-	0	-	ABC3TC 600/300	Sep-23			
	120/60	tabs	30	NE0017	y						-	0	-	ABC3TC 120/60	Jun-23			
Atazanavir+Rito. (ATV/r)	300/100	tabs	30	NE0015	y						-	0	-	ATV/r 300/100	Feb-24		Batch:81253	
Nevirapine (NVP)	10/ml	BTL	1	NE0180	y						-	Run-out	5	NVPBTL	Jul-23			
Efavirenz (EFV)	600	tabs	30	NE0052	y						-	0	-	EFV600	Dec-23			
	200	caps	90	NE0051	y						-	0	-	EFV200	Aug-24			
Lamivudine (3TC)	150	tabs	60	NE0070	y						-	0	-	3TC150				
Zidovudine(AZT)	240ml	mL	1	NE0302	y						-	Run-out	3	AZT240				

មុខឱសថ Description	កំរិត Dosage (mg)	ទម្រង់ Form	បរិមាណ ក្នុងមួយ កំប៉ុង Quantity	លេខកូដ Product code	Avail? y	ស្តុកដើម្បី Starting Stock	ចំនួនចូល Incoming	ចំនួនចេញ Outgoing			ចំនួនកែតម្រូវ Adjustment	តុល្យការ Balance	ចំនួនខែ A.L.S. crude	ចំនួនស្នើ Request	Abbreviation	ខែ ឆ្នាំ ផុតកំណត់ ទី១	ចំនួនឱស ថដិត ផុតកំណត់	ស្សងៗ Observation
								Sep-22	Oct-22	Nov-22								
Abacavir (ABC)	300	tabs	60	NE0010	y						-	0	-	ABC300				
Tenofovir (TDF)	300	tabs	30	NE0270	y						-	0	-	TDF				
Lopi. + Rito. (LPV/r)	200+50	tabs	120	NE0141	y						-	0	-	LPV250	Jul-23			
	100+25	tabs	60	NE0142	y						-	0	-	LPV125	Feb-23			
	40/10	granule	120	NE0144	y						-	0	-	LPV40/10				
Ritonavir (RTV)	100	tabs	30	NE0220	y						-	0	-	RTV100	Apr-25			
Darunavir (DRV)	600	tabs	60	NE0047	y						-	0	-	DRV600	Sep-22			
	400	tabs	60	NE0049	y						-	0	-	DRV400				
Dolutegravir (DTG)	50	tabs	30	NE0048	y						-	0	-	DTG50	May-24			
Dolutegravir (pDTG)	10	tabs	90	NE0054	y						-	0	-	DTG10	Apr-23			
Condom	49mm	units	144	NQ4377	y						-	0	-	Condom	Sep-26			

ធ្វើនៅ..... ថ្ងៃទី..... ខែ..... ឆ្នាំ ២០២.....

បានបើកប្រើប្រាស់  
ប្រធានមន្ទីរពេទ្យ

ប្រធានឱសថស្ថាន

អ្នកធ្វើរបាយការណ៍

## ឧបសម្ព័ន្ធ ២

### បញ្ជីតាមដាន និងត្រួតពិនិត្យសុខភាពអ្នករស់នៅជាមួយមេរោគអេដស៍

ចំណុចផ្ទៀងផ្ទាត់	បាទ/ឬចាស ឬអត់ទេ	សកម្មភាព (ប្រសិនបើមានចម្លើយ បាទឬចាស)
១. មិនមានយល់ដឹងពីមេរោគអេដស៍ និងការព្យាបាលដោយ ART ជាពិសេស ការលេបថ្នាំមួយជីវិត		<ul style="list-style-type: none"> <li>• អប់រំអ្នកជំងឺតាមរយៈសារជាតិខ្លី៖សំខាន់ៗ ពីមេរោគអេដស៍ និងការព្យាបាលដោយ ART ជាពិសេស ការលេបថ្នាំមួយជីវិត</li> <li>• ផ្តល់ព័ត៌មានក្រុមការងារនៅសេវា ART សម្រាប់អប់រំ ឬផ្តល់ប្រឹក្សាបន្ថែម</li> </ul>
២. មានផ្ទៃពោះ		<ul style="list-style-type: none"> <li>• ផ្តល់ដំណឹងដល់អ្នកសម្របសម្រួលនៅគ្លីនិក ART</li> <li>• បញ្ជូនទៅសេវាសុខភាពសម្រាប់ការថែទាំសុខភាព និងបង្ការការចម្លងពីម្តាយទៅកូន</li> </ul>
៣. ទទួលសេវា ART តិចជាង ១២ខែ		<ul style="list-style-type: none"> <li>• ផ្តល់ការប្រឹក្សា/អប់រំ ការលេបថ្នាំឱ្យបានត្រឹមត្រូវ ទៀងទាត់ និងជាប់លាប់ ព្រមទាំងទទួលសេវាតាមការណាត់</li> <li>• ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART បង្គោល បើចាំបាច់</li> <li>• បញ្ជូនទៅសេវាសុខភាព បើចាំបាច់</li> </ul>
៤. មានរោគសញ្ញាសង្ស័យរបេង៖ ក្អកលើស ១៤ថ្ងៃ ក្តៅខ្លួនស្ទើរពេញរសៀល បែកញើសស្អិតពេលយប់ និងស្រកទម្ងន់		<ul style="list-style-type: none"> <li>• អប់រំបង្ការការចម្លងពីរបេង</li> <li>• បញ្ជូនទៅពិគ្រោះជំងឺជាមួយគ្រូពេទ្យជំនាញ និងតាមដាន</li> </ul>
៥. មានរោគសញ្ញាសង្ស័យជំងឺរលាកថ្លើមប្រភេទសេ		<ul style="list-style-type: none"> <li>• អប់រំបង្ការការចម្លងរោគ</li> <li>• បញ្ជូនទៅពិគ្រោះជំងឺជាមួយគ្រូពេទ្យជំនាញ និងតាមដាន</li> </ul>

<p>៦. មានផលរំខានរបស់ថ្នាំ ដូចជា រលាកស្បែក ក្អកចង្កោរ ឬ ឡើងជុំក ជាដើម</p>		<ul style="list-style-type: none"> <li>• ផ្តល់ព័ត៌មានដល់ក្រុមការងារនៅសេវា ART បង្គោល</li> <li>• បញ្ជូនទៅសេវា ART បង្គោល បើចាំបាច់</li> </ul>
<p>៧. មានបន្ទុកមេរោគអេដស៍ក្នុងឈាម តិចជាង ៤០កូពី/ml</p>		<ul style="list-style-type: none"> <li>• បន្តពង្រឹងការប្រឹក្សា អប់រំ តាមដាន ដើម្បីរក្សាឱ្យបន្ទុកមេរោគអេដស៍ ក្នុងឈាមតិចជាង ៤០កូពី/ml ដែលអាចរក្សាបានសុខភាពល្អ និងមិន មានការចម្លងអេដស៍ទៅដៃគូ</li> </ul>
<p>៨. មានបន្ទុកមេរោគអេដស៍ក្នុងឈាម ពី ៤០-៩៩៩ កូពី/ml</p>		<ul style="list-style-type: none"> <li>• ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART បង្គោល</li> <li>• ប្រឹក្សា អប់រំ តាមដាន ដើម្បីឱ្យលេបថ្នាំត្រឹមត្រូវ ទៀងទាត់ និងជាប់ លាប់ ដើម្បីឱ្យបន្ទុកមេរោគអេដស៍ក្នុងឈាមត្រលប់មកនៅក្រោមតិច ជាង ៤០កូពី/ml ដែលអាចរក្សាបានសុខភាពល្អ និងមិនមានការចម្លងទៅដៃ គូ</li> <li>*** សូមបញ្ជូនសំណាកឈាម ឬមនុស្សទៅធ្វើតេស្តកំហាប់មេរោគ អេដស៍ក្នុងឈាម ប្រសិនបើ មិនមានលទ្ធផល។</li> </ul>
<p>៩. មានបន្ទុកមេរោគអេដស៍ក្នុងឈាម ចាប់ពី ១០០០កូពី/mm<sup>3</sup> ឡើង</p>		<ul style="list-style-type: none"> <li>• ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART បង្គោលជាការចាំបាច់</li> <li>• ប្រឹក្សា អប់រំ តាមដាន ដើម្បីឱ្យលេបថ្នាំត្រឹមត្រូវ ទៀងទាត់ និងជាប់ លាប់ ដើម្បីធ្វើឱ្យបន្ទុកមេរោគអេដស៍ក្នុងឈាមត្រលប់នៅក្រោមតិច ១០០០កូពី/mm<sup>3</sup> ដែលអាចរក្សាបានសុខភាពល្អជាងមុន</li> <li>*** សូមបញ្ជូនសំណាកឈាម ឬមនុស្សទៅធ្វើតេស្តបន្ទុកមេរោគអេដស៍ ក្នុង ឈាម ប្រសិនបើមិនមានលទ្ធផល</li> </ul>
<p>១០. ធុញទ្រាន់នឿយហត់ នឹងទទួល ការព្យាបាល</p>		<ul style="list-style-type: none"> <li>• លើកទឹកចិត្តអ្នកជម្ងឺ</li> <li>• ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART បង្គោល</li> <li>• យុទ្ធសាស្ត្ររំលឹកពីការទៅទទួលសេវាទៀតទាត់ លេបថ្នាំត្រឹមត្រូវ ទៀង ទាត់ និងជាប់លាប់</li> </ul>



<p>១១. បើជាបុគ្គលធ្លាប់ប្រើប្រាស់ថ្នាំញៀន</p>		<ul style="list-style-type: none"> <li>• ផ្តល់ ឬបញ្ជូនដើម្បីផ្តល់ប្រឹក្សា</li> <li>• ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART បង្គោល</li> </ul>
<p>១២. មានបាក់ទឹកចិត្ត ដូចជាមិនចង់លេបថ្នាំ ឬ បង្ហាញការចង់ឈប់ទទួលសេវាជាដើម</p>		<ul style="list-style-type: none"> <li>• លើកទឹកចិត្តអ្នកជម្ងឺ</li> <li>• ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART បង្គោល</li> <li>• រម្ងឹកពីការទៅទទួលសេវាទៀងទាត់ លេបថ្នាំឱ្យបានត្រឹមត្រូវ ទៀងទាត់ និងជាប់លាប់</li> </ul>
<p>១៣. មិនបង្ហាញឱ្យដឹងពីស្ថានភាព HIV</p>		<ul style="list-style-type: none"> <li>• ពិនិត្យមើលផលប្រយោជន៍ និងហានិភ័យនៃការបង្ហាញឱ្យគេដឹងពីស្ថានភាព HIV ឱ្យអ្នកជម្ងឺសម្រេចចិត្ត បើការបើកបង្ហាញនេះត្រឹមត្រូវចំពោះគាត់។</li> <li>• សាកសួរ PLHIV អំពីអ្នកជិតដិតបំផុត និងដឹងពីស្ថានភាព HIV សម្រាប់បន្តគាំទ្រក្រោយចេញពីមណ្ឌល</li> </ul>
<p>១៤. បារម្ភពីការខ្មាស់រៀន/ការរើសអើង</p>		<ul style="list-style-type: none"> <li>• លើកទឹកចិត្តអ្នកជម្ងឺ</li> <li>• ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART បង្គោល</li> </ul>
<p>១៥. មិនមានការគាំទ្រពីសង្គម</p>		<ul style="list-style-type: none"> <li>• ផ្តល់ដំណឹងដល់ក្រុមការងារនៅសេវា ART បង្គោល</li> <li>• ទាក់ទងទៅស្ថាប័នពាក់ព័ន្ធផ្សេងៗ ប្រសិនបើអាចធ្វើបាន ។</li> </ul>

## ឧបសគ្គ ៣

១. ទម្រង់ព័ត៌មាននៃអ្នកជំងឺពេញវ័យពេលមកពិនិត្យជំងឺ (ទម្រង់ ខ)

ទម្រង់ព័ត៌មាននៃអ្នកជំងឺពេញវ័យពេលមកពិនិត្យជំងឺ (Adult Patient Visit Form)												ខ	
លេខកូដមន្ទីរពេទ្យ (Clinic ID number)				លេខកូដ ART (ART number)									
ថ្ងៃ ខែ ឆ្នាំ មកពិនិត្យ (Visit date) / / 20....												<input type="radio"/> មកពិនិត្យដំបូង (Initial) <input type="radio"/> មកមុនពេលកំណត់ (Early) <input type="radio"/> មកពិនិត្យតាមកាលកំណត់ (Scheduled) <input type="radio"/> មកពិនិត្យយឺត (Late)	
ឈ្មោះត្រកូល-នាម (Surname-name)						អាយុ Age.....ឆ្នាំ(Y) <input type="radio"/> ប្រុស(M) <input type="radio"/> ស្រី(F)		<input type="radio"/> គ្មានផ្ទៃពោះ <input type="radio"/> មានផ្ទៃពោះ <input type="radio"/> រហូត <input type="radio"/> វិស្វក					
ទម្ងន់(W) Kg		កម្ពស់(H) cm		កម្ដៅ(T)		* C ជីលន(P)		ចង្វាក់ដង្ហើម(RR)		សម្ពាធឈាម(BP) /			
ផ្តល់ការរស់រវើក: <input type="checkbox"/> ការបង្ការជំងឺកាមរោគ <input type="checkbox"/> ART Adherence <input type="checkbox"/> ការពន្យារកំណើត <input type="checkbox"/> TB Infection Control <input type="checkbox"/> ស្ថានភាពផែនការ <input type="checkbox"/> ការធ្វើប្រាស់ប្រសាមនាមីយ													
ពង្រឹងការលេបថ្នាំឱ្យបានត្រឹមត្រូវ ទៀងទាត់ និងជាប់លាប់សម្រាប់អ្នកជំងឺដែលមានលទ្ធផល Viral Load Detectable (Enhanced Adherence Counselling for detectable VL)												<input type="radio"/> ១២ <input type="radio"/> បើកទី១ (EAC1) <input type="radio"/> បើកទី២ (EAC2) <input type="radio"/> បើកទី៣ (EAC3)	
ការធ្វើប្រាស់មធ្យោបាយពិនិត្យរកជំងឺ						ការពិនិត្យស្ដុះស្ដាញកំណើត (TB symptomatic screening)							
ប្រភេទកំរិតជន: <input type="radio"/> ថ្មី <input type="radio"/> ថ្មីប្តូរឡើងវិញ <input type="radio"/> ចាស់						រយៈពេល ៤ សប្តាហ៍ ចុងក្រោយ (Symptoms of last 4 weeks)							
ថ្ងៃនៃឆ្នាំចាប់ផ្តើមឡើងវិញ: / / 20... មធ្យោបាយដែលបានផ្តល់: <input type="checkbox"/> ប្រសាមនាមីយ: ចំនួន.....ប្រសាម <input type="checkbox"/> ប្រសាមនាមីយ: ចំនួន.....ប្រសាម <input type="radio"/> ថ្នាំគ្រាប់ <input type="radio"/> ស៊ី អូ ស៊ី.....បន្ទះ <input type="radio"/> ថ្នាំគ្រាប់ <input type="radio"/> ស៊ី អូ ស៊ី.....បន្ទះ <input type="radio"/> ថ្នាំចាក់: ចំនួន.....ជប						* ធ្លាប់មានក្អក (Cough, anytime of any duration) <input type="radio"/> មាន(Yes) <input type="radio"/> គ្មាន (No) * ធ្លាប់មានក្ដៅខ្លួន (Fever, anytime of any duration) <input type="radio"/> មាន(Yes) <input type="radio"/> គ្មាន (No) * ស្រកទម្ងន់ (Weight loss) <input type="radio"/> មាន(Yes) <input type="radio"/> គ្មាន (No) * បែកញើសដាក់ខុសធម្មតានៅពេលយប់ រយៈពេល ២សប្តាហ៍ ឬលើស (abnormal night sweat ≥2 weeks) <input type="radio"/> មាន(Yes) <input type="radio"/> គ្មាន(No)							
ការពិនិត្យរករោគសញ្ញាជំងឺកាមរោគ (STI screening):				បង្កុះតាមប្រដាប់ភេទ ឬបង្កុះនាម (Urethral discharge)				ដំបៅ ឬរលាកប្រដាប់ភេទ (Genital lesion or inflammation)					
<input type="radio"/> មាន (Yes) <input type="radio"/> គ្មាន (No)				<input type="radio"/> មាន(Yes) <input type="radio"/> គ្មាន(No)				សិរាមាត់ ឬជុំសាច់ដុះលើប្រដាប់ភេទ (genital wart)					
<input type="radio"/> មាន(Yes) <input type="radio"/> គ្មាន(No)				<input type="radio"/> មាន(Yes) <input type="radio"/> គ្មាន(No)				<input type="radio"/> មាន(Yes) <input type="radio"/> គ្មាន(No)					
សម្រាកពេទ្យបន្ទាប់ពីពេលពិនិត្យចុងក្រោយ: <input type="radio"/> ១២ <input type="radio"/> ១២១                   ប៉ុន្មានដង:..... មូលហេតុនៃការចូលមន្ទីរពេទ្យ:.....													
ការវាយតម្លៃលើការលេបថ្នាំ:                   ចូលលេបថ្នាំ ART ពេលមកពិនិត្យចុងក្រោយ <input type="radio"/> ១២ <input type="radio"/> ១២១                   ប៉ុន្មានដង (times).....													
ប្រទេសកំរិតជំងឺបច្ចុប្បន្ន Current Medical History						ការពិនិត្យ Examination							
						រឿបរាប់ Detail							
ការសន្និដ្ឋាន និងផែនការ Assessment and Plan													
ចំណាត់ថ្នាក់តាម WHO (WHO stage): <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4				ប្រសិនបើមានរោគសញ្ញា (If TB): <input type="radio"/> រយងស្ដុះ (PTB): <input type="radio"/> វិជ្ជមានបេក (BK +)				<input type="radio"/> អវិជ្ជមានបេកក្លីនិក (BK - /Clinic)					
ករណីសម្របសម្រួល ART: <input type="radio"/> ១២១ <input type="radio"/> ១២				<input type="radio"/> រយងខ្យល់ស្ដុះ (EPTB):									
ស្ថានភាពអ្នកជំងឺ: <input type="radio"/> ធ្វើការបាន <input type="radio"/> ងើបបានឆ្ងាយ <input type="radio"/> សម្រាកមួយកន្លែង				ការព្យាបាលជំងឺរយង: <input type="radio"/> ចាប់ផ្តើម <input type="radio"/> ឈប់ <input type="radio"/> កំពុងព្យាបាល				ថ្ងៃ ខែ ឆ្នាំ ...../...../.....					
ផ្សព្វផ្សាយធ្វើតេស្តមជ្ឈិមសាស្ត្រ (Prescribing Laboratory Test)						លទ្ធផល Test result			ថ្ងៃខែឆ្នាំទទួលលទ្ធផល				
<input type="radio"/> ធ្វើតេស្តរកមេរោគអេសសេអេស៊ីអេស៊ីអេស៊ី មុនពេលចាប់ផ្តើមថ្នាំ ARV (HIV retest before starting ART)						<input type="radio"/> Positive <input type="radio"/> Negative			/ / 20....				
<input type="radio"/> HCV Test						<input type="radio"/> Positive <input type="radio"/> Negative			/ / 20....				
<input type="radio"/> Screening for Cryptococcol Antigen (CrAG)						<input type="radio"/> Positive <input type="radio"/> Negative			/ / 20....				
<input type="radio"/> CD4									/ / 20....				
<input type="radio"/> HIV Viral Load									/ / 20....				
<input type="radio"/> HCV Viral Load						HCV Viral Load (Baseline)			/ / 20....				
						HCV Viral Load at 12 weeks (១២សប្តាហ៍បន្ទាប់ពីបញ្ចប់ការព្យាបាល)			/ / 20....				
<input type="radio"/> Other :									/ / 20....				

២. ទម្រង់សម្រាប់ធ្វើបច្ចុប្បន្នភាពព័ត៌មានអ្នកជំងឺ

ទម្រង់សម្រាប់ធ្វើបច្ចុប្បន្នភាពព័ត៌មានរបស់អ្នកជំងឺ (Adult Updated Information Form)										ក១
លេខកូដអ្នកជំងឺ Clinic ID number										
គោត្តនាម-នាម		ថ្ងៃ ខែ ឆ្នាំកំណើត		អាយុ		ឆ្នាំ	ប្រុស		ស្រី	
ថ្ងៃ ខែ ឆ្នាំធ្វើបច្ចុប្បន្នភាពព័ត៌មានអ្នកជំងឺ ...../...../20.....										
ស្ថានភាព ផ្ទាល់ខ្លួន	<input type="radio"/> នៅលើរ		<input type="radio"/> រៀបការ		<input type="radio"/> លែងលះ		<input type="radio"/> មេម៉ាយ/ពោះម៉ាយ		មុនបេះ	
	បង្ហាញស្ថានភាពមរណភេទស៊ី:				<input type="radio"/> ក្រុម ( <input type="checkbox"/> សាច់ញាតិ <input type="checkbox"/> ក្រុមគ្រួសារ <input type="checkbox"/> សហគមន៍ )		<input type="radio"/> មិនក្រុម			
អាសយដ្ឋាន:		ក្រុមទី		ផ្លូវលេខ		ភូមិ		ឃុំ/សង្កាត់		
		ស្រុក/ខណ្ឌ		ខេត្ត/ក្រុង		លេខទូរសព្ទ:				
ឈ្មោះអ្នកទំនាក់ទំនងទី១		អាសយដ្ឋាន:		លេខទូរសព្ទ:						
ឈ្មោះអ្នកទំនាក់ទំនងទី២		អាសយដ្ឋាន:		លេខទូរសព្ទ:						
ទទួលបានការបង្ការដោយ:		<input type="checkbox"/> សកម្មភាពសហគមន៍ ឬ អង្គការក្រៅរដ្ឋាភិបាល (CA/NGO)		ឈ្មោះ និងទីតាំងរបស់សកម្មភាពសហគមន៍ (Name and location of CA team)						
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន						ឈ្មោះ:				

(ពណ៌បៃតង)

៣. ទម្រង់ព័ត៌មានសង្ខេបរបស់អ្នកជំងឺ (ពណ៌ស)

ទម្រង់ព័ត៌មានសង្ខេបរបស់អ្នកជំងឺ (Patient summary form)									
គោត្តនាម-នាម Surname-name		លេខកូដអ្នកជំងឺ (Clinic ID Number)							
ភេទ (Sex)		<input type="radio"/> ប្រុស <input type="radio"/> ស្រី		លេខកូដ ART					
ថ្ងៃ ខែ ឆ្នាំចុះឈ្មោះដំបូង (Date of first register) ...../...../.....									
ថ្ងៃ ខែ ឆ្នាំចាប់ផ្តើមព្យាបាល ART (Date start ART Care) ...../...../.....									
ថ្ងៃ ខែ ឆ្នាំចាប់ផ្តើមព្យាបាលបង្ការជំងឺរបេង (TPT) ...../...../20.....					ថ្ងៃ ខែ ឆ្នាំបញ្ចប់ការព្យាបាលបង្ការជំងឺរបេង (TPT) ...../...../.....				
ថ្ងៃ ខែ ឆ្នាំចាប់ផ្តើមព្យាបាល HVC ...../...../20.....					ថ្ងៃ ខែ ឆ្នាំបញ្ចប់ការព្យាបាល HVC ...../...../.....				
ឱសថ ARV ដែលបានប្រើកន្លងមក				ពីថ្ងៃទី		ដល់ថ្ងៃទី			
				ពីថ្ងៃទី		ដល់ថ្ងៃទី			
				ពីថ្ងៃទី		ដល់ថ្ងៃទី			
				ពីថ្ងៃទី		ដល់ថ្ងៃទី			
HIV Viral Load	ថ្ងៃ ខែ ឆ្នាំ បូមឈាម	ថ្ងៃ ខែ ឆ្នាំ ទទួលលទ្ធផល	លទ្ធផល HIV VL (Copies/mL)		កំណត់សម្គាល់				
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							
	...../...../20.....	...../...../20.....							

# ឧបសម្ព័ន្ធនៃ ៤

## របាយការណ៍ប្រចាំត្រីមាសស្តីពីការតាមរក និងដាក់អ្នកជំងឺអេដស៍ត្រឡប់ចូលមកក្នុងសេវាថែទាំ និងព្យាបាលវិញ

របាយការណ៍ប្រចាំត្រីមាសស្តីពីការតាមរក និងដាក់អ្នកជំងឺអេដស៍ត្រឡប់ចូលមកក្នុងសេវាថែទាំ និងព្យាបាលវិញ

១. សូមបញ្ជូលទិន្នន័យ អ្នកជំងឺខកណាត់ដោយផ្ទៀងផ្ទាត់ជាមួយបញ្ជីណាត់ជួបប្រចាំថ្ងៃ (Patient Appointment list)
២. សូមបញ្ជូលទិន្នន័យ ជារៀងរាល់ថ្ងៃ ចាប់ពីថ្ងៃទី១នៃការខកណាត់របស់អ្នកជំងឺ
៣. តារាងខាងក្រោមនេះជាសេចក្តីណែនាំ អំពីការចុះបញ្ជី និងការបញ្ជូលទិន្នន័យសំរាប់អ្នកជំងឺខកណាត់ បោះបង់ និងការតាមរក/ទាញត្រលប់មកទទួលសេវាព្យាបាលកំណត់ចំណាំ ទំរង់នៃការណែនាំនេះ មិនទាន់ជាលក្ខណៈជាស្តង់ដាររបស់ថ្នាក់ជាតិទេ

សន្លឹកកិច្ចការ (Worksheet)	ឈ្មោះជួរឈរ (Column name)	លេខសម្គាល់ជួរឈរ (Column Index)	លក្ខខណ្ឌទិន្នន័យ (Data validation)	សេចក្តីបរិយាយពន្យល់ (Description)
	ឈ្មោះមន្ទីរពេទ្យបង្អែក/ គ្លីនិក*  លេខ	<del>X</del>	<del>list</del>	ជាកន្លែងសម្រាប់កំណត់ ឈ្មោះមន្ទីរពេទ្យបង្អែក/គ្លីនិក នៃទម្រង់បញ្ជូលទិន្នន័យ អ្នកជំងឺខកណាត់ បោះបង់សេវា ART  ជាលេខរៀងគ្នា ដោយត្រូវចាប់ផ្តើមពីលេខ ១ សម្រាប់ការចុះបញ្ជីអ្នកជំងឺខកណាត់ ។ សម្រាប់អ្នកបន្តបន្ទាប់ត្រូវដាក់ លេខបន្តបន្ទាប់ គឺ ២ - ៣ - ៤ ... ។
	កាលបរិច្ឆេទណាត់ជួប Date of appointment* (dd-mm-yyyy)	2	Data generated by data entry clerk	ជាថ្ងៃខែឆ្នាំ ដែលអ្នកជំងឺណាត់ជួបគ្រូពេទ្យ។
	លេខកូដ Clinic ID number*	3	Data generated by data entry clerk	ជាលេខកូដដែល ART clinic ផ្តល់ឱ្យអ្នកជំងឺពេលមកចុះឈ្មោះដំបូងនៅក្នុងសេវា ART។ លេខកូដ Clinic ID number មានចំនួន៥ខ្ទង់ សម្រាប់មនុស្ស ពេញវ័យ និង ៦ខ្ទង់សម្រាប់កុមារ ដោយមានអក្សរ P នៅខាងមុខលេខ។  Clinic ID numberមាននៅផ្នែកខាងលើបង្អស់ខាងឆ្វេងដៃនៃ ទម្រង់-ក-។
List Patient Missed Appointment	លេខកូដ ART (ART number)	4	Data generated by data entry clerk	ជាលេខកូដដែល ART clinic ផ្តល់ឱ្យអ្នកជំងឺនៅពេលគាត់ ចាប់ ផ្តើមការព្យាបាលដោយឱសថប្រឆាំងមេរោគអេដស៍។ លេខកូដ ART មានចំនួន ៥ខ្ទង់ សម្រាប់មនុស្សពេញវ័យ និង ៦ខ្ទង់ សម្រាប់កុមារ ដោយមានអក្សរ P នៅខាងមុខលេខ។  បញ្ជាក់: លេខកូដ ART មានចំនួន ៥ខ្ទង់ គឺ - ២ ខ្ទង់ខាងដើម ជាលេខកូដ ខេត្ត - ២ ខ្ទង់បន្ទាប់ ជាលេខកូដមន្ទីរពេទ្យ និង - ៥ ខ្ទង់ខាងក្រោយ ជាលេខរៀងបន្តបន្ទាប់

			ART number បិតនៅក្នុងប្រអប់ទី៨នៃ ឧប្រាណៈកៈ។
ឈ្មោះរបស់អ្នកជំងឺ	5	Data generated by data entry clerk	ត្រូវបំពេញនាមត្រកូល និងនាមខ្លួន របស់ អ្នកជំងឺ - ជាខ្មែរឃ្លាំង
ភេទ	6	Data generated by data entry clerk	សូមជ្រើសរើសភេទ។
អាយុ	7	Data generated by data entry clerk	អាយុរបស់អ្នកជំងឺ។ អាយុត្រូវបានកំណត់ ត្រឹម 0 ដល់១០០។
ប្រភេទអតិថិជន Type Of Client	8	Data generated by data entry clerk	សូមជ្រើសរើសប្រភេទអ្នកជំងឺ។ មានចំនួន ៨ ជម្រើស។
អាសយដ្ឋាន Address	9	Data generated by data entry clerk	សូមបញ្ចូលទិន្នន័យ ទាក់ទង ភូមិ ឃុំ ស្រុក និងខេត្ត
លេខទូរស័ព្ទ Phone contact	10	Data generated by data entry clerk	សូមបញ្ចូលទិន្នន័យ លេខ (ត្រូវបំពេញលេខទូរស័ព្ទដែលអាចទាក់ទងអ្នកជំងឺ បាន)
Disclose HIV status	11	Entry data	Verified by CAA team "Yes" or "No"
ឈ្មោះគ្រូពេទ្យ Doctor name	12	Data generated by data entry clerk	ឈ្មោះគ្រូពេទ្យដែលអ្នកជំងឺត្រូវមកជួប
ចំនួន viral load	13	Data generated by data entry clerk	ចំនួនរបស់អ្នកជំងឺនៅថ្ងៃណាត់(បើមាន)
ថ្ងៃខែឆ្នាំដែលរាប់ចំនួនV.ខាងលើ	14	Data generated by data entry clerk	បញ្ចូលថ្ងៃខែឆ្នាំ Dd/mm/yyyy
អ្នកជំងឺមកតាមការណាត់ ឬមិន មក	15	Entry Data	ការបញ្ជាក់ដោយCAA Team ជាអ្នកជំងឺមក ឬមិនមកតាមការណាត់
ចំនួនថ្ងៃខកណាត់ Number of days missed	16		មិនបាច់បញ្ចូលទិន្នន័យទេ (ទិន្នន័យទាញ ស្រាប់)
ការព្យាបាល លើកទី១ (ចន្លោះ 1-7ថ្ងៃ) 1st attempt (1-7days) (dd-mm-yyyy)	17	Entry Data	សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
សកម្មភាព Activity	18	List	សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ជំរើស។ 1-តាមរយៈទូរស័ព្ទ 2-តាមរយៈចុះតាមដល់ផ្ទះ 3-តាមអង្គការដៃគូ 4-តាម HC/VHSG/Peer 5- មកខ្លួនឯង
លទ្ធផល Result			សូមជ្រើសរើសលទ្ធផល មាន ៥ជំរើស 1-បានមកវិញ

<p>សកម្មភាព និងលទ្ធផលតាមដានអ្នកជំងឺឱកណាត់ Action and result of Miss appointment</p>		19	List	<p>2-មិនបានមកវិញ</p> <p>3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប</p> <p>4-ផ្សេង ៗ</p>
	<p>ការព្យាយាមលើកទី2 (ចន្លោះ:8-14ថ្ងៃ)</p> <p>2nd attempt (8-14days if there is when 1<sup>st</sup> attempt was not done/successful)</p> <p>(dd-mm-yyyy)</p>	20	Entry Data	<p>សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ</p> <p>(dd/mm/yyyy)</p>
	<p>សកម្មភាព</p> <p>Activity</p>	21	List	<p>សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ជំពើស។</p> <p>1-តាមរយៈខ្លួនឯង</p> <p>2-តាមរយៈចុះតាមដល់ផ្ទះ</p> <p>3-តាមអង្គការដៃគូ</p> <p>4-តាម HC/VHSG/Peer</p> <p>5- មកខ្លួនឯង</p>
	<p>លទ្ធផល</p> <p>Result</p>	22	List	<p>សូមជ្រើសរើសលទ្ធផល មាន ៤ជំពើស</p> <p>1-បានមកវិញ</p> <p>2-មិនបានមកវិញ</p> <p>3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប</p> <p>4-ផ្សេង ៗ</p>
	<p>ការព្យាយាមលើកទី3 (ចន្លោះ: 15-21ថ្ងៃ)</p> <p>3rd attempt (15-21days if there is when 1<sup>st</sup> and 2<sup>nd</sup> attempts were not done/successful)</p> <p>(dd-mm-yyyy)</p>	23	Entry Data	<p>សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ</p> <p>(dd/mm/yyyy)</p>
	<p>សកម្មភាព</p> <p>Activity</p>	24	List	<p>សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ជំពើស។</p> <p>1-តាមរយៈខ្លួនឯង</p> <p>2-តាមរយៈចុះតាមដល់ផ្ទះ</p> <p>3-តាមអង្គការដៃគូ</p> <p>4-តាម HC/ VHSG/Peer</p> <p>5- មកខ្លួនឯង</p>
	<p>លទ្ធផល</p> <p>Result</p>	25	List	<p>សូមជ្រើសរើសលទ្ធផល មាន ៤ជំពើស</p> <p>1-បានមកវិញ</p> <p>2-មិនបានមកវិញ</p> <p>3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប</p> <p>4-ផ្សេង ៗ</p>
	<p>ការព្យាយាមលើកទី4 (ចន្លោះ: 22-28ថ្ងៃ)</p>			

4th attempt (22-28days if there is when 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> attempts were not done/successful) (dd-mm-yyyy)	26	Entry Data	សូមបញ្ជូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
សកម្មភាព Activity	27	List	សូមជ្រើសរើសសកម្មភាពមួយពី drop list ដែលមាន ៥ជំពូក 1-តាមរយៈទូរស័ព្ទ 2-តាមរយៈតុះតាមផលិតផល 3-តាមអង្គការដៃគូ 4-តាម HC/ VHSG /Peer 5- មកខ្លួនឯង
លទ្ធផល Result	28	List	សូមជ្រើសរើសលទ្ធផល មាន ៥ជំពូក 1-បានមកវិញ 2-មិនបានមកវិញ 3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប 4-ផ្សេង ៗ
កាលបរិច្ឆេទត្រឡប់មកវិញ Date of reengagement	29	Entry Data	សូមបញ្ជូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy) ដែលបានត្រឡប់មកវិញ
ហេតុផលខកណាត់ Reason for miss appointment	30	Entry Data	សូមបញ្ជូលទិន្នន័យជាក់ស្តែងដែលអ្នកជំងឺ បានប្រាប់
កំណត់ជាត្រូវបោះបង់សេវា Defined as LTFU	31		មិនបាច់បញ្ជូលទិន្នន័យទេ (ទិន្នន័យទាញ ស្រាប់) ជាថ្ងៃខែដែលអ្នកជំងឺនឹងត្រូវចាត់ជា បោះបង់- ការព្យាបាលទៅតាមនិយមន័យ ថ្មីរបស់ថ្នាក់ជាតិ(លើសពី២៥ថ្ងៃក្រោយ ថ្ងៃណាត់ជួប)
ការព្យាបាល លើកទី១ (ចន្លោះ 1-2 សប្តាហ៍) 1st attempt (1-2 weeks) (dd-mm-yyyy)	32		សូមបញ្ជូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
សកម្មភាព (activities)	33		សូមជ្រើសរើសសកម្មភាពមួយពី drop list ដែលមាន ៥ជំពូក 1-តាមរយៈទូរស័ព្ទ 2-តាមរយៈតុះតាមផលិតផល 3-តាមអង្គការដៃគូ



