

## STANDARD OPERATING PROCEDURES (SOP)

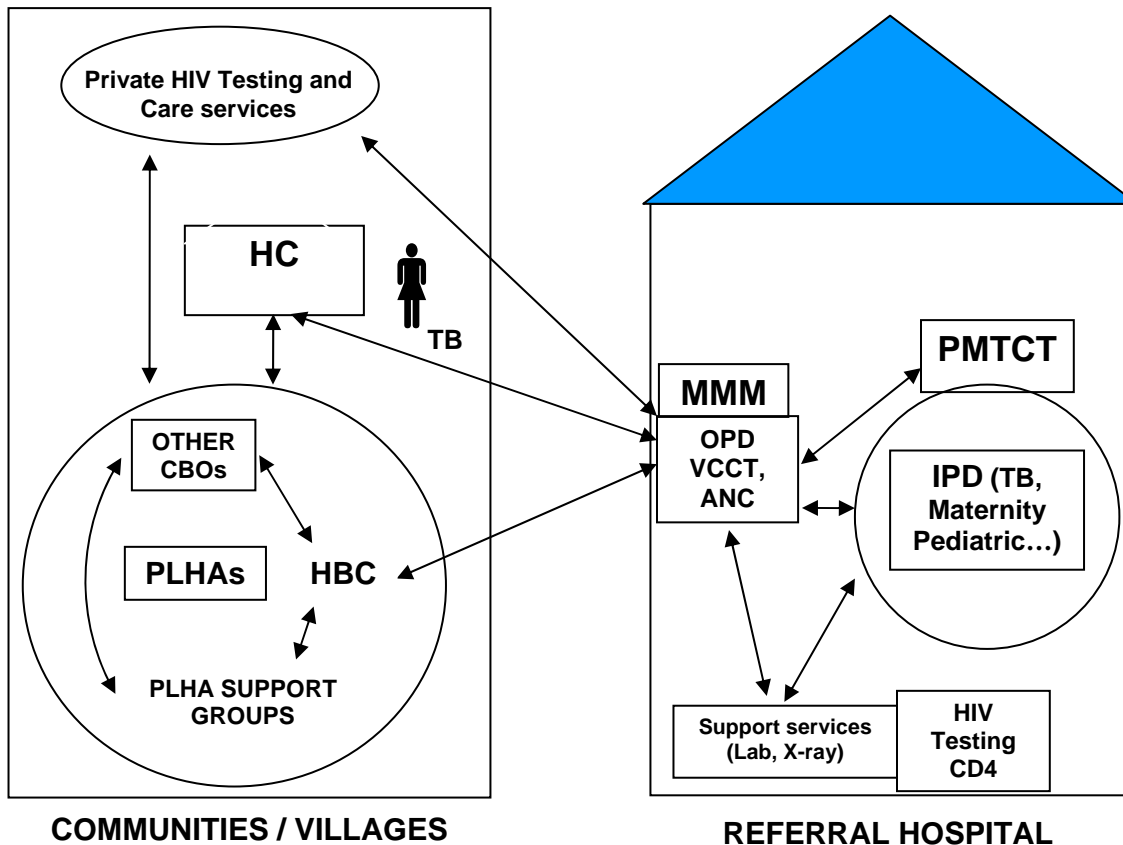
### EXPANDING THE CONTINUUM OF CARE – SATELLITE SITES

#### 1. Introduction to Continuum of Care

In 2003, the Ministry of Health of the Royal Kingdom of Cambodia approved the Continuum of Care (CoC) framework proposed by the National Center for HIV/AIDS, Dermatology and STD (NCHADS). The Continuum of Care links the following key elements of comprehensive HIV/AIDS care:

- **Clinical Care:** *Diagnosis of HIV infection, Management of Opportunistic infections (OI) including TB, Prophylaxis of opportunistic infections, symptomatic and palliative care, antiretroviral (ARV) therapy, universal precautions (UP) and post-exposure prophylaxis (PEP), and prevention of mother to child transmission (PMTCT).*
- **Support:** *Counseling, psychosocial and financial support, support for caregivers and children affected by HIV/AIDS (CAA), and reduction of stigma and discrimination.*
- **Health Promotion and Education:** *Information and education for people living with HIV/AIDS (PLHA) and their families about HIV and HIV care, nutrition, and prevention of further HIV transmission and family planning.*

The Continuum of Care is characterized by strong referral mechanisms between the home, the community and the institutional care levels. PLHA are involved in all aspects of care and treatment including a forum to express concerns and share experiences at MMM (Mondul Mith Chouy Mith), attached to the Referral Hospital.



Source: *Continuum of Care for People Living with HIV/AIDS, 1<sup>st</sup> edition, April 2003*

## 2. Current Status of Continuum of Care

At the beginning of 2006, there are a total of 20 comprehensive CoC sites and an additional 12 sites that provide OI/ART services. There are currently approximately 11,000 patients on ARV treatment in Cambodia. The number of comprehensive CoC sites and OI/ART clinics is expected to increase to a total of 50 sites by 2010, covering the care and treatment of over 20,000 patients.

There are currently 109 VCCT sites located throughout the country (each province is covered) as well as four CD 4 laboratories, placed in strategic locations to cover the needs of all CoC and OI/ART Service Sites. By 2010, 200 VCCT sites are projected to be operational.

The number of home based care teams has increased to 261 in 2005, located in 17 provinces and Phnom Penh.

### 2.1. *Human Resources*

The CoC at each site consists of an OI/ART team for adult of 7 individuals:

1. 2 Clinicians
2. 2 Nurse Counselors and keeping medical record
3. 1 Logistics Officer

4. 1 Lab technician
5. 1 X-ray technician

By the end of 2005, 100 clinicians, 50 nurse counselors, 30 logistics officers and 12 CD 4 lab technicians had successfully completed National training courses administered by NCHADS.

## ***2.2. Components of Comprehensive Continuum of Care***

The Comprehensive Continuum of Care offers the patient a package of services that includes:

- Entry Point For HIV prevention and Care:
  - VCCT
  
- Clinical Care:
  - Prophylaxis and treatment of opportunistic infections (OI) for children and adults
  - TB/HIV care and treatment
  - Post-exposure prophylaxis (PEP)
  - Antiretroviral treatment (ART) for children and adults
  - PMTCT
  - Laboratory and X-ray support
  
- Community Involvement:
  - Home-based care
  - PLHA peer support groups
  - MMM

## ***2.3. Integration of Pediatric Services into Continuum of Care***

In 2006, the care and treatment of children and adolescents living with HIV/AIDS will be integrated into the Continuum of Care. Clinical management for pediatric patients will be administered by the pediatric ward of the Referral Hospital in close collaboration with the OI/ART team.

## **3. Expanding the Continuum of Care: Satellite Sites**

### ***3.1. Objectives***

In order to strengthen the care and treatment of people living with HIV/AIDS in Cambodia, NCHADS foresees the establishment of secondary CoC sites, or *CoC Satellites* at Referral Hospitals in Operational Districts that are deemed too small to require a comprehensive CoC site. The objectives of the *CoC Satellites* will be:

- Reduce the workload of the OI/ART team at the comprehensive CoC sites
- Minimize the travel burden for patients living with HIV/AIDS
- Build the capacity of clinicians and nurse counselors at Referral Hospitals in small Operational Districts

- Broaden the scope of assistance to PLHA by introducing MMM and other support activities to secondary sites

### **3.2. CoC Satellite Package**

At *CoC Satellites*, individuals shall have access to the following services:

- Entry Point For HIV prevention and Care:
  - VCCT
- Clinical Care:
  - OI Prophylaxis and treatment for adults
  - PMTCT
  - *ART for adults after successfully completing 3-6 month trial period*
  - *Access to laboratory and X-ray support*
- Community Involvement:
  - Home-based care
  - PLHA peer support groups
  - MMM

Patients that are identified to be at a stage where they require ARV therapy shall be referred to the nearest comprehensive CoC site where they will have access to proper adherence counseling in preparation for ARV medicines.

Patients that have successfully undergone a minimum period of three to six months of ARV therapy and have proven to comply with 100% adherence may be referred back to the *CoC Satellite*, where they can continue to regularly receive monitoring and ARV medicines. The satellite sites shall refer blood samples to the closest regional CD 4 laboratory for patient monitoring and shall also have access to the laboratory and X-ray equipment of the nearest comprehensive CoC site should they lack these installations.

### **3.3. Human Resources**

The CoC Satellite team will be slightly smaller than the OI/ART team at the comprehensive CoC level:

1. 1 Clinician – Team Leader
2. 1 Clinician
3. 1 Nurse Counselor
4. 1 Logistics Officer

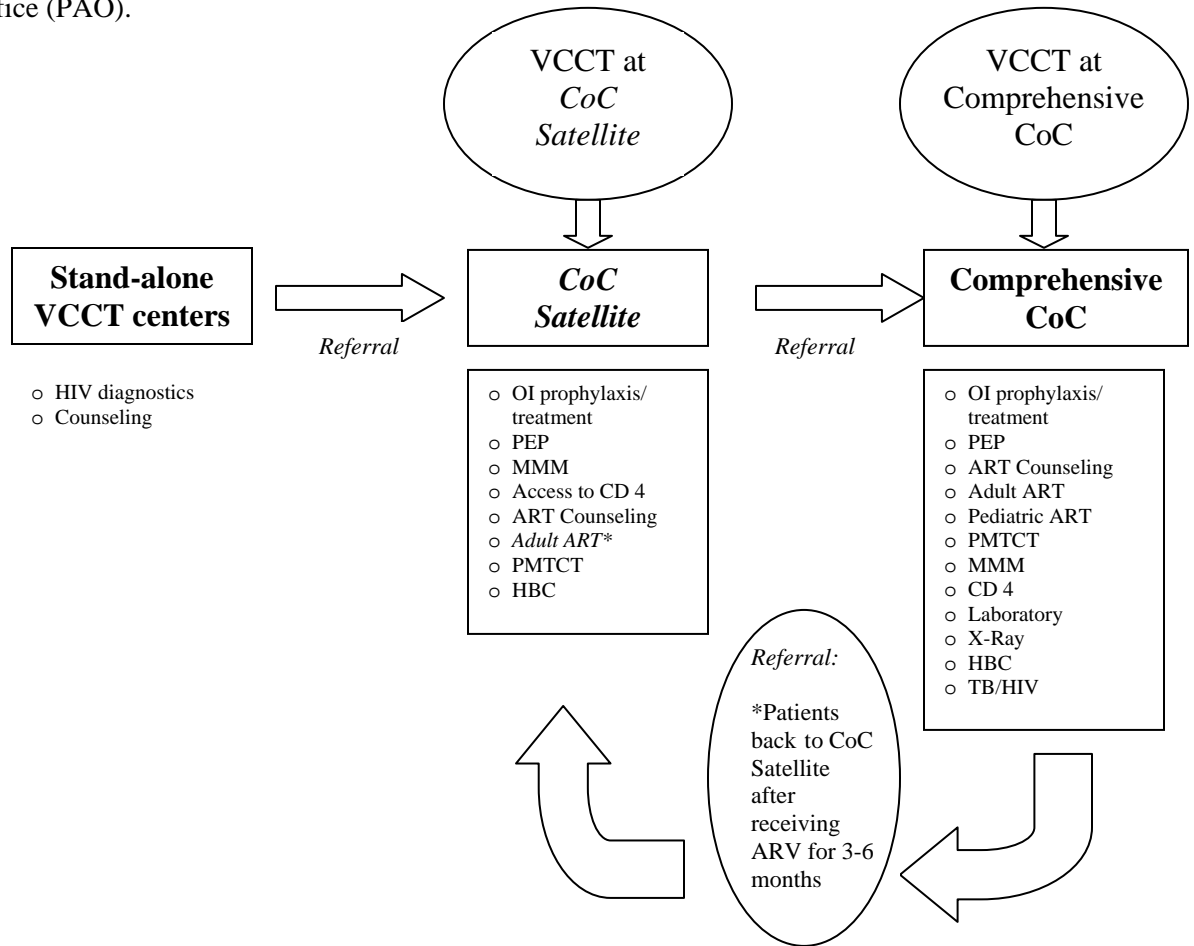
### **3.4. Training**

Clinicians, counselors and logistics officers of new Satellite Sites shall receive training in Phnom Penh administered by NCHADS.

### 3.5. Referral System

Stand-alone VCCT centers that are not part of a comprehensive CoC site shall refer PLHA to the closest *CoC Satellite*. VCCT centers located within comprehensive CoC sites shall continue to refer PLHA to the OI/ART team within the comprehensive CoC.

Referrals of PLHA between comprehensive CoC sites and *CoC Satellites* will be administered by the OI/ART team leaders under close supervision of the Provincial AIDS Office (PAO).



### 3.6. Pediatric HIV at Satellite Sites

It is foreseeable that in the long term, pediatric OI/ART clinical services will be made available at *CoC Satellites*. However, in the short term, pediatric HIV cases shall be referred directly to the nearest comprehensive CoC site, where children & adolescents living with HIV/AIDS shall receive necessary treatment at the Referral Hospital's pediatric ward in close collaboration with the OI/ART team.

*3.7. Location of projected CoC Satellite Sites in 2006*

<b>Province</b>	<b>Operational District</b>	<b>Treatment Site</b>
Battambang	Battambang	Tmar Kaul RH
Pailin	Pailin	Pailin RH
Siem Reap	Kralanh	Kralanh RH
Koh Kong	Srê Ambel	Srê Ambel RH
Svay Rieng	Romeas Hek	Romeas Hek RH

*Seen and Approved*

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