

→ ឥរ AIDS Care Unit
Dr. K. Chetra

• ឯកសារសម្រាប់
Supervisor + local team (PAC)

→ ក្នុងនាម គ្រូបង្វឹក

របាយការណ៍

ស្តីអំពី

ការអភិបាល និង តាមដាន

សំរាប់ការថែទាំ-ព្យាបាលកុមារផ្ទុកមេរោគអេដស៍/ជម្ងឺអេដស៍នៅខេត្ត

25/05/09

មន្ទីរពេទ្យបង្អែក: មេមុត-ត្បូងឃ្មុំ-កំពង់ចាម និង ជើងព្រៃ "ខេត្តតំលាងបាម"

ពីថ្ងៃទី ៣ ដល់ ៧ ខែ ឧសភា ឆ្នាំ ២០០៩

Field Visit Report

Activity No. 6.13.9: Supervision and Mentoring to Provincial Teams

រៀបចំដោយ: SR/NPH

ឧបត្ថម្ភដោយ: GFATM Round 7

→ Mr. Mam Sovatta
Mr. Leup (Senior IT)

ឯកសារ NCHADS

NCHADS 25/05/09
1309 9:00AM
19 05 09

Field Visit Report

Activities: No.6.13.9: Supervision and Mentoring to Provincial Teams

Date : 3 – 7 May 2009

NP-SRs : NPH

GFATM Round : 7

Disease : HIV/AIDS

Location :

1- Memut RH, OD: Memut –PHD: Kampong Cham

2- Tbaung Khmum RH, OD Tbaung Khmum-Kroch Chmar, PHD:
Kampong Cham

3- Kampong Cham RH, OD: Kampong Siem, PHD Kampong Cham

4- Cheung Prey RH, OD: Cheung Prey-Bathiay, PHD Kampong Cham

Monitored by : Name(s) and position:

- 1- Dr. Sam Sophan, a mentor, trainer of the National Pediatric Training Course on HIV/AIDS, M & E Officer SR/NPH and Vice- Chief of Department of HIV/AIDS/TB, NPH.
- 2- Dr. Hem Sok Han, working at Department D, NPH
- 3- Dr. Kdan Yuvathana, working at Department I, NPH
- 4- Mr. Chea Chamnann, Technical Officer, Database Unit of NCHADS.

Focal person at the field : Name(s) and position [Local facilitators]

1. Dr. Hean Visal (Physician of Pediatric OI/ART service, Memut RH)
2. Dr. Roth Puthika (Director of Tbaung Khmum RH)
3. Dr. Lorn Try Patric (Vice director of Kampong Cham RH)
4. Dr. Kouk Narith (Chief of Pediatric service, Cheung Prey RH)

Local Team attended: **Total: 39** **Male: 21** **Female: 15**

1. Memut RH : 7 persons (MD: 2; Nurse: 4; staff:1)

2. Tbaung Khmum RH :9 persons (MD: 4; Nurse: 4; staff: 1)
3. Kampong Cham RH :11 persons (MD:4; Nurse: 5, staff: 2)
4. Cheung Prey RH : 9 persons (MD: 3; Nurse; staff: 1)

Objectives of the field visit:

1. to improve the technical skills of staff in implementation the ART and OI program for HIV infected children in the provinces
2. to understand and identify the difficulties/ barriers in practical work in the fields.
3. to provide constructive feedback and training as soon as possible according the findings.
4. to coordinate and facilitate the technical standard to improve or strengthen their performance and plan for the next necessary action as needed.

Methodologies:

1. Direct observation
2. Case review on medical records by random technique (data cross checking)
3. Interview with staff or patients.

M&E Tools Used:

1. Feedback: cases discussion and review based on the National Guidelines, and curriculum/modules
2. Meeting between mentors and relevant local staff for providing constructive feedback, comments and suggestions.
3. Report to steering committee of the SR/NPH project for further action plan
4. Coordination in some issues with NCHADS.

RESULT:

I- Memut RH: Date 04-05-2009

-OI/ART Service Code: 03-02

- Pediatric OI/ART service still not open yet

- Adult ART: 159; OI: 45
- Some adult patients waiting to transfer their children to get service here if open.
- 1 doctor had been trained in pediatric diploma course and 2 nurses in counseling course.
- Good commitment for the program

- Issues/ Challenges:
 - Need to train more staff to be able to help each other (back up).
 - All staff are on duty in every ward including HIV infected patients so they should know at least basic understanding on HIV/AIDS Management.
- Feedback/ Training:
 - Review the basic skill on pediatric OI/ART case management
 - Updated ARV drugs dosing table for children.
- Suggestion:
 - Need training more staff and refresher for trained staff as well.

II- Tbaung Khmum RH: Date 05-05-2009

- OI/ART Service Code: 03-03
- Pediatric OI/ART service is active (ART: 30; OI: 15)
- Adult ART: 159; OI: 167
- Most of children on ART were transferred from Kampong Cham RH (2 new cases were started ART by this site).
- 1 doctor had been trained in pediatric diploma course..
- Good commitment for the program
- Has some support from FHI with regular meeting
- Issues/ Challenges:
 - Need to train more staff to be able to help each other (back up).
 - All staff are on duty in every ward including HIV infected patients so they should know at least basic understanding on HIV/AIDS management.
 - Access to CD4 count was stuck some time due to technical problem of CD4 machine at Kampong Cham RH (can not monitor CD4 regularly).

- Feedback/ Training:
 - Review the basic skill on pediatric OI/ART case management
 - Cross check of medical record: improve to fill properly the forms, summary data on CD4 follow up and weight gain.
 - Updated ARV drugs dosing table for children.
- Suggestion:
 - Train two more doctors on diploma course
 - Need training more staff and refresher for trained staff (basic course)
 - Need continue supervision & monitoring from national team
 - Incentive for staff from NCHADS (Mr. Chamnann will contact to the relevant person at NCHADS)

III- Kampong Cham RH: Date 06-05-2009

- OI/ART Service Code: 03-01
- OI/ART service was handed to hospital team from MSF on April 2009.
- Pediatric OI/ART service is active with hospital team (ART: 208; OI: 107)
- Adult: ART: 1181; OI: 215
- 2 doctors had been trained in pediatric diploma course (but one was left: MA. Sreang Chantha)
- Good commitment for the program
- Has some support from FHI with regular meeting
- Issues/ Challenges:
 - Activity was difficult at the beginning after the handover of the program to integrate the old system to the hospital management.
 - HIV exposed infants (were registered in OI list, then after diagnostic confirmation negative they were considered as lost follow-up): old system: Consensus: Keep exposed infants in PMTCT code number or hospital code number until diagnostic confirmation: if positive he/she will registered to OI code of the OI/ART service..
 - Duration for ARV supply was 3 months: this can affect to the data in the computer that will considered as lost follow-up if the patient come late 1 day. Now we have consensus to provide ARV for each visit in 2 months or

2 months and haft, but need to respect 6 months interval in CD4 monitoring.

- Feedback/ Training:

- Review the basic skill on pediatric OI/ART case management
- Crosse check of medical record: improve to fill properly the forms, summary data on CD4 follow up sheet and weight gain.
- Updated ARV drugs dosing table for children.

- **Suggestion:**

- Train two more doctors on diploma course
- Need to train more staff to be able to help each other (back up).
- Need training more staff and refresher for trained staff (basic course)
- Need continue supervision & monitoring from national team
- Incentive for staff from NCHADS (Dr. Lorn Try Patric had sent already to NCHADS for consideration).

IV- Cheun Prey RH: Date 07-05-2009

-OI/ART Service Code: 03-04

- Pediatric OI/ART service still not open yet (plan: in 2010)

- Adult ART: 323; OI: 122

- Some adult patients waiting to transfer their children to get service here when open.

- 1 doctor had been trained in pediatric diploma course and 2 nurses in counseling course.

- Issues/ Challenges:

- Need to train more staff to be able to help each other (back up).
- All staff are on duty in every ward including HIV infected patients so they should know at least basic understanding on HIV/AIDS management.

- Feedback/ Training:

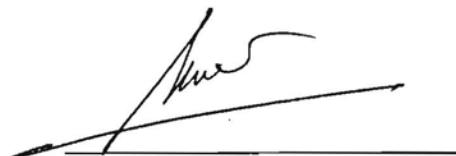
- Review the basic skill on pediatric OI/ART case management
- Updated ARV drugs dosing table for children.

- Need training more staff and refresher for trained staff *
- Suggestion from the local team to have free contact with pediatric HIV/AIDS expert from NPH (warm line: Tel: 089 252 378) when they have problems with the complicated patients and continue support from NCHADS. ✓

Things to follow up for the next field visit (by monitor person)

- The supervision was completed successfully
- Next visit should be conducted at least every year.
- See the good commitment for the program of all focal team
- All sites should be supported from the national monitor team to improve quality of care

Signature of the Reporter



Dr. Sam Sophan
M & E Officer
Head of Mentor Team