

Ministry of Health

# **STANDARD OPERATING PROCEDURE (SOP)**

## FOR

# **IMPLEMENTING MMM ACTIVITIES**

# **IN CAMBODIA**



National Center for HIV/AIDS, Dermatology and STDs (NCHADS)

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#### STANDARD OPERATING PROCEDURES (SOP) FOR IMPLEMENTING MMM ACTIVITIES IN CAMBODIA

#### **1. BACKGROUND AND RATIONALE**

In 2003, it was estimated that 123,100 adults aged 15-49 years of age were living with HIV/AID in Cambodia, of which approximately 20,000 were AIDS patients and were in need of care and treatment.

Due to increased needs for care for PLHAs, the Ministry of Health of Cambodia approved the Operational Framework for Continuum of Care (CoC) for People living with HIV/AIDS in April 2003. Holistic and comprehensive care and support for PLHAs was approved for implementation and has been strengthened and gradually expanded. As of September 2005, 12,355 PLHAs including 1071 children, were receiving OI and ART services provided by 32 referral and national hospitals. Collaboration between different national programmes (HIV/AIDS, TB and MCH) has been strengthened. Community and home-based care services, support groups for PLHAs, and VCCTs have been strengthened and expanded to provinces and Oprational Districts (OD) nationwide.

Despite increased coverage of care, treatment and support services, in a resource poor country such as Cambodia, PLHAs still experienced many challenges in accessing these services, particularly financial, social and psychological support.

Mondol Mith Chuoy Mith (MMM) is one of the essential elements of the Operational Framework of Continuum of Care for PLHA. It is primarily the focus for HIV care activities in the Operational District (OD). In addition to health care, it can catalyze the development of other services such as social support and community education, and act as an incubator for local innovation, leadership and partnerships.

Model of MMM activities implemented in some ODs has been shown to provide significant contributions to the improvement of the health and welfare of PLHAs. With improvements of health care services and strengthened partnerships at the OD level, there is a need for expanding the roles MMM based in the referral hospitals to cover a wider range of services.

#### 2. OBJECTIVES OF THE SOP

This SOP is intended to use for the guidance of public health care providers and other concerned stakeholders, especially CPN+, who are responsible for putting into practice the MMM concept laid down in the Operational Framework on Continuum of Care for PLHAs in Cambodia as part of the scaling-up towards universal access to prevention, care, treatment and support initiative. It lays out the practical steps to establish an MMM at the OD, and specifies the concrete package of activities that can be provided by MMM. It is, however, still an evolving document that needs to be updated regularly to respond to the changing situation and needs of PLHAs, based on the recommendations of the Health Facility-Based Care Sub-committee.

#### **3. STEPS IN ESTABLISHING MMM**

#### 3.1. Need assessment and initial planning process

An initial rapid assessment shall be carried out as part of CoC assessment by the OD Coordinator with assistance from the PAO and NCHADS, and focused on:

- Scope of the HIV/AIDS problem in the OD: estimated number of PLHAs and AIDS Cases;
- Identification of an appropriate location for the MMM within the Referral Hospital (availabilities of facilities; whether there is a need for a new building or renovation; how much space is needed, etc). NCHADS has developed a standard model of building for MMM and OI/ART sevice;
- Identification of members of MMM Team;
- Identification of needs of PLHAs;
- Resources needed/cost estimates
- Identification of stakeholders and supportive partners

The Report of the assessment (with findings and recommendations) will be presented, discussed and endorsed by the OD Continuum of Care Coordination Committee (CoCCC), where all stakeholders including representatives of PLHAs/CPN+ are included. A proposed practical plan of action including budget will be developed in the light of the recommendations of the CoCCC. Minutes of the meeting together with findings and recommendations from the assessment shall be submitted to NCHADS via PAO/PHD.

#### 3.2. Implementation of MMM

The implementation of MMM shall be carried out by DPN+ and PLHAs themselves; however, in this transitional period, the establishment and implementation of MMM is carried out by health care workers in collaboration with DPN+. The OD Coordinator will be responsible for establishing the MMM in his/her own OD in consultation with the CoCCC, following these guidelines.

#### 3.2.1. Establishment and Location of MMM

- To ensure sustainability of the MMM services and to make sure that PLHAs have access to a wide range of services including health and other support services, *the MMM should be located within the compound of the referral hospital or former district hospital.*
- The exact location should be carefully discussed with all stakeholders, and endorsed by the CoC Coordination Committee to ensure it is appropriate location for all services concerned.
- An appropriate building with dedicated room(s) should be made available for MMM activities, or an existing facility renovated as necessary. In the absence of available facilities, a new building can be constructed. The size of the facility should be determined according to projected HIV/AIDS caseloads in the OD. Where pediatric AIDS Care services are available at the pediatric ward of the referral hospital, an additional room should be made available to accommodate "pediatric MMM" activities.
- Approval from OD, PHD, NCHADS and MoH should be sought before starting renovation or construction of the building.

#### 3.2.2. Membership and responsibilities of MMM Team

The MMM Team should include:

- One coordinator who is a member of DPN+. If there is no DPN+, one PLHA from a nearby Support Group should be selected to play this role.
- One assistant to the coordinator who is PLHA from a nearby Support Group (If necessary, 2 assistants are allowed)

Member	Tasks/responsibilities				
Coordinator	-Overall coordination of MMM				
	-Member of CoCCC				
	-Organizing monthly MMM meetings, including meeting facilitation,				
	agenda setting, and record keeping etc				
	-Providing supportive counseling				
	-Referral to appropriate services				
	-Assist in patients' registration and filing				
Assistant (one or two	• Participate in the implementation of the activities of the MMM as				
assistants)	designated by the Coordinator. These may include				
	-organization of monthly meetings,				
	-group or individual counseling,				
	- organization of " pediatric MMM"				
	-Referral to appropriate services				
	- linkage with /referral to support groups and other support services				

Team members should be proposed by CPN+/Provincial CPN+ and selected by the CoCCC, and their names should be notified to NCHADS. At the beginning, a staff member of the referral hospital should be selected to help PLHA to run the MMM activities. The list and contact of information of members should be shared with other stakeholders for information and future collaboration.

Team members should be trained in various knowledge and skills necessary to implement the MMM activities as per their respective designated roles. Trainings will be provided by the OD Coordinator with technical assistance from the PAO and in collaboration with other relevant stakeholders working in the ODs. Field visits to other MMM can be conducted as part of the capacity building. Sharing experience in MMM activities can be done as part of the Annual Provincial Grand MMM.

Information about the location, working hours and types of services offered at MMM should be disseminated to all stakeholders and the community members via existing channels (CoCCC, CHBC teams, and support groups) before launching MMM.

#### 4. PACKAGE OF ACTIVITIES FOR MMM

During and between MMM monthly meetings, the following activities are provided:

- Peer support activities;
- Health education for PLHAs and family on self-care, home care, health promotion, nutrition and prevention of HIV transmission;
- Adherence support and counseling for PLHAs receiving ART. The counseling should be performed individually or in group;
- Spiritual support including prayer and meditation with monks;
- Exercise program;

- Referral to OI/ART service in the referral hospital for
  - o Screening for OIs including TB
  - Health checks including treatment of simple OIs
  - o ARVT
- Referral of women for PMTCT and other MCH services such as family planning.
- Facilitation in referral to:
  - Social and financial supports;
  - o Available income generation and occupation promotion services;
  - Available services for support for orphans.

#### 4.1. Annual Provincial "Grand MMM"

A Provincial Grand MMM can be organized in each province every two years to sensitize the community to HIV/AIDS problems, to advocate for prevention and control of HIV/AIDS, and to contribute further to the reduction of stigma and discrimination against PLHAs. This event should be organizes on the same day as World AIDS Day, and will be facilitated by the Provincial Health Department in collaboration with other stakeholders, and with technical and financial assistance from NCHADS/Ministry of Health and other national partners and development partners. A specific theme with related messages will be proposed for each Grand MMM by CPN+ in consultation with NCHADS and others partners.

PLHAs in each province and representatives from all stakeholders concerned (high-ranking officials from the government and the provincial authorities, UN agencies, development partners, international and local NGOs, etc) will be invited to participate in this important gathering during which the following main activities can be performed at a specific location approved by the provincial authorities:

- March by PLHAs;
- Dance and art performance performed by PLHAs;
- Exhibition and sale of materials/handicraft produced by PLHAs as part of income-generation activities for PLHAs;
- Fund raising activities.

#### 4.2. Pediatric MMM

The mmm for children shall take care of the children whose parents seek services at the adult MMM. Its facilities shall be located in close proximity of those used for MMM for adults. A dedicated room(s) should be made available for mmm for children activities; rooms shall have the capacity to hold up to 100 children, depending on the number of children projected to receive treatment. The mmm shall also provide a range of toys and games.

The mmm for children team should include 2 members:

- 1 Coordinator, staff member of the Referral Hospital (pediatric and adolescent counselor)
- PLHA who is member of DPN+ or Support Group

Team members should be appointed formally by the CoC Coordination Committee (CoCCC), and their names notified to NCHADS. The list and contact of information of members should be shared with other stakeholders for information and future collaboration.

Team members should be trained in skills necessary to implement the mmm for children activities as per their respective designated roles. Training will be provided by the OD Coordinator with technical assistance from the PAO (officer in charge CoC) and in collaboration with other relevant stakeholders working in the ODs.

Information about the location, working hours and types of services offered at mmm for children shall be disseminated to all stakeholders and the community

In addition to traditional MMM activities, mmm shall offer toys and educational games to create an environment of comfort that children will want to return to.

#### 5. RESOURCES FOR MMM ACTIVITIES

Each province should make its effort to seek for contribution from partners such as local NGOs to support MMM activities. A budget to support MMM activities in each OD should be allocated within the OD Annual Work Plan even if it is supported by NGOs. Each year the OD Coordinator in consultation with the CoCCC will be responsible for preparing an annual plan of action for MMM that will be included as part of the OD Annual Work Plan for HIV/AIDS. NCHADS will assist with resource mobilization to support MMM activities.

Benefits for MMM members and volunteers who are PLHA should be offered in return for their contributions. These benefits should include:

- Free package of HIV/AIDS care services, including OI/ART provided at the referral hospitals;
- Participation in various training and capacity building activities;
- Small monthly allowances for MMM member and volunteer work to be supported by CPN+ project or other funding sources such as NGOs.

These benefits can be formalized in the form of a health care provided by the OD, and an APW signed between each individual.

The following standard rates for payments of MMM activities are recommended to guide budgeting and payments of MMM-related activities:

Item of expenditure	Rate	Remarks
Food for MMM meeting	US\$2 per person per meeting	List of attendance to be provided as an evidence of the participation. Maximum of 100 PLHA for each meeting is allowed if funded by NCHADS
Food for "pediatric MMM"	US\$ 1 per person per meeting	List of attendance to be provided as an evidence of the participation.
Transport for PLHAs from the community to attend MMM meeting	Based on actual cost. As lump sum 2\$ per person per meeting	List of attendance to be supplied as an evidence for participation. Maximum of 100 PLHA for each meeting is allowed if funded by NCHADS
Monthly allowance for MMM coordinator and assistant	US\$ 30 per person per month	To be covered by CPN+/NGOs. APW to be signed between CPN+/NGOs and the assigned PLHA
Transport for PLHA volunteers	US\$ 10 per person per month	To be covered by CPN+/NGOs.
Stationary for MMM	US\$ 5 per month	NCHADS will not covered this cost if supplied by NGO/CPN+
Other expenses	Based on actual cost. As lump sum US\$ 5 per meeting	For example, offering for monks invited to provide spiritual support during PLHAs meeting







#### Format of List of PLHA attending MMM Meeting

Date: ..... Name of Province: ..... Name of OD: ....

No	Name	Gender	Referred by (CHBC team, SHG, NGOs)	No of accompanied children (aged under 14)	Signature or Finger Print
1			· · · · · · · · · · · · · · · · · · ·		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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25					
26					
27					
28					
29					
30					
31					
32					

Note: This list should be seen and signed by MMM coordinator.

#### Format of List of MMM Members

Name of Province: ...... Name of OD: .....

No	Name	Gender	Address	Visited by (CHBC team, SHG, NGOs)	No of children in burden (aged under 14)	
					Total	HIV+
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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30						
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32						

Note: This list should be updated regularly. New members should be included and members who died or moved out should be excluded.

#### Format of Minutes of MMM Meetings

- Date: .....
- Number of members attended: adults, children
- Facilitators and speakers in the meeting: name, position and working place
- Meeting activities:
  - Topics discussed in the meeting:
    - Purpose of each topic
    - Main content of each topic
    - Methods used
  - o Activities for pediatric MMM
- Other activities:
  - For example:
    - Medical check up: how many PLHA were checked up or follow up for OI or ART
    - Referral to other services: how many PLHA were referred to TB, PMTCT services, etc
- Conclusion:
  - Do the topics discussed in the meeting respond to the need of PLHA attending the meeting?
  - o Problems, solution and recommendation identified during the meeting
- Date and agenda setting for the next meeting



