



Guidance Note To Conducting "Group of Champions" Meetings in Cambodia

September 2023



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

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Phnom Penh 01/Dec / 2023
Director of NCHADS

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Abbreviations

ACM Active Case Management

AIDS Acquired Immunodeficiency Syndrome

ART Antiretroviral Therapy
ART Anti-Retroviral Treatment

BIACM Boosted Integrated Active Case Management

CMA Case Management Assistant
CMC Case Management Coordinator

CPITC Community Peer Initiative Testing and Counseling

GoC Group of Champions

HC Health Centre

HEI HIV Exposed Infant

HIV Human Immunodeficiency Virus

HPITC Health Provider-Initiated Testing and Counselling

HTC HIV Testing and Counselling

IACM Integrated Active Case Management IRIR Identify, Reach-Intensify and Retain

KP Key Populations

MMM Mondul Mith Chuoy Mith

NCHADS National Center for HIV/AIDS, Dermatology and STD

NGO Non-Governmental Organization

OD Operational District

PASP Provincial AIDS-STD Program
PHD Provincial Health Department

PLHIV People Living with HIV

PNTT Partner Notification, Tracing and HIV Testing
PPN+ Provincial Network of People Living with HIV

RH Referral Hospital

RMAA Rapid Monitoring Analysis and Action

STI Sexually Transmitted Infection

TOR Terms of References

VCCT Voluntary and Confidential Counselling and Testing

VL Viral Load

I. Background

The Royal Government of Cambodia has set the goal of the elimination of new HIV infections by 2025. The county has already achieved significant progress over the last several decades in reducing the prevalence of HIV infection from about 2 % in 1998 to 0.5% in 2022 (1, 2).

Cambodia HIV AEM estimates 2022 resulted 76,000 PLHIV, and 64,931 of them are on antiretroviral therapy, so there are approximately 11,000 PLHIV who haven't known their HIV status, and who need the support to access to HIV prevention, testing and linking to quality care and treatment.

National HIV program has been employing two main strategic approaches to intensify the country's efforts to look for the HIV cases who do not yet know their HIV status - health facility-based approach includes health provider initiative counseling and testing (HPITC) at ANC, delivery, TB, STI, health centers and referral hospitals, and VCCT services; community-based approaches – community peer initiative counseling and testing (CPITC) includes workplace or entertainment establishments, residence place where workers are staying, hot-spots, drop-in centers, peer driven intervention plus (PDI+)¹, and HIV self-testing.

Boosted-integrated active case management (BIACM) has been implementing in Cambodia since 2017 with the objective to support existing strategies and approaches for case detection, early/immediate enrolment, and retention in HIV care and treatment. B-IACM focuses on identifying and reaching individuals of HIV infections, intensifying efforts to ensure cases are connected immediately to care and treatment; retaining PLHIV on treatment to become stable and virally suppressed.

Rationale

BIACM strategy is operated, facilitated, and coordinated through Group of Champions that monitors, actively and rapidly analyzes the progresses and results of the implementation of the approach, and takes actions to respond the challenges faced by implementers.

Group of Champions meet on a regular basis to review the data that are collected and reported by implementers who work at community-based and facility-based levels. The data will tell the Group of what has been happening, and what actions shall be taken to respond the causes of the problems properly.

Group of Champions plays an important role in supporting the implementers to identify, reach, intensify and retain PLHIV in the continuum of care cascade. Group of Champions' functioning is the key of success of HIV program to harvest the high-hanging fruits of HIV-infected cases to reach the first 95 by 2025.

The members of the GoC work together to ensure the whole cascade from case finding to connecting and receiving quality of HIV related services is operated effectively.

¹ An incentive, peer-centered, and risk tracing approach that individuals with high-risk behaviors and large social networks are provided incentives to recruit peers within their networks to access HIV prevention education, testing, and referral to prevention and treatment services.

II. Objectives

2.1 General objective

The aim of operational guidance is to streamline and standardize the meeting of the Group of Champions which is one of the core activities for the national program to reach the 1st 95 target. The comprehensive components of B-IACM activities are detailed in Standard Operational Procedures on Boosted-Integrated Active Case Management, July 2017 (4).

2.2 Specific objectives

The objectives of this operational guidance of the meeting of GoC are:

- To guide the operationalization of the meeting of Group of Champion.
- To standardize the key inputs, processes, and expected outputs of the meeting.
- To outline minimum standard points of action for pre, per, and post meeting.

III. Operational guidance for the meeting of Group of Champions

Step 1: Pre meeting

Provincial AIDS and STD Program (PASP) (assisted by CMC/CMA) is responsible to:

- Develop and widely share annual operational plan of the GoC meeting.
- Send out the agenda (Appendix 1: "Agenda") of the meeting and invitation to all members of the GoC.
- Compile data of case findings from all sources community and facilities (Appendix 2: Data standard form). Data, assisted by PDMO, from all sources must be sent to PASP at least one week before the meeting happens.
- Prepare a presentation using the data of the current month (Appendix 3: Data Presentation template).

Step 2: Per meeting

The group:

- Reviews and discusses the follow up actions and their results of the issues identified in last month meeting.
- Presents and discusses the performances of the month (Appendix 3: Data presentation).
- Reviews and discusses further the line listing in case.
- Identifies the problem(s), service cascade gaps and the causes of the problem(s).
- Develops corrective action plan.

Step 3: Post meeting

The group:

- Responses to the issues raised during the meeting by taking actions according to the developed plan.
- Disseminates minutes of the meeting within 5 working days after the meeting (Appendix 4: Minutes of GoC meeting)

IV. Monitoring Indicator

1. Percentage of PA	SP have annual workplan of the monthly Group of Champion meeting
Definition	Number of PASP submitted their annual work plan of the monthly GoC meeting to NCHADS divided by 25 PASPs, multiplied by 100.
Purpose	To stimulate PASP to conduct GoC meeting which is one of the key activities towards reaching the 1 st 95.
Numerator	Number of PASP that submitted their annual work plan of the monthly GoC meeting to NCHADS
Denominator	Twenty-five PASPs in the country
Frequency	Annually
Disaggregation(s):	n/a
Source of data	NCHADS program report
Interpretation	Higher percentage of the PASP submitted the annual work plan of GoC monthly meeting indicates active involvement of PASP to support the implementation of "interlink active case management and continuous quality improvement" of HIV program to reach the national goals of 95:95:95.

2. Percentage of PASP organizing monthly Group of Champion meeting regularly (minimum 12 meetings a year).						
Definition	Number of PASP that organized at least 12 monthly GoC meeting a year divided by 25 PASPs, multiplied by 100.					
Purpose	To monitor the active involvement of PASP in conductive GoC meeting which is one of the key activities towards reaching the 1 st 95.					
Numerator	Number of PASP that organized at least 12 monthly GoC meetings that are proved by minutes of the meeting, a year.					
Denominator	Twenty-five PASPs in the country					
Frequency	Annually					
Disaggregation(s):	n/a					
Source of data	NCHADS program report					

Interpretation	Higher percentage of the PASPs actively and regularly conducting GoC monthly meeting indicates the commitment to reach the national goals of 95:95:95, especially the 1 st 95.
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V. References

- UNAIDS: Country Factsheets Cambodia 2021. https://www.unaids.org/en/regionscountries/cambodia
- 2. Wikipedia: HIV/AIDS in Cambodia History.

 https://en.wikipedia.org/wiki/HIV/AIDS_in_Cambodia#:~:text=since%20been%20jailed.-

 History,of%202%20percent%20in%201998.
- 3. NCHADS: Standard Operating Procedure (SOP)For the Continuous Quality Improvement of HIV Care and Treatment Services in Cambodia, 3rd version August 2023.
- 4. NCHADS: Standard Operational Procedures on Boosted-Integrated Active Case Management, July 2017.

Appendixes

Appendix 1: Agenda

Agenda ប្រៀបវារៈ

- ពិនិត្យតាមដានទៅលើរបាយការណ៍ និងលទ្ធផល នៃសកម្មភាពឆ្លើយតបទៅនឹងបញ្ហាកាល ពីខែមុន
- 2) ពិនិត្យរបាយការណ៍សកម្មភាពនិងលទ្ធផល IRIR ក្នុងខែ៖ របាយករណីរកឃើញថ្មីទៅ តាមក្រុមមនុស្ស ទីកន្លែង និងពេលវេលា (បើមាន)
- 3) ពិនិត្យរបាយការណ៍សកម្មភាពនិងលទ្ធផល IRIR ក្នុងខែទៅលើល្បាក់ទាំងមូល៖
 - a. ចំនូនករណីប្រតិកម្មរកឃើញថ្មី
 - a.1 ចំន្ទូនក្រុមប្រឈមមុខខ្ពស់ KP (MSM, TG,MEW,FEW, PWUD, PWID)
 - a.2 ចំន្ទន PW, EID
 - a.3 ចំនួន Syphilis (STIs)
 - b. ចំនួនប្រតិកម្មដែលមិនបានធ្វើតេស្តបញ្ជាក់
 - c. ចំនួនករណីដែលតេស្តបញ្ជាក់ថា HIV វិជ្ជមាន
 - d. ចំនួនករណីបញ្ជាក់ថា HIV វិជ្ជមានហើយមិនបានធ្វើ Recency Test
 - e. ចំនួនករណីបញ្ជាក់ថា Recent ហើយមិនបានធ្វើតេស្ត VL
 - f. ចំនួនករណីបញ្ជាក់ថា HIV វិជ្ជមានហើយមិនបានចុះឈ្មោះនៅសេវា ART
 - g. ចំនួនករណីបញ្ជាក់ថា HIV វិជ្ជមានចុះឈ្មោះនៅសេវា ART ហើយមិនបានទទួលART
- 4) ពិនិត្យការអនុវត្តនិងលទ្ធផល Recency testing
- 5) ពិនិត្យការអនុវត្តនិងលទ្**ផល PNTT**
- 6) ពិនិត្យការអនុវត្តនិងលទ្ធផល HIV Self-testing
- 7) ពិនិត្យរបាយការណ៍ចំនូនអ្នកបាត់មុខតាមករណីជាក់លាក់នីមួយៗ
- 8) កំណត់បញ្ហានិងមូលហេតុបង្កបញ្ហា
- 9) ផ្តល់ដំណោះស្រាយ និងការគាំទ្រ និង
- 10) ការងារពាក់ព័ន្ធផ្សេងៗទៀត ប្រសិនមាន។

Appendix 2: Standard data compiling form

Monthly Report for ..., 2023

Health facility approach (HC, RH, STI, VCCT: Health Provider Initiative Testing and Counseling - HPITC)

ALL cells must be filled-in: 1) No BLANK cell 2) All dates must be the same format

Everything should be in English if we want to analyze data using STATA

No.	From (Name of HC, RH, VCCT, STI clinic)	Age	Sex (M/F)	Province	District	Commune	Village	Client Type (GP, TG, EW, PWID, PWUD, MSM, HIV partner, TB, PW, STIs, ANC etc.)		Confirm date		Result HIV(+)/HIV(-)	(LT/RC/Inv/NA)	#VL if Recent (copies/ml)	Date enroll	Pre-ART (6 digits)	(9 digits)	Date start ART	(Short, free entry based on facts)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	Kdol HC	40	М	Battambang	Battambang	Kdol	O Ta Nub	PWUD	16-Mar-23	16-Mar-23	46725	HIV(∗)	RC	Result pending	16-Mar-23	007939	020204963	16-Mar-23	broken family, long time PWUD, brought back Keophos
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3																			
4																			
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Monthly Report for ..., 2023

NGO - Community approach (Community Peer Initiative Testing and Counseling - CPITC)

ALL cells must be filled-in: 1) No BLANK cell 2) All dates must be the same format

Everything should be in English if we want to analyze data using STATA

No.	From (Name of NGO)	Age	Sex (M/F)	Province	District	Commune		Client Type (GP, TG, EW, PWID, PWUD, MSM, HIV partner, TB, PW, STIs, ANC etc.)		Confirm date		Result HIV(+)/HIV(-)	(LT/RC/Inv/NA	#VL if Recent (copies/ml)	Date enroll	Pre-ART (6 digits)	(9 digits)	Date start ART	(Short, free entry based on facts)
- 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	RHAC	38	F	Battambang	Battambang	Kdol	O Ta Nub	EW	13-Mar-23	13-Mar-23	46707	HIV(∗)	RC	2,445	20-Mar-23	007944	020204965	20-Mar-23	Old
2																			
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Appendix 3: Presentation template (See attached example)

- 1. របាយករណីទៅតាមលក្ខណៈមនុស្ស និងទីតាំង Distribution of case by Person, and Place
- 2. ការពិនិត្យមើលទិន្នន័យទៅតាមសូចនាករសំខាន់ៗ Review the data by core indicators
- 3. ពិនិត្យការអនុវត្តនិងលទ្ធផល Recency testing
- 4. ពិនិត្យការអនុវត្តនិងលទ្ធផល PNTT
- 5. ពិនិត្យការអនុវត្តនិងលទ្ធផល HIV Self-testing

សង្ខ សាសស ព្រះឧសាដង្គេ ស្រុក សព្ទ ស្រុក ស



នទ្ទីរសុខាឌិបាល នៃដើលលេខេដ្ឋ....

កម្មវិធីអេដស៍ខេត្ត...

របាយការណ៍ប្រជុំប្រចាំខែរបស់ Group of Champion (GoC)

១គោលបំណង- និងលទ្ធផលរំពឹងទុកនៃកិច្ចប្រជុំ

- 1) ពិនិត្យមើលទិន្នន័យ/របាយការណ៍ប្រចាំខែរបស់សកម្មភាព ស្វែងរក-ផ្ដល់សេវា-ពង្រឹងកាន់តែខ្លាំងក្លាសេវាART-ការរក្សាការបន្តទទូលសេវា (IRIR) ក្នុងការគ្រប់គ្រង ករណីអេដស៌សកម្ម។
- 2) ពិនិត្យមើលទិន្នន័យ/របាយការណ៍ប្រចាំខែនៃការខកណាត់ បាត់មុខ និងការដាក់ឱ្យ ទទួលសេវាវិញ
- 3) ពង្រឹងការប្រើប្រាស់ទិន្នន័យដើម្បីការឆ្លើយតបទាន់ពេលវេលាចំពោះបញ្ហាសុខភាព សាធារណ: និងការតាមរកដាក់ឱ្យទទួលសេវាវិញ អ្នកដែលខកណាត់ ឬបាត់មុខ
- 4) សម្របសម្រួលការអនុវត្តសកម្មភាព ស្វែងរក-ផ្ដល់សេវា-ពង្រឹងកាន់តែខ្លាំងក្លាសេវា ART-ការក្សាការបន្តទទួលសេវា"

២-**សមាសភាពអ្នកចូលរួម** (តាមជាក់ស្ដែង)៖

1. មន្ត្រី PASP នាក់	8. អង្គការ (name NGO) នាក់
2. CMC, CMA នាក់	9. អង្គការ (name NGO) នាក់
3. OD នាក់	
4. OD នាក់ (if more than one OD)	
5. RH នាក់	
6. Blood bank ຊາ ່ກໍ	

7. អង្គការ (name NGO) ... នាក់

៤-របៀបវារៈ

- 1) ពិនិត្យតាមដានទៅលើរបាយការណ៍ និងលទ្ធផលនៃសកម្មភាពឆ្លើយតបទៅនឹង បញ្ហាកាលពីខែមុន
- 2) ពិនិត្យរបាយការណ៍សកម្មភាពនិងលទ្ធផល IRIR ក្នុងខែ៖ របាយករណីរកឃើញថ្មី ទៅតាមក្រុមមនុស្ស ទីកន្លែង និងពេលវេលា(បើមាន)
- 3) ពិនិត្យរបាយការណ៍សកម្មភាពនិងលទ្ធផល IRIR ក្នុងខែទៅលើល្បាក់ទាំងមូល៖
 - a. ចំនួនករណីប្រតិកម្មរកឃើញថ្មី
 - a.1 ចំនូនក្រុមប្រឈមមុខខ្ពស់KP (MSM, TG, MEW, FEW, PWUD, PWID a.2 ចំនូន PW, EID
 - a.3 ចំនួន Syphilis (STIs)
 - b. ចំនួនប្រតិកម្មដែលមិនបានធ្វើតេស្តបញ្ជាក់
 - c. ចំនួនករណីដែលតេស្តបញ្ជាក់ថា HIV វិជ្ជមាន
 - d. ចំនួនករណីបញ្ជាក់ថា HIV វិជ្ជមានហើយមិនបានធ្វើ Recency Test
 - e. ចំនួនករណីបញ្ជាក់ថា Recent ហើយមិនបានធ្វើតេស្ត VL
 - f. ចំនួនករណីបញ្ជាក់ថា HIV វិជ្ជមានហើយមិនបានចុះឈ្មោះនៅសេវា ART
 - g. ចំនូនករណីបញ្ជាក់ថា HIV វិជ្ជមានចុះឈ្មោះនៅសេវា ART ហើយមិនបាន ទទួល ART
- 4) ពិនិត្យការអនុវត្តនិងលទ្ធផល Recency testing
- 5) ពិនិត្យការអនុវត្តនិងលទ្ធផល PNTT
- 6) ពិនិត្យការអនុវត្តនិងលទ្ធផល HIV Self-testing
- 7) ពិនិត្យរបាយការណ៍ចំនូនអ្នកបាត់មុខតាមករណីជាក់លាក់នីមួយៗ
- 8) កំណត់បញ្ហានិងមូលហេតុបង្កបញ្ហា
- 9) ផ្ដល់ដំណោះស្រាយ និងការគាំទ្រ។

៥-ដំណើរការប្រជុំ

៥.១.ពិនិត្យរបាយការណ៍កាលប្រជុំខែមុន និងទទួលយក

៥.២.ពិនិត្យលទ្ធផលការឆ្លើយតបកាលពីពេលមុន (ខែមុន?)

(សង្ខេបលទុផល)

លរ	បញ្ហា	សកម្មភាពឆ្លើយតប	លទ្ធផល
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៥.៣.ពិនិត្យរាបាយការណ៍ទិន្នន័យក្នុងខែ (សម្គាល់៖ គ្រាន់តែ copy and past ក្រាហ្វិកនៅ ក្នុង presentation ចូលមកក្នុងរបាយការណ៍នេះជាការស្រេច)

៥.៣.A របាយការណ៍ករណីទៅតាមលក្ខណៈមនុស្ស និងទីតាំង

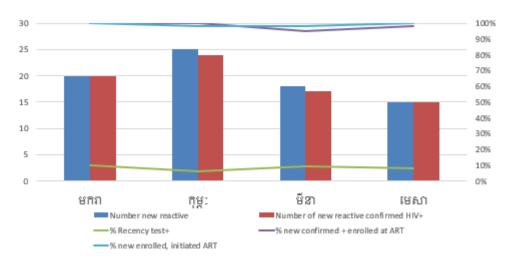
See standard presentation template.

៥.m.B Review data by core indicators

B.1 ពិនិត្យការអនុវត្តនិងលទ្ធផល B-IACM

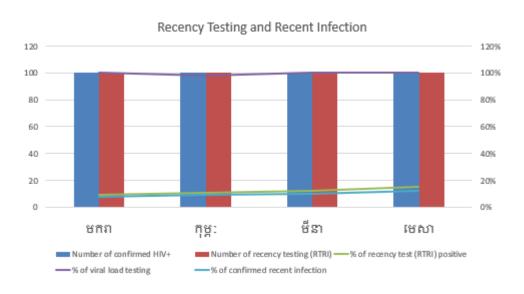
- 1. ចំនូនប្រតិកម្មតេស្តរកឃើញថ្មី
- 2. ភាគរយករណីប្រតិកម្មតេស្តរកឃើញថ្មីត្រូវបានបញ្ជាក់ថា វិជ្ជមានមេរោគអេដស៍
- 3. ភាគរយករណីបញ្ជាក់ថាវិជ្ជមានមេរោគអេដស៍មាន HIV recency test positive (RTRI positive)
- 4. ភាគរយអ្នកបញ្ជាក់ថា វិជ្ជមានមេរោគអេដស៍ បានចុះឈ្មោះក្នុងសេវា ART
- 5. ភាគរយអ្នកបញ្ជាក់ថា វិជ្ជមានមេរោគអេដស៍ចុះឈ្មោះក្នុងសេវា ART បានចាប់ ផ្ដើមការព្យាបាលដោយឱសថប្រឆាំងមេរោគអេដស៍។

Results of the five core indicators by month



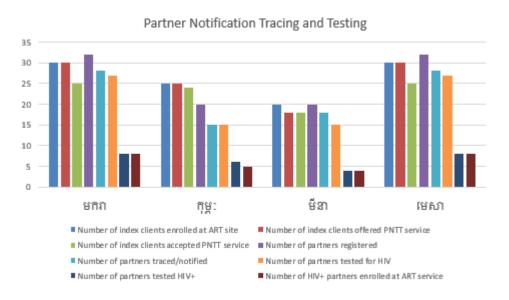
B.2 ពិនិត្យការអនុវត្តនិងលទ្ធផល Recency testing

- 1. Number of confirmed HIV positive ចំនូនតេស្តបញ្ជាក់ថាវិជ្ជមាន HIV
- 2. Number of recency testing (RTRI) ចំនួនបានធ្វើតេស្ត Recency
- 3. % តេស្ត Recency វិជ្ជមាន
- 4. % Recency វិជ្ជមានបានធ្វើតេស្ត viral load
- 5. % តេស្ត viral load បញ្ជាក់ថា ឆ្លងថ្មី



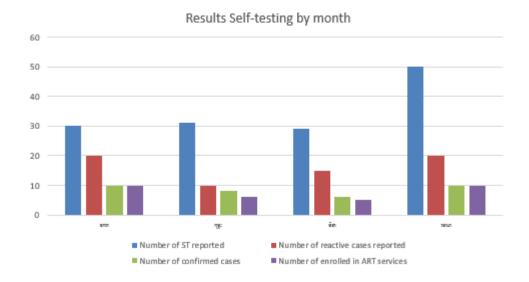
B.3 ពិនិត្យការអនុវត្តនិងលទ្ធផល PNTT

- 1. Number of index clients enrolled at ART site ចំនូនអ្នកជំងឺតម្រុយចុះឈ្មោះនៅ ART clinic
- 2. Number of index clients offered PNTT service ចំនូនអ្នកជំងឺតម្រុយដែលគេផ្ដល់ សេវា PNTT
- 3. Number of index clients accepted PNTT service ចំនូនអ្នកជំងឺតម្រុយដែលយល់ ព្រមទទួលសេវា PNTT
- 4. Number of partners registered ចំនួនដៃគូដែលបានចុះបញ្ជី
- 5. Number of partners traced/notified ចំនូនដៃគូដែលបានទាក់ទង
- 6. Number of partners tested for HIV ចំនួនដៃគូដែលបានធ្វើតេស្តរកមេរោគ HIV
- 7. Number of partners tested HIV+ ចំនូនដៃគូវិជ្ជមាន HIV
- 8. Number of HIV+ partners enrolled at ART service ចំនូនដៃគូវិជ្ជមាន HIV ចុះ ឈ្មោះនៅសេវា ART



B.4 ពិនិត្យការអនុវត្តនិងលទ្ធផល HIV Self-testing

- 1. Number of ST reported,
- 2. Number of reactive cases reported,
- 3. Number of confirmed cases,
- 4. Number of enrolled in ART services



(អាចតាម line listing នៅក្នុង data compiling file)

៥ ៤. កំណត់បញ្ហានិងមូលហេតុបង្កបញ្ហា ,ផ្ដល់ការគាំទ្រនិងឆ្លើយតប

បញ្ហា (១)	មូលហេតុ (២)	សំណើដំណោះស្រាយ (៣)	អ្នកទទូលខុស (៤)	កាលកំណត់ (៥)	សកម្មភាពបន្ត (៦)
(បញ្ហាដែលជាអាទិភាព)	(ម្វល់ហេតុដែលបង្កបញ្ហា)	(ការចាត់វិធានការចំពោះបញ្ហា (ត្រូវ		
ពិភាក្សានិងកំណត់អាទិ	ពិភាក្សាអំពីមូលហេតុទាំង	ពិភាក្សាអំពីដំណោះស្រាយ	តើអ្នកណានឹង	កំណត់ពេល	បញ្ជាក់ពីស្ថានភាព
ភាព សូចនាករ ដោយផ្នែក	អស់ដែលអាចបង្កបញ្ហា។	នានាដែលអាចធ្វើទៅបាន។	ទទួលខុសត្រូវ	វេលាដែលត្រូវ	របស់ដំណោះ
លើភាពសំខាន់បន្ទាន់ និងអាច	រាយមូលហេតុទាំងអស់ពី	រាយ វិធានការដែលត្រូវប្រកាន់	ចំពោះដំណោះ	ធ្វើនិងបញ្ចប់នូវ	ស្រាយ បានធ្វើ
ធ្វើទៅ បាន។រាយសូចនាករ	ខាងអ្នកផ្តល់សេវា អ្នកជំងឺ	យកទាំងអស់ចំពោះមូល	ស្រាយនីមួយៗ	ដំណោះស្រាយ	ហើយ ឬមិនទាន់
ទាំងអស់ ដែលយើងគិតថា ជា	និងពីប្រព័ន្ធ។	ហេតុ ជាក់លាក់នីមួយៗ។	អាចជាបុគ្គល ឬ		បានធ្វើ ឬកំពុង
អាទិភាព។			ជាក្រុម។		ដំណើរការ

៦ សេចក្តីសន្និដ្ឋាន