Standard Operating Procedures of MPG and its SHGs

in the context of

Continuum of Care Framework

With

Minimum package of activities

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Table of Contents

Acronyms i

Background 1

Objectives 1

Part I: Minimum Package of services within CoC 2

- Counseling 2
  - Voluntary and Confidential Counseling and Testing (VCCT) 2
  - Ongoing Counseling for a PLHIV 3
  - PMCT Counseling 4
- Providing Medical care including ART 4
- Peer and Psychosocial support 5
- HIV/STI prevention related Services 5
- Nutritional Support 5
- Provision of, or referral for, TB diagnosis and treatment, PMCT, CHBC and other support services 6

Part II: Standard Operating Procedure for MPG and its SHGs 7

- Activity 1: Case Finding and Referral 7
  - Case Finding 7
  - Referral for VCCT 7
- Activity 2: Follow up and Support 8
  - Referral 9
  - Peer and Psychosocial support 9
  - Hospital support including food and transport costs 10
  - Hospital based care 10
  - Home based care, including adherence support for PLHIVs on ART 10
  - Palliative and terminal care 10
  - Nutritional support 11
- Activity 3: Orientation and Coordination. 11
- Activity 4: Monitoring 12
  - Monitoring at the SHG level: 12
  - Monitoring at the MPG level: 12
- Activity 5: Record Keeping and reporting 13
  - Record Keeping 13
  - Reporting 13
- Activity 6: Quality Assurance Mechanism 13

Rererence 15

Annexes 17

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal clinics
ARV	Antiretroviral
ART	Antiretroviral therapy
CBO	Community based organization
CHBC	Community home based care
COC	Continuum of Care
FBO	Faith based organization
HIV	Human Immunodeficiency Virus
LNGO	Local Non-governmental Organization
MPG	Myanmar Positive Group
NAP	National AIDS Program
NGO	Non-governmental Organization
OI	Opportunistic infection
OVC	Orphan and Vulnerable Children
PLHIV	People Living with HIV
PMCT	Prevention of Mother-Child Transmission of HIV
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Infections
TB	Tuberculosis
VCCT	Voluntary and Confidential Counseling and Testing

Background

The review of the National AIDS Program (NAP) in 2006 noted that the development of clear Continuum of Care (CoC) Policy and Operational model had been urgently needed for the care and support of PLHIV in the community at divisional, township and ward levels. In this regards, with the consultancy of WHO and USAID inputs, the Ministry of Health and NAP had been developed the comprehensive CoC Frame work in 2010,which aim to address HIV as a chronic disease and to develop systems that provide humane, effective, high quality comprehensive and continuous care to PLHIV and their families. Based upon the CoC Frame work, the Policy Document of MPG platform for Action has been established in which the Standard Operation Procedures (SOP) becomes one of the main activities The purpose of this operation guideline is to provide practical guidance on the programme or project implementation as part of the Operational Framework for CoC for PLHIVs. It also aims to harmonize the implementation at national, provincial operational levels in a well-coordinated manner.

This document is developed in detail of SOP intending to assist MPG and its SHGs not only in implementing the projects but also in collaboration and coordination with government sectors and other partners, strengthening the referral network, promoting care and support including HBC and reducing stigma and discrimination, while defining the minimum package of service to be provided for a PLHIV within CoC.

Objectives

- To define the minimum package of services to the PLHIV
- To strengthen the partnership and coordination between the government health sectors, INGOs, NGOs, CBOs and MPG-SHG within the CoC Framework
- To provide the MPG and its SHG members a reference in defining their role in CoC framework with their service related activities

This document is divided into two parts: the minimum package of services of CoC and the standard operation procedures (SOP) for MPG and SHGs.

Part I: Minimum Package of services within CoC

Service delivery components of CoC includes ART, HIV Voluntary and Confidential Counseling and Testing (VCCT), PMCT, STI treatment and management, OI prevention, treatment and management, Prevention, early diagnosis and treatment of TB, Health facility based care, PLHIV support groups, Community and home based care and support (CHBC), Support to Orphan and vulnerable children (OVC), Nutritional support, Psychosocial support, Palliative care, Prevention, Referral Mechanisms.

While local CoC sites will offer different package of services depending on local needs and resources, a minimum package of services will include the followings:

Counseling

Counselling is defined as "Confidential dialogue between a client and a counsellor/care provider aimed at enabling the client to cope with HIV/AIDS (directly or through association) and take personal decisions in an informed manner. The counselling process includes an evaluation of personal risk of HIV transmission, encouraging preventive behaviours and other mechanisms of understanding the disease process in a way that empowers the client".

Counselling involves helping people to define for themselves the nature of the problems they are facing and then enabling them to make realistic decisions about what they can do to reduce the impact of these problems on themselves and their family/friends.

Therefore, helping people to achieve the confidence to make life-style changes is an integral part of the counselling process.

The generic principles of counselling are place of counselling being friendly environment with adequate privacy and ample time and undivided attention given to the client.

Voluntary and Confidential Counseling and Testing (VCCT)

Within the CoC context, VCCT services seek to prevent new infections as well as link PLHIV with care, treatment and support services. VCCT services are the point of first contact between the client and the CoC and it is important to build client confidentiality by providing high quality, confidential counseling a fast, reliable same day test result.

The VCCT services are available at the state hospitals and INGO clinics.

In the pre-test counseling involves giving the clients sufficient information to make an informed and voluntary decision to be tested with the goal of enabling the client's decision making regarding HIV testing. The basic components of pre-test counseling are information giving on HIV, assessing risk with risk-reduction information, assessment of coping mechanisms, decision making by the client regarding undergoing testing and informed consent.

The basic components of a post-test counseling of a positive HIV test are reassessing of coping mechanisms, reassessing HIV knowledge, breaking the news, handling emotional and physical reactions to the news, giving emotional support to absorb the news, motivating to prepare an action plan for immediate future and motivating to involve family members and close friends, risk reduction counseling and motivation to return for counseling. It should also include information for appropriate services for further care.

The basic components of a post-test counseling of a negative HIV test are reassessing risk, reassessing HIV knowledge, assessing the window period, breaking the news, handling emotional and physical reactions to the news, risk reduction counseling, motivating to stay HIV negative, motivating to prepare an action plan for immediate future and motivating to return for counseling if needed and motivation to return for re-test if possibility of window period exist.

The three Cs – consent informed, counseling and confidentiality – are to be observed in all counseling related to HIV.

Ongoing Counseling for a PLHIV

Counseling plays a crucial part in the treatment as well as psychosocial support for the patient. The quality counseling involves the clear message given, giving adequate time for the patient to comprehend the counseling message and having confidentiality. Establishing a trusting relationship between the counsellor and the client is important to get the message across for effective counseling. Counseling can be divided into ongoing general and adherence counseling.

Ongoing general counseling

The goal of ongoing general counseling with a PLHIV is to enable the person for living positively with HIV. The basic components of an ongoing counseling for a PLHIV not yet on ART:

- Preparing a health maintenance plan
- Diet and nutrition and exercise
- Family counseling and disclosure issues and partner testing
- Sleep, rest and leisure
- Sexual health and safer sex including family planning for couples
- Handling crisis
- Referral to services
- Prevention of OIs
- Treatment literacy

Adherence counseling

Adherence counseling starts once the patient is identified clinically to be eligible for ART. In the pre ART counseling before starting ART, a patient must have a general yet good understanding of long term nature of ART and its effects. The important message to the patient when starting

ART ensure that the patient understand that ART is suppressive, not curative, therapy, ART is life long, near perfect adherence is necessary to prevent drug resistance and there are possibilities of side effects. In these counseling, an adherence supporter of the patient should be involved in case the patients becomes ill after starting ART due to side effects or OI.

In addition to the components of ongoing general counseling, the additional parts are essential for adherence counseling:

- Assess the readiness and commitment of the patients for ART in pre-ART counseling
- Assess the fit-in of ART into the patient life style and daily events
- Discuss the need for regular follow up
- Identify and encourage peer/family/friends/support group to participate
- Provide general idea on how the ARV drugs work including side effects and coping methods
- Provide the importance of timing of drug intake and missing doses
- Assessing the adherence (missed doses, timing and dose) once on ART
- Assessing the reasons for failure to adherence if any case, and readdressing adherence issues
- Re-enforcing adherence

PMCT Counseling

PMCT counseling is integrated in other type of counseling such as VCCT and ongoing counseling. PMCT counseling will target not only the pregnant women but also their partners. In addition to the other components of other counseling, PMCT counseling includes:

- Risk to transmission to the child (through pregnancy, labour and breastfeeding)
- ART prophylaxis or ART for the mother
- ART prophylaxis for the child
- Delivery method option for labour
- Feeding option for the child
- Testing of the child at either 2 month or 18 month depending on availability of test
- Testing of other children if any

Providing Medical care including ART

The clinical consultation and medical treatment are important for the PLHIV for checking the OI development and treatment response of a PLHIV. The clinical consultation and medical treatment with a medical doctor is to cover enough time with confidentiality as to promote quality care for the patient.

Investigation for OI and ART

Before starting ART, OI are to be excluded or treated to be under control with proper investigation and right treatment which are to be available and accessible to all PLHIVs. For investigation for ART, it depends on the ART regime used.

Prophylaxis and treatment of OIs

OIs post a danger to the health status and life of PLHIVs. The prompt and appropriate treatment of OI is essential to in the care of PLHIV. The minimum requirement for OI prophylaxis is the cotrimoxazole prophylaxis and primary and secondary fluconazole prophylaxis. Diagnosis and treatment of common OIs include fungal infections (candidiasis, penicilliosis, PCP, cryptococcosis), viral infections (herpes simplex and zoster), bacterial infections (septicaemia, recurrent pneumonia), Tuberculosis and other treatment as toxoplasmosis.

Provision of ART

ART is the single most effective intervention for prolonging the lives and improving the quality of life of PLHIVs. With new guideline for ART, PLHIV with CD4 350 OR Stage 3 or 4 OI will be eligible for ART, while taking into consideration for PMCT. The provision of ARV drugs includes timely continuous supply of quality drugs of the right regime which is coupled with adherence support.

Peer and Psychosocial support

PLHIVs are best placed to understand and respond to the needs of each other. Viable PLHIV support groups or PLHIV working as peer volunteers can actively participate in service provision by providing non-structure psychosocial support such as experience sharing, providing supportive advice and referral for services.

HIV/STI prevention related Services

PLHIV should have access to the appropriate services to diagnose and treat STIs, reduce the risk of complications and minimize HIV transmission to sexual partners. These services should tailor to the need of Key populations involving peer outreach and condom promotion.

Nutritional Support

Good and adequate nutrition is a critical element of improved quality of life of PLHIV and also is essential for effective ART especially for the first six month. Provision of nutritional support, either in cash or kind, should be accompanied by nutrition counseling and nutritional monitoring. The nutritional counseling must include components of a balanced diet, food groups, how to prepare a healthy meal and strategies to address common nutrition and feeding problems.

Provision of, or referral for, TB diagnosis and treatment, PMCT, CHBC and other support services

TB Diagnosis and Treatment

Early diagnosis and treatment of TB among PLHIV improves the patient's immune function and cures him/her of active TB, thus reducing the TB transmission to others.

For early diagnosis of TB, the VCCT services as well as HIV clinical care and CHBC services should be linked with TB screening. Health service providers (public and private including INGOs) should ensure effective and timely treatment of TB.

PMCT

PMCT services are to be integrated into routine MCH and ANC services to maximize the coverage and also to have access to HIV testing and counseling, OI and ART treatment/ prophylaxis, adherence support to ART, correct feeding procedures and timely infant testing.

CHBC

Community and home based care and support (CHBC) is critical for both supporting safe and effective treatment and in meeting the psycho-social needs of PLHIV. CHBC team should provides necessary home based basic nursing care, psychological and spiritual support, adherence monitoring, nutritional counseling, palliative and terminal care and referral to various health services.

Part II: Standard Operating Procedure for MPG and its SHGs

Within the CoC framework, the major service providers are public health facilities, NGO clinic, LNGO clinics, CBOs, FBOs and SHGs. While local hospital and NGO/LNGO clinics provide the majority of clinical services and treatment, CBOs, FBOs and SHGs play an important role is providing non facility based services such as CBHC, psychosocial support, nutritional support, and referral and so on.

The followings are the minimum package of activities to be implemented by MPG and its SHG within the CoC framework.

Service providing activities

1. Case finding and Referral
2. Follow up and providing support

Programmatic activities

3. Orientation and Coordination
4. Monitoring and evaluation
5. Documentation and Reporting
6. Quality assurance mechanisms

Activity 1: Case Finding and Referral

Case Finding

Finding the new case is the primary step in getting the patients under care for proper and effective treatment. The timing of diagnosis of HIV is the key determinant of CoC as well as the availability and accessibility VCCT service.

Case finding has to extend converge towards the untested partners and children of the PLHIVs, high risk population (IDU, MSM, CSW) and TB patients. There are two arms in new client finding process; through the peers on one arm and the person upon request, both from the community.

The comprehensive pre-counseling is the essential issue to take into account along with case finding process.

SHGs are to keep a register of persons referred for follow up for after window period testing or follow up support if HIV positive. For the confidentiality, coding system is to be used for register.

Referral for VCCT

Effective referral both before and after the diagnosis needs to be strengthened as it is the critical entry point into treatment, care and support.

Referral to VCCT center for HIV Testing should be made in the following situations:

- A patient with unknown HIV status, presenting with signs/symptoms suggestive of HIV/AIDS (e.g oral thrush, Herpes zoster, unexplained chronic diarrhea, unexplained fever, Kaposi's skin lesions)
- Person reporting behavioral risk factors for HIV infection (i.e sexual exposure, needle sharing, unscreened blood transfusions).
- Patients requesting VCCT services with or without symptoms suggestive of HIV/AIDS.

Referral registers are to be kept, updated regularly and followed up by SHGs.

- The most crucial period is the referral before the diagnosis for the pre-counseling at NAP or STI clinics. Once a person eligible to be referral is identified, the person is to be given pre counseling by SHG member to ensure that the person is well oriented for VCCT and agree to be referred to a VCCT service center. All the general principles of counseling apply to the pre-counselling.
- The VCCT services centers such as NAP and hospitals and other INGO clinics are to be already linked and referral system established between SHGs and these service providing centers.
- The referral method including referral form and incentive is to be established by SHGs in collaboration with these service centers.
- Every first visit to the VCCT service providers has to be accompanied by a SHG member.
- Those who tested negative should be followed up and referred for window period testing.

Flow of Referral for VCCT

Activity 2: Follow up and Support

SHGs are to keep a register of PLHIVs under their care. SHGs are to coordinate with other care service providers (such as other FBOs, CBOs, INGOs) to prevent the overlap of services in the same implementation areas. SHGs are to fill the gaps in needs of PLHIVs, not to duplicate the services.

Through coordination meetings, SHGs are to identify the areas of support needed by PLHIVs where other service providers cannot fulfill.

The basic support needs for PLHIVs covered in CoC framework which can be provided by SHGs may be:

- Referral : for OI and ART treatment and TB screening and for other services
- Peer and psychosocial support

- Hospital support including food and transport costs
- Hospital based care
- Home based care, including adherence support for PLHIV on ART
- Palliative and terminal care
- Nutritional support
- OVC support (education) : optional

Referral

Referral is when SHGs sends a PLHIV or affected person to a health facility (e.g. hospital) or any other organisation providing care and support, and when SHG receive PLHIV and affected people who have been sent to SHG by other organisations so that SHG provide them with its care and support services.

Referral for OI and ART treatment and TB screening

When PLHIVs who needs OI or ART treatment or TB screening at a health care center are identified during the home visits, the SHG member is to transfer the client to a care service provider such as hospitals or clinics nearest to the clients' home.

- The care service centers such as NAP and hospitals and other INGO clinics are to be already linked and referral system established between SHGs and these service providing centers.
- The referral method including referral form and transport support is to be established by SHGs in collaboration with these service centers.

Referral for SHG services

When SHG received PLHIVs referred from other organizations for services supported by the SHG, SHG will register the PLHIV and check with the criteria to provide support.

Peer and Psychosocial support

PLHIVs are best placed to understand and respond to the needs of each other. People diagnosed as having HIV infection and HIV-related illness are confronted by a number of problems that require emotional and/or practical support. Anxiety about having spread infection, physical isolation, hospitalization, stigma/discrimination within the community and/or family, loss of housing, interruption of education, financial problems, the physical effects of illness, disease progression, loss of relationships, bereavement, anger, loneliness, and depression are all concerns that may have to be managed.

Viable PLHIV support groups can actively participate in service provision by providing non-structure psychosocial support such as experience sharing, providing supportive advice and referral for services. Peer can share information on proper self-care, treatment literacy, nutrition and positive living as well as coping mechanisms for various problems. While providing peer and psychosocial support, the confidentiality is to be strictly applied while recounting other similar cases in experience sharing.

Hospital support including food and transport costs

When a patient is hospitalized for OI or ART related causes, SHG can provide financial support to the patient if the patient is in need. To make the process transparent and fair, SHG should have criteria for selecting patients for hospital support. The support package is to be defined and set based on available budget.

The basic criteria can be:

- Hospitalization due to OI or ART related causes
- Patients in need of financial support for hospitalization related costs

Hospital based care

Hospital care, that is the nursing care during hospitalization, is to be provided by SHG, if SHG and NAP has general understanding on the SHG providing this service in the hospital. SHG which provide such service should have the skilled and trained persons to give nursing care to the patients and the service is to be provided to the most needy patients.

Home based care, including adherence support for PLHIVs on ART

Home based care is to be delivered through home visits by SHG members. Home visits are to be conducted once a month yet, when resources are constraint, priority is to be given to:

- PLHIVs who are sick
- PLHIVs who are on ART to support them with adherence
- PLHIVs who have psychosocial problems

Other service providers such as NAP can also contact SHGs for HBC service such as defaulter tracing or after-hospital-discharge-home-care.

CHBC team should provides necessary home based basic nursing care, psychological and spiritual support, adherence monitoring, nutritional counseling, palliative and terminal care and referral to various health services.

CHBC team is to develop the monthly or weekly home visit plans for outreach workers or CHBC volunteers. All the HBC documents have to filled and filed and data compiled in respective registers.

A directory regarding places of NAP, AN clinic for PMCT, INGO clinics and GP clinics is to be distributed to the clients in case of emergency.

Palliative and terminal care

Palliative care generally refers to the care of people whose disease does not respond to curative treatment. The main goal is the achievement of the best possible quality of life for the patient and their family. Palliative care is holistic, which means that it lessens the severity of

pain or suffering by addressing all physical, intellectual, emotional, social and spiritual needs of the person who is suffering. It therefore includes many caring strategies such as nursing care, symptom management, appropriate nutrition and psychosocial support.

Terminal care is palliative care at the end of life. It helps relieving pain and other distressing symptoms, and provides comfort. Terminal care should enable PLHA to die in peace and with dignity.

SHG outreach workers are to provide both palliative and terminal care in the home based setting involving the family members.

Nutritional support

Nutritional support is to be given to those who are in need of nutrition for medical reasons such as PLHIVs with low BMI or PLHIVs who are on ART to support during early ART treatment. The criteria for nutritional support are to be set in CoC coordination meeting. The nutritional support is to be given for some consecutive months to have the effect. Provision of nutritional support, either in cash or kind, should be accompanied by nutrition counseling and nutritional monitoring. The nutritional counseling must include components of a balanced diet, food groups, how to prepare a healthy meal and strategies to address common nutrition and feeding problems. The nutritional support given in kind will cover for the basic nutritional needs of the patients with familiar and nutritious foods.

The basic criteria for nutritional support can be:

- PLHIVs with clinical need for nutrition (e.g. low BMI)
- PLHIVs who are on ART to support early ART treatment
- Pregnant women with HIV or PLHIV mother breastfeeding the child

Activity 3: Orientation and Coordination.

MPG, with the guidance of Alliance, will perform orientation and coordination sessions with the Regional General administrators, Regional health authorities, Regional NAP Officers, INGOs, NGOs, CBOs, FBOs and SHGs.

At the *National level*

1. At the *National level* Orientation and Coordination will be assured by MPG with the guidance of Alliance, towards NAP, Ministry of Health, partner agencies, INGOs, NGOs and other stakeholders who have been working on care of PLHIVs.
2. The MPG board has to consult for the relevant inputs and sharing from the NAP and partners such as existing INGOs, NGOs and CBOs to find ways to best ensure the quality service within CoC.

At the *Divisional level*

1. At the *Divisional level,* the board of MPG has to assign a regional focal person for orientation and coordination in the programme areas. The responsibility of the regional

focal person is to orientate the Divisional Health Department and Regional Officer of NAP and other stakeholders on the role of MPG and its SHGs in CoC.

2. The regional focal person and SHG working groups from the respective areas have to submit and clarify the Work Plan of the programme at the orientation meeting.
3. MPG (EU) project manager is also to take part in this process.
4. According to the workplan, orientation will be accomplished at least once in a year to update on the implementation of the activities.

At the *township level*

Orientation

1. In support of the activities of SHG, regional focal person may take the role in performing the orientation. The vital essence of orientation is highlight on the existence of SHGs in the region, its role in CoC framework and in the community and the planned activities. It is to be focused on township NAP team, INGOs, NGOs, community based organizations and other stakeholders in the implementation township.
2. MPG (EU) project officer is also to take part in this process.
3. The orientation will be performed before the implementation of the activities and ad-hoc.

Coordination

SHGs are to take part in township level monthly coordination meetings, where both public sector and private sector key players in CoC are involved where monthly activities are discussed, needs of PLHIVs are reviewed and support adapted, criteria for support are set and shared and referral mechanism established. The SHG will keep documentation of such meetings and share it with the stakeholders involved in the coordination.

Activity 4: Monitoring

Monitoring at the SHG level:

Monitoring plan is to be developed by the project staff of SHG with guidance and support form MPG project staffs. Monitoring plan is at the least to cover the scope of monitoring for the quality of services, the level and assigned person, the timeframe, use of findings for project improvement. Monitoring forms are to be adapted from existing forms used in the field by MoH and other agencies.

Monitoring at the MPG level:

Monitoring plan is to be developed by the project staff of MPG with support and guidance from Alliance. Monitoring plan is at the least to cover the scope of monitoring, the level and assigned person, the timeframe, use of findings for project improvement. Monitoring is to be done by the MPG project staff (manager and 2 officers) through monthly/quarterly technical support and monitoring visits, depending on the requirement of the support and monitoring.

Activity 5: Record Keeping and reporting

Record Keeping

Process monitoring and reporting cannot be performed without proper systems to collect the data on the indicators identified for the programme/project. It is therefore essential to have tools that will help SHG staff and volunteers collect the appropriate data on a regular basis. Such tools include:

- Template for documenting meetings, trainings, group sessions and events
- Field worker's Daily Diary
- Home based care record
- Registrations register (Client register)
- Service register
- Referral register
- Staff movement register
- Stock maintenance register for material/commodities

Templates of the registerss are included in the annex.

MPG SHGs will keep documentation using standard forms and records for all the activities implemented for the purpose of M&E and also for programmatic and financial accountability. Each SHG keeps at least a client register and a service register.

The registers on each kind of services provided are to be updated and compiled regularly with data from the documentation of service activities such as referrals, nutritional support, HBC, and so on.

Programmatic activities such as coordination meetings are also to be documented with meeting minutes, attendant sheets and photos (optional).

Reporting

The SHGs will report to local NAP unit on a monthly basis. The narrative report with indicators is to be submitted to the Alliance and MPG on a monthly basis together with financial report.

Activity 6: Quality Assurance Mechanism

MPG with its SHG will get feedback from the PLHIVs on a quarterly basis on the quality of the services provided and compile the data and provide feedback to the service providers on a 6 monthly basis. In collection information, MPG and its SHGs will ensure that the information provided is accurate and reliable to prevent abuse of quality assurance mechanism.

With the assistance from Alliance, the MPG and SHGs will develop feedback mechanism from the community (receiving constructive feedback letters from communities for the improvement of CoC services) and implement the mechanism within the CoC framework.

Rererence

1. Comprehensive Continuum of Care Framework for People Living with HIV/AIDS Myanmar, 2010, WHO-UNAIDS.
2. Comprehensive Continuum of Care Framework for People Living with HIV, Report of the workshop on Comprehensive Continuum of Care Framework for People Living with HIV, Aug 2006, WHO, MOH and UNICEF
3. Preparation of Policy Documents Regarding MPG Platform for Action, AIDS Alliance Myanmar, 2011
4. Report on Standard Operating Procedure for implementing Home Based Care Activities for Cambodia, 2006.
5. Report on Standard Operating Procedures for Outreach Peer Education Programme and 100% Condom Use for Sex Workers in Cambodia, 2006.
6. Logical Frame Work on Anti-Human Trafficking Project, WV, 2009-2010.
7. Logical Frame Work on MANA Strategic Plan, 2007-2009.

Annexes

Registers

Main Register

CID	Reg	Client Name	Age	Sex	Father's Name	Marital Status	Occupation	Address	Status of	Status Date	Getting ART from	Remark
D0001												
D0002												
D0003												
D0004												
D0005												
D0006												
D0007												
D0008												
D0009												
D0010												
D0011												
D0012												
D0013												
D0014												
D0015												

Status of - HIV Sero/ ART/ TB/ CD4/ Septrin (or) Dapsone/ Expired/Transfer

Service Register (Quarterly)

Organization Name:

Period:

Sr.No.	CODE	Sex	M1				M2				M3			
			Service 1	Service2	Service 3	Service 4	Service 1	Service2	Service 3	Service 4	Service 1	Service2	Service 3	Service 4
1	F01	F												
2	M23	M												
3	M07	M												
4	F24	F												