Kingdom of Cambodia
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STANDARD OPERATING PROCEDURES FOR HIV, STI AND TB-HIV PREVENTION, CARE, TREATMENT AND SUPPORT IN PRISONS (AND CORRECTIONAL CENTERS) IN CAMBODIA

Fist Edition
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Ministry of Interior

Ministry of Health

Preface

The Ministry of Health and The Ministry of Interior appreciate to all members of Core Group on HIV, STI and TB-HIV in Closed Setting in making this The Standard Operating Procedure for HIV, STI and TB-HIV Prevention, Care, Treatment and Support in Prison process in successful.

These Standard Operating Procedures for HIV, STI and TB-HIV Prevention, Care, Treatment and Support in Prisons (and Correctional Centers) in Cambodia has been developed in pursuant of the decision of the Ministry of Health to include health posts in prisons as part of its health coverage plan. This document provides guidance on the delivery of HIV and TB prevention, treatment and care in prison settings (and Correctional Centers) in the Kingdom of Cambodia to respond to the urgent needs to address HIV, STI and TB-HIV issues in prisons settings.

The content of this document is based on the experiences in implementing HIV, STI and TB-HIV interventions in closed settings and current constraints faced by the health system in prisons. The SOP will be reviewed on a regular basis to reflect new developments and best practices in this area of work.

The Ministry of Health and The Ministry of Interior appreciate the dedications and efforts made by all members of the Core Group on HIV, STI, and TB-HIV in closed settings in making this development process successful.

Ministry of Interior

Ministry of Health

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Our particular thanks go to Mr Buth Borin, Dr Seng Vuthy and Dr Seng Sopheap who coordinated the development and review process.

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Contents

List of Abbreviations

AHEAD	:	Action for Health Development
ART	:	Antiretroviral therapy
C/PITC	:	Community/Peer Initiated HIV testing and counseling
CBPCS	:	Community Based HIV Prevention, Care and Support
CC	:	Correctional Center
CENAT	:	National Center for Tuberculosis and Leprosy Control
CoC	:	Continuum of care for PLHIV
CPT	:	Cotrimoxazol preventive therapy
CQI	:	Continuous quality improvement
GDoP	:	General Department of Prisons
HIV	:	Human immunodeficiency virus
IBBSS	:	Integrated bio-behavioral surveillance system IEC
IPT		
LICAHDO	:	Cambodian League for the Promotion and Defense of Human Rights
LOA	:	Letter of agreement
MoH	:	Ministry of Health
MoSVY	:	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MSF-F	:	Médecins Sans Frontières-France
NCHADS	:	National Center for HIV/AIDS, Dermatology and STD
NGO	:	Non-governmental organizations
OD	:	Operational districts
OI/ART	:	Opportunistic infections and Antiretroviral therapy
PASP	:	Provincial AIDS and STI Programme
PEP	:	Post-exposure prophylaxis
PHD	:	Provincial health department
PJ	:	Phnom Penh Prison
QA/QC	:	Quality assurance/quality control
RTI	:	Reproductive track infection
SOP	:	Standard Operation Procedures
STI	:	Sexually transmitted infections
Three Is (3I)	:	Intensified TB case finding, Isoniazid preventive therapy and Infection control
TB	:	Tuberculosis
UNODC	:	United Nations Office on Drugs and Crime
VCCT	:	Voluntary Confidential HIV Counseling and Testing

1 Background and Rationale

Cambodian Prison System is under the General Department of Prisons (GDoP), Ministry of Interior. There are a total of 28 prisons in Cambodia, of which four correctional centers (CC1, CC2, CC3 and CC4) are under direct management of the GDoP while 24 prisons that are placed under the management of the provincial authorities(1) and GDoP.

As of the end of June 2011, there were 15,325 prisoners and detainees, of which 1,209 were female. Prisons with more than 1,000 prisoners and detainees include CC1, CC2, and CC3, prisons in Battambang, Kandal, Siam Reap and Banteay Mean Chey (1).

One health post is established at each prison. However, only eight of these facilities in CC1, CC2, CC3, Kandal, Bantey Mean Chey, Battambang, Kampong Thom, Kampong Cham, Prey Veng and Siam Reap are certified by the Ministry of Health (2, 3). The remaining of the facilities will need to be established and strengthened in the longer term. In January 2010, the Ministry of Health included these health posts to be under the coverage of the Ministry of Health.

As of June 2011, there is 107 health post staff, including 33 female staff. Qualified health professionals are lacking. Of this, the majority are nurses and health care assistants. There were only three physicians.

It is not possible to assess the overall prevalence of HIV and TB in the prison settings due to the lack of systematic HIV and TB surveillance and surveys. Data are only available from routine reports prepared by the GDoP and other NGOs working in selected prisons. Based on these reports, it is noted that the prevalence of HIV and TB vary across prisons.

During the first six months of 2011, GDoP reported 301 HIV cases, giving a prevalence of 1.9% (301/15,325); 1,323 TB suspected cases, of whom 133 were confirmed to have TB, giving a prevalence rate of 1.7% (133/15,325); and 24 TB-HIV cases, which means that 18% of TB patients who are HIV positive.

The UNODC Initial Assessment of HIV/AIDS, TB and Drug Abuse Services in 9 prisons, May 2008(2) found that 1% of the prison population were reported to be HIV+ (94/8,099), most of them were already symptomatic and known before coming to prisons. There might be more HIV cases that are undetected. The majority of prisoners have not been tested despite many of them (8 out 10 surveyed) expressing their willingness for testing. In 2009, prison based reported HIV prevalence ranged from 0.5% (5/1000) in CC3, to 1.1% (4/364) in Kampong Cham and 2.3% (19/817) in Battambang (FHI and AHEAD Activity Reports). The HIV prevalence ranged from 1.04% (7/669) in Battambang, to 3.6% in CC1 and Bantey Mean Chey, 3.8% in PJ and 7% in CC2 (MSF-F and AHEAD Activity Reports).These findings need to be interpreted carefully in light of the level of acceptance of HIV testing in each prison. Overall, these HIV rates are higher compared to that of the general population (0.8%, HSS 2010).

The UNODC Initial Assessment in 2008 revealed that the incidence of active TB in 9 prisons was 0.67% (54/8099) compared with an estimated prevalence rate of 0.69% among general population. However, during the period February 2010-July 2011, MSF-F reported that TB prevalence at CC1, CC2 and PJ were 4.4%, 2.7% and 3.8%, respectively. No systematic prevalence survey has been conducted in prisons, and hence the figures provided by different agencies vary considerably, based on the approach they used to detect the cases.

During the first semester of 2011, only 14% (2171/15325) of prisoners and detainees were provided with HIV counseling (1). Of the 301 HIV identified cases, 77 were on OI care and 206 were on ART.

The real magnitude of STI among the prison population has not been fully assessed although the presence of STI in these settings is reported by some sources. Both UNODC Initial Assessment and MSF-F reported that some prisoners have STI symptoms and have no access to STI treatment due to a lack of STI case management of health post staff and lack of

STI drugs. In 2003, LICADHO already reported that scabies are among the most common diseases (3.3%) seen in prisons. The presence of scabies was also reported by the GDoP in its 2010 report.

Sexual activity between men inside the prison was reported in four prisons. Male prisoners judged that occasional sexual activity occurred among 10% of the population. 15% thought that unsafe sex without condoms occurred inside the prison. Some responders reported that this occurred during sleeping time or in the bathing area.

In addition to HIV and TB issues, overcrowding, poor ventilation, inadequate infection control, lack of safe water supply and unsanitary conditions, and inadequate health care in many prisons are key issues that put the prison population vulnerable to many illnesses including TB and HIV.

To contribute to improve health and to respond to HIV, STI and TB-HIV issues in prisons, many partners have been providing support through various modalities of service provisions, ranging from support for referral to nearby health services to direct service delivery by health and NGO staff.

In January 2010, the Ministry of Health decided to include health posts in prisons as part of its health coverage plan. Following this decision, a National Policy for HIV, STI and TB-HIV Prevention, Care, Treatment and Support in Prisons (and correctional centers) in Cambodia has been developed to guide the national response to HIV, STI and TB-HIV in prison settings in Cambodia.

These Standard Operating Procedures (SOP) are developed to support the implementation of the above decisions. This document contributes to address the vulnerability of the prison populations to HIV, STI and TB by adopting a common model of service delivery in the current context of limited resources and capacity in the prison settings. It will be revised on a regular basis in light of new developments and progress in health development in prison settings.

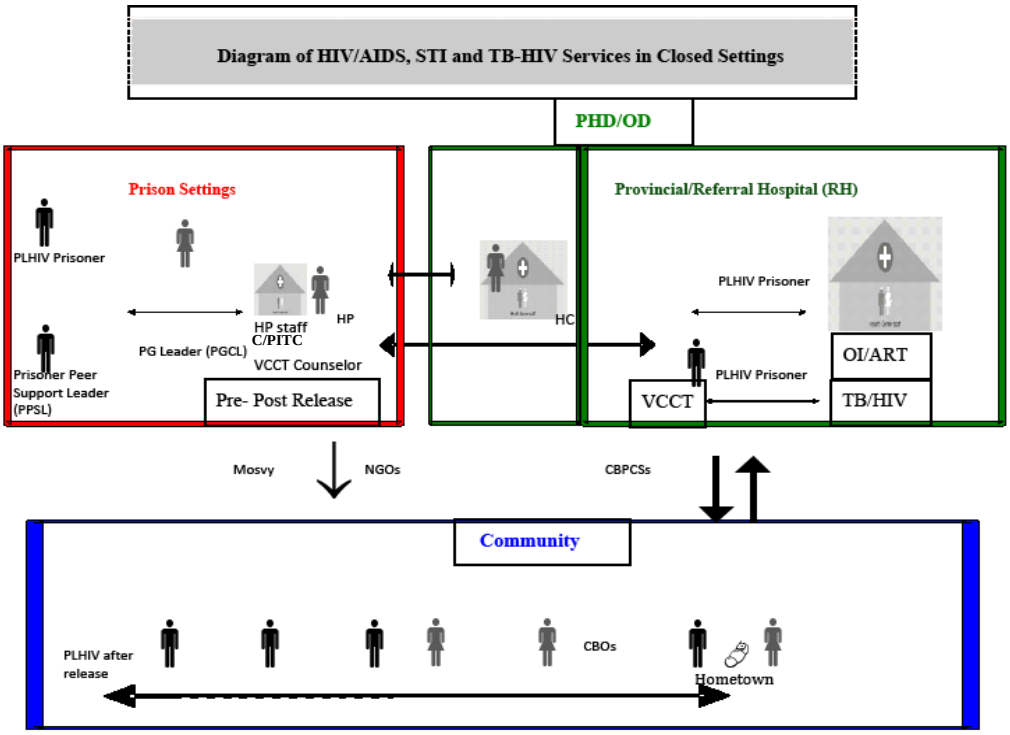
2 Objectives

- To improve physical and mental health of prisoners through the provision of quality services for HIV, STI and TB-HIV prevention, care, treatment and support.
- To strengthen health care system in prisons in Cambodia.

3 Model

The implementation of HIV, STI and TB-HIV interventions in prison settings will be part of the existing Comprehensive Continuum of Care for PLHIV Framework adopted by the Ministry of Health, where HIV care and ART are delivered at the OI/ART Clinics. To increase access to HIV counseling and testing and to ensure HIV test results are available at the day of testing, Community /Peer Initiated Counseling and Testing (C/PITC), or, where appropriate resources are available, on site HIV testing by trained health post staff, will be adopted to make sure that counseling and testing can be provided at health posts. A referral mechanism through relevant NGOs and MoSVY network will need to be established to allow prisoners to access services at the nearest clinic while they are in prisons, as well as to benefit from services provided by other relevant community based prevention, care and support after the release from prisons (refer to the diagram). In addition, some essential HIV and STI activities such as education and counseling, TB symptom screening, and management of STI/RTI cases using syndromic approach can be provided at health posts. For prisons with

high case load of HIV patients, additional strategy will be developed to address access to care and treatment among prisoners living with HIV.



4 Package of activities

4.1 Prevention activities include the following:

- Peer education on basic information on HIV, STI, TB-HIV, nutrition, sanitation provided by prisoners peer support and group leaders
- Education on condom use by prisoners peer support and group leaders (cell leaders) and health post staff
- Provision of IEC materials
- Applying infection control and universal precaution measures (including PEP) managed by health post staff
- Positive Prevention provided by prisoners peer support and group leaders and health post staff (refer the concept paper on positive prevention).

4.2 HIV testing and Counseling will adopt two options:

4.2.1 For health posts with limited capacity: community/Peer Initiated HIV Testing and Counseling (C/PITC) approach will be used. Staff of nearest VCCT will collaborate with health post staff and prisoners peer support and group leaders (cell leaders) to provide HIV counseling and testing of consenting prisoners at the prisons every six months (refer to the C/PITC concept paper for details).

4.2.2 For health posts with available resources and capacity: HIV counseling and testing can be provided by trained health post staff at the prisons, with referral of positive samples for confirmation at the nearest VCCT.

4.3 Care and Treatment

- **Management of OI and ART** will be provided at OI/ART Clinics by the OI/ART Team of the nearest provincial or referral hospitals. Prisoners living with HIV will be referred by relevant NGO staff, MoSVY social workers, and prison staff to the OI/ART clinics where initial assessment, OI prophylaxis and ART, and follow-up care will be provided. Adherence counseling can be reinforced by health post staff in addition to the initial counseling provided by OI/ART Team.
- **TB screening and treatment**: TB symptom screening will be carried by health post staff at the health post. Suspected cases will be referred to the nearest provincial/referral hospitals for further diagnostic work up and treatment in accordance with the SOP on 3I Strategy.
- **Management of common STI/RTI** will be provided by health post staff trained in syndromic case management.

4.4 Referral Mechanisms

- While in prison, prisoners and detainees in need of HIV care and treatment and antenatal care services will be referred by relevant NGOs, MoSVY social workers and prison staff to the relevant services at the nearest provincial/referral hospitals.
- The link with the prisons and communities after the release of prisoners will need to be assured by relevant NGO and MoSVY social workers working on HIV and STI in the prisons. Before the release, these NGOs and MoSVY social workers will inform the nearest health services and other relevant community-based prevention, care, and support network to ensure continuity of services and to follow-up. Where appropriate, the existing network of MoSVY can be used to support post-release activities. Linkage between MoSVY and CBPCS networks will be established.
- Mapping of available services and partners that support each prison will be conducted and updated on a regular basis. A suggested template is included in the Annex 1 of the SOP.

5 Implementation arrangements

This section details the roles and responsibilities of relevant key players involved in delivering HIV, STI and TB-HIV interventions in prison settings and provide guidance on coordination of activities.

5.1 NCHADS and CENAT will:

- Work with GDoP and partners to develop national policy, SOP, training curricula and relevant IEC materials to support the implementation of HIV, STI and TB-HIV interventions in prison settings. The training curricula for health post staff

will need to be adapted to their current limited capacity and should cover the minimum requirements to ensure adequate delivery of services at the health post level. The content of the training should cover the following:

- Peer education on basic information on HIV, STI, TB-HIV, nutrition, sanitation
- Integrated counseling on HIV/STI, TB-HIV, sexual reproductive health
- Education on HIV and STI prevention including condom use and substance abuse
- Infection control and universal precaution measures (including PEP)
- Positive Prevention
- C/PITC approach
- HIV testing
- Adherence counseling
- TB symptom screening and SOP on 3I Strategy.
- Syndromic management of common STI/RTIs

– Provide orientation to all relevant MoH staff and partners on the new policy and SOP
– Work with partners to provide necessary trainings to GDoP staff
– Coordinate the support at national level
– Support GDoP for mobilizing resources through available mechanisms
– Supply reagents, OI and ARVs, TB drugs
– Work with GDoP to monitor and review of the progress of the implementation of HIV, STI and TB-HIV interventions in prison settings
– In the years to come, provide necessary assistance and directive required by GDoP in its effort to reform its heath system (especially on programmatic aspects) to enable them to respond to the actual need in terms of care and treatment of OI/ART, STI, TB/HIV infected inmates.

5.2 General Department of Prisons will:

– Strengthen health posts in all prisons to meet the requirements of the Ministry of Health;
– Reform its heath system (from programming to budget, infrastructure, etc.) in order to respond to the actual preventive and curative health needs of prisoners including OI/ART, STI, TB/HIV and linkages to community health centers
– Facilitate its health staff to receive necessary trainings
– Work with NCHADS, CENAT and other partners to plan and coordinate the implementation of HIV, STI and TB-HIV interventions in prison settings
– Mobilize resources to support the strengthening of health services in prisons including ensuring adequate referral of prisoners in need of services to relevant services of the provincial and referral hospitals.
– Monitor and report on the progress of the implementation of HIV, STI and TB-HIV interventions in prisons settings

5.3 Provincial Health Department through the Provincial AIDS and STI Programme (PASP), the Provincial TB Programme and relevant ODs, will:

– Work with partners to provide technical support for the implementation of the HIV, STI and TB-HIV interventions in prison settings at provincial and OD level;
– Provide training of prison health post staff on the necessary knowledge and skills;

- Coordinate with partners (NGOs and MoSVY social workers) and prison staff
- Ensure access to services provided by provincial and referral hospitals;
- Facilitate the supply of OI, ARV, TB and STI drugs and infection control materials distributed through the MoH distribution mechanisms;
- Monitor and supervise activities at prison level.

5.4 Provincial or referral hospitals, through its OI/ART Team, will:

- Provide TB screening and treatment and positive prevention for prisoners living with HIV
- Manage OI and provide ART to HIV infected prisoners in need of the services based on a proposed schedule
- Facilitate referral to in-patient care when necessary.

5.5 Health Centers in connection with the relevant health posts will:

- Provide technical support and share information on OI/ART, TB; manage mild symptoms; and facilitate the referral to other health services in provincial/referral hospitals;
- Distribute IEC materials to prison health posts;
- Dispense medicines including STI drugs and supplies requested to prison health posts.

5.5 Staff of nearest VCCT will:

- Work with health post staff and prisoner peer support and group leaders (cell leaders) to implement C/PITC in collaboration with prison health post staff;
- Carry out confirmatory HIV testing of positive samples referred from prisons.

5.6 Prisons will be responsible for:

- Arranging appointment and referrals of prisoners in need of services to relevant health centers/provincial/referral hospitals;
- Planning the release of prisoners by collaborating with relevant NGOs or MoSVY network to ensure continuity of HIV care and treatment services provided when in prison;
- Health Posts will be responsible for:

    - Training of peer educators (cell leaders) and educate prisoners in basic information on HIV, STI, TB-HIV, nutrition and hygiene, infection control and universal precaution and self-care
    - Education on condom use
    - Counseling on HIV, STI, TB-HIV and sexual reproductive health
    - Implementing C/PITC in collaboration with VCCT staff and Peer educators (cell leaders)
    - Providing positive prevention for prisoners living with HIV
    - Conducting TB symptom screening and refer those who have positive symptom(s) on screening to the nearest OI/ART service for further assessment and initiating IPT for prisoners living with HIV who are unlikely to have TB
    - Manage minor OIs and other common illnesses, STI/RTI
    - Ensure adequate infection control and universal precaution in prisons

- Provide adherence counseling to prisoners on ART and support the compliance of the treatment through close monitoring of the ARV intake.

5.7 NGOs and MoSVY Social Workers will:

- Mobilize resources to support HIV, STI and TB-HIV interventions in prison settings
- Work with prison and health post staff to facilitate referral of prisoners to access services at provincial/referral hospitals during pre-release period
- Work with prison staff, health post staff and other relevant stakeholders (community-based prevention, care and support network, self-help groups) in planning the release of prisoners to ensure continuity of services
- Facilitate the prisoner's family, community leader , health center or provincial/referral hospital, 6 months before release from prison, in order to support reintegration and aftercare supervision
- During post release, support re-integration into community, and follow up the released prisoners to ensure uninterrupted services
- Support referral to other social support services

5.8 Coordination

5.8.1 **At national level** the coordination of the activities will be assured by a **Core Group on HIV, STI, TB-HIV in closed settings**, with rotating chairmanship on an annual basis. The core group will meet **every three months** to advise on technical aspects on implementation.

5.8.2 **At the provincial and OD levels**, the **CoC Coordination Committee**, which will also include members from prisons, will meet to coordinate the HIV, STI and HIV-TB interventions in prisons.

5.8.3 **Bi-monthly meetings** of prison health posts chaired by prison chiefs or vice chiefs, with participation from PASP, Provincial TB Program or OD coordinators, relevant health center staff and NGO staff working with the relevant prison, will coordinate the implementation of the interventions at prison level.

5.8.4 **Annual meetings** of all stakeholders working on the HIV, STI, TB-HIV interventions in prison settings will be convened to review the progress, share lessons learned. The GDoP will coordinate the organization of these meetings in collaboration with NCHADS, CENAT and partners.

6 Monitoring and reporting

- Bi-monthly supervision visits to prison health posts will be carried out by the PASP, Provincial TB Program or OD Coordinators to monitor the implementation.

- Existing recording tools recommended by NCHADS and CENAT will be adapted and used to collect information on HIV, STI and TB-HIV interventions in the prison settings.
- HIV, STI and TB-HIV surveillance in prison settings will need to be further strengthened as part of the current integrated bio-behavioral surveillance system (IBBSS).
- Confidentiality of information will need to be strengthened.
- Existing quality control mechanisms (QC/QA of HIV testing, CQI of CoC services) adopted by the Ministry of Health will be used to monitor and strengthen the quality of HIV, STI and TB-HIV related services in prisons.
- The reporting mechanism and flow will comply with the requirements of NCHADS, CENAT and the GDoP. Reports generated by the existing mechanisms will be shared with all relevant stakeholders.

The following core indicators are proposed for monitoring the implementation of HIV, STI and TB-HIV interventions in prisons.

No	**Indicators**	**Type**	**Sources**
1	HIV prevalence among prisoners	Impact	IBBSS/NCHADS
2	TB prevalence among prisoners	Impact	CENAT
3	% HIV testing and counseling among prisoners	Outcome	NCHADS/GDoP
4	% of prisoners enrolled in HIV care who are screened for TB	Outcome	NCHADS/GDoP
5	% of prisoners enrolled in HIV care who start on IPT		NCHADS/GDoP
6	% of prisoners with advanced HIV infection receiving ART	Outcome	NCHADS/GDoP
7	% of prisoners who have TB-HIV receiving CPT	Outcome	NCHADS/CENAT/GDoP
8	% of prisoners who have TB-HIV receiving ART	Outcome	NCHADS/CENAT/GDoP
9	% of HIV infected prisoners receiving appropriate referral and follow-up after their release	Outcome	GDoP/NGO/ **MoSVY**
10	% of HIV infected prisoners without interruption of treatment during 3 months after the date of their release	Outcome	GDoP/NGO/ **MoSVY**

7 Roadmap for implementation

Activity	Timeframe	Responsibility
Policy and SOP development and finalization	June- Mid-August 2011	Core Group on HIV, STI, TB-HIV in closed settings (NCHADS, CENAT, GDoP, UN, NGOs)
Endorsement of Policy and SOP	End August 2011	MOH, GDoP
LOA-NCHADS-CENAT-GDoP	End September 2011	NCHADS, CENAT, GDoP
Assessment of Prison (Health) Services	August - November 2011	GDoP, WHO, MOH (NCHADS, CENAT, Mental health…)
Orientation on the Policy and SOP	October –December 2011	NCHADS, CENAT, GDoP
C/PITC and training in HIV testing	From October 2011	NCHADS-GDoP-PHD-Prisons
Implementation of the new Model in demo sites (to be selected by Core Group on HIV, STI, TB-HIV in closed settings)	Jan-December 2012	All stakeholders involved
Review	December 2012-January 2013	All stakeholders involved coordinated by the Core Group on HIV, STI, TB-HIV in closed settings
Nationwide expansion	From February 2013	All stakeholders involved

8 Costing of the SOP

The SOP will be costed by a Core Group to support resource mobilization. Suggested list of costs for the SOP activities is included in Annex 2.

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3. GDoP to share the GTZ Report on upgrading health posts in prisons.
4. MSF-Mission Cambodia. Activity Report, February 2010-July 2011.
5. FHI. Report on HIV and TB in prisons in Kampong Cham, CC3.
6. AHEAD. Activity Report in Prisons in Battambang and Bantey Mean Chey, 2010.

Annex 1: Suggested Format for Mapping of Services to support prison activities

Names of prisons	Name of nearest health center(*)	Name of nearest referral hospital(*)	Name of relevant NGOs(*)	Remarks
CC1	…….	…….	…….	State the MoSVY focal point, if available
Kampong Cham prison	X	Y	Z	State the MoSVY focal point, if available
Battambang prison	…….	…….	…….	
…….	…….	…….	…….	

*: and also email address and contact numbers when applicable

Mapping of services to support prison activities as of September 2011

Names of prisons	Name of nearest health center(*)	Name of nearest referral hospital	Name of relevant NGOs	Remarks
CC1	Chamkardong	Chamkardong OI/ART and KSFS	-CCJAP -MSF/F	
CC2	Chamkardong	Chamkardong OI/ART and KSFS	-CCJAP -MSF/F	
CC3	Trapang Pring	Tboung Khum RH	-CCAJAP -FHI	
CC4	Samrong	Pursat Provincial Hospital	-AHEAD	
Battambang	Toul Taeark	Battambang Provincial Hospital	-AHEAD -CCAJAP	
Bantey Mean Chay	O Ambil	Serei Sophorn RH	-AHEAD -CCAJAP	
Pursat	Pill Ngeak	Pursat Provincial Hospital	-AHEAD	
Pailin	Soun Komar	Pailin RH	-AHEAD	
Kampong Chhang	Kampong Chhang (500m)	Kampong Chhang Provincial Hospital	No	
Siem Reap	Chreav (5 Km)	Siem Reap Provincial Hospital	-Caritas	
Kampong Thom	Damrey Chung Khlar	Kampong Thom Provincial Hospital	-CCAJAP -Caritas	
Preah Vihear	Tbeng Meanchey (1Km)	16 Makara Provincial Hospital	-Caritas	Starting in 2011
Kampong Cham	Chiro (2 Km)	Tbong Khmum RH	-FHI360 -CCAJAP -KT (HBC)	
Mongdul Kiri	Sem Monorum	Semmonorum PH	-Caritas	Starting 2011
Rattanakiri	Kacharnh	Rattanakiri PH	No	
Stoeng Treng	Stoeng treng (in H)	Stoeng Treng PH	No	
Krati	Rokar Kandal	Krati PH	-Caritas	2011
Svay Rieng	Savy Reing (in H)	Svay Reing PH	No	
Prey Veng	Kampong Leav (10 m)	Prey Veng PH	-CCAJAP	
Kandal	Takhao (in H)	Chay Chhum Neash RH	-CCAJAP	
Takeo	Rokar Khnong 330m	DaunKeo PH	-FHI360 -PFC	
Kampot	Kampong Kandal (1Km)	KampongPot RH	-Generous (HBC)	
Kampong Speu	Domkravan	Kampong Speu Province	No	
Sihanouk Province	Sihanouk Ville	Sihanouk RH	-FHI360	
Oddor Mean Chay	Samrong	Samrong RH	No	
Koh Kong	Smach Mean Chay	Smach Mean Chay RH	FHI360	
PJ				

*: and also email address and contact numbers when applicable

Annex 2: List of Costs for SOP activities

1. **Initial costs for implementation of activities:**
    a. Training of HP staff for HIV prevention (universal precautions, condom use…), C/PITC, Positive Prevention, OI and ART follow-up, Adherence counseling, TB symptom screening, IC, STI syndromic approach, PEP.
    b. Training of Peer educators (cell leaders) on basic information on HIV, STI, TB, TB-HIV, nutrition and hygiene, IC and universal precaution
    c. Orientation on HIV and TB-HIV activities in Closed settings to prison staff, OD/RH/HC/VCCT staff from CoC involved in interaction with the site
    d. Building renovation or refreshment if necessary
    e. Structure improvement for Infection Control (opened room, air flow, fan, waiting room…)

2. **Running costs**
    a. Office and Consumable Expenses: (to maintain and ensure service be run well to provide service to patient. It includes:
        i. Phone card for communicate with CoC sites (for C/PITC, TB smears, Referral to OI/ART site…)
        ii. Office supply fee for HIV and TB-HIV activities
        iii. Consumable material for C/PITC (for blood taking), for IC (masks) and for HIV prevention (condoms)
    b. PITC/option2: (prison health post staff will provide pretest counseling and blood collection and then send to the nearest VCCT site). It includes:
        i. Providing one Ice box to the health post
        ii. Fee for ice purchasing to keep blood sample (unless there is a fridge available)
        iii. Per diem and Travel fee for HP/Prison staff for blood transportation from prison to referral VCCT (weekly or bi-weekly)
    c. Referral to OI/ART service and other services (including IPD) according to the SOP:
        i. Transportation of prisoners to RH (transportation car, Per Diem/accommodation for 2 body guards per patient).
        ii. Service fee: OPD fee, IPD fee, R-X, Lab test fee and special drug fee.
        iii. Support for corpse transportation and cremation when the inmate dies.
    d. Coordination meetings for HIV and TB-HIV activities in Prisons:
        i. Support to organize bi-monthly meeting of prison HP chaired by prison chiefs
        ii. Support for HP/Prison staff to attend the CoC Coordination Committee at OD/PHD levels
        iii. Support for key Prison staff to attend the Core group on HIV, STI and TB-HIV in closed setting quarterly meeting
    e. Support for released HIV positive inmate to attend OI/ART or TB services for follow up:
        i. Transportation support to the released prisoner
        ii. Support to MoSVY to coordinate with relevant CoC structures/HBC teams/VSG upon release of prisoners
    f. Supervision of HIV and TB-HIV activities in prisons:
        i. Support PASP/TB supervisor/OD coordinators for bi-monthly monitoring visits

Annex 3: List of contributors

to the development of the Standard Operating Procedures for HIV, STI and TB-HIV Prevention, Care, Treatment and Support in Prisons (and Correctional Centers) in Cambodia

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4.	Dr. Seng Vuthy	The National Center for HIV/AIDS and STI of Ministry of Health (NCHADS/MoH)
5.	Dr. Ngauv Bora	The National Center for HIV/AIDS and STI of Ministry of Health (NCHADS/MoH)
6.	Dr. Touch Sarun	The National Center for HIV/AIDS and STI of Ministry of Health (NCHADS/MoH)
7.	Mr. Phath Veasna	The National Center for HIV/AIDS and STI of Ministry of Health (NCHADS/MoH)
8.	Mrs. Phan Leang Sim	The National Center for HIV/AIDS and STI of Ministry of Health (NCHADS/MoH)
9.	Mr. Keo Vannak	The National Center for HIV/AIDS and STI of Ministry of Health (NCHADS/MoH)
10.	Dr. Khun Kim Eam	The National Center for Tuberculosis and Leprosy of Ministry of Health (CENAT/MoH)
11.	Dr. Sok Srun	Department of Hospital of Ministry of Health
12.	H.E Liv Mauv	General Department of Prison of Ministry of Interior (GDP/MoI)
13.	Her H.E Sam Sourkear	General Department of Prison of Ministry of Interior (GDP/MoI)
14.	Mr. Kim Sarin	General Department of Prison of Ministry of Interior (GDP/MoI)
15.	Mr. Buth Borin	General Department of Prison of Ministry of Interior (GDP/MoI)
16.	H.E Kong Chhan	The Ministry of Social Affaire Veterans and Youth Rehabilitation (Mosvy)
17.	Dr. Masami Fujita	World Health Organization (W.H.O)
18.	Mr. Graham Shaw	World Health Organization (W.H.O)
19.	Dr. Tea Phauly	UNAIDS
20.	Ms. Sonia Bezziccheri	UNODC
21.	Ms. Chay Vanny	UNODC
22.	Dr. Bruce Eshaya Chauvin	The International Committee of The Red Cross (ICRC)
23.	Dr. Elena Leclerc	The International Committee of The Red Cross (ICRC)
24.	Mr. KimVanna	The International Committee of The Red Cross

		(ICRC)
25.	Ms. Magdalena Barr-Dichiara	Clinton Health Access Initiative (CHAI)
26.	Dr. Laurent Ferradini	The Family Health International (FHI)
27.	Dr. Sok Pun	The Catholic Relief Services (CRS)
28.	Dr. Prakash Nellepalli	The Catholic Relief Services (CRS)
29.	Mr. Heng Koy	The Catholic Relief Services (CRS)
30.	Ms. Bou Amara	The Catholic Relief Services (CRS)
31.	Dr. Moul Vanna	The Action for Health Development (AHEAD)
32.	Mr. Emmanuel Lavieuville	MSF/France
33.	Mrs. Christine Wagccri	MSF/France
34.	Ms. Bernadette Glisse	Caritas Cambodia
35.	Mrs. Chab Voleak	Caritas Cambodia
36.	Mr. La vibol	Caritas Cambodia
37.	Mr. Chin Thourinin	Caritas Cambodia
38.	Ms. Pheng Pharozin	CNP+