

Kingdom of Cambodia
Nation Religion King



Ministry of Health



Center for Malaria
Control, Parasitology
and Entomology

**Summarized Guideline
for Deworming
(Mebendazole 500mg/Albendazole 400mg)
to the target group at risk
in Cambodia**



September 2014

Preface

In 2004, Center for Malaria Control, Parasitology and Entomology of Ministry of Health of the Kingdom of Cambodia prepared a book entitled “Guideline for Helminth Control in Cambodia”. In good cooperation with relevant ministries/departments and support from international/local organizations and development partners, the National Helminth Program of Center for Malaria Control, Parasitology and Entomology has proudly succeeded in providing deworming drugs to target pre-school aged children, primary school children and women of child bearing age. Cambodian children under ages 15 years old, and pregnant women from their second trimesters, and women after delivery received deworming drugs at least once a year of about 95%.

Through this great success and experience in providing deworming drugs to pre-school aged children, primary school children and women of child bearing age, National Helminth Program has put in place strategic goal in strengthening and expanding the provision of deworming drugs to target groups (pre-school aged children, primary school children and women of child bearing age) across the country. Through outcomes from the meeting with relevant sectors, National Helminth Program of Center for Malaria Control, Parasitology and Entomology has reviewed and revised “Summarized Guideline for Deworming (Mebendazole500mg/Albendazole400mg) to the Target Group at Risk in Cambodia” and therefore expanding additional population – in addition to existing coverage – specifically to women of child bearing age, secondary and high school students at public and private schools, and female workers at factories/enterprises across the country.

The summarized guideline will provide additional explanation and instruction about National Helminth Program’s goal and strategy in fighting against worms as well as demonstrate roles and duties of relevant sectors in order to ensure that all target population receives deworming drugs in compliance with Ministry of Health’s strategy. Also, in order to ensure that deworming activities proceed in a smooth, efficient and successful manner, National Helminth Program also provides recommendations for relevant sectors.

Ministry of Health would like to express profound thanks to relevant ministries/departments, international/local organizations and other development partners for their cooperation and support to National Deworming Program and Ministry of Health also hopes that the drugs deworming campaign will be a success, which is a factor contributing to poverty reduction and development of our country.

Phnom Penh, 15 September 2014

Minister of Health

Signature and Seal

Mam Bunheng

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A. Background

Worm is a type of malicious parasite that can live in body of humans and animals by absorbing nutrition from humans and animals to feed itself. Some worms can be seen when they appear in faeces or through mouths while other worms are so small that they can only be seen in microscopes. One of the major reasons leading to children's paleness due to deficiency in iron is the presence of helminth (parasite) in the intestine that causes subsequent loss of blood, which affects children's physical and mental growths and abilities.

A.1. Causes of Worm Infection

- ❖ Living with lack of hygiene and sanitation
- ❖ Consuming raw food or food not properly cooked
- ❖ Consuming food disturbed by flies
- ❖ Open defecation
- ❖ Walking barefooted (without wearing shoes), etc.

A.2. Goal

- ❖ Prevent target population at risk from worm infection
- ❖ Increase awareness of hygiene and sanitation among communities in order to prevent transmission of worms through health education

World Health Assembly 2001 clearly determined the prevention of soil transmitted disease. According to this policy, the Royal Government of Cambodia agreed to provide drugs regularly at least 75% and increasingly up to 100% to target population especially children in general and most importantly to school aged children who are most vulnerable to worm infection and who can receive drugs easily through kindergarten and primary school channels. In addition, teachers and teacher trainees at all the teacher training institutions also receive these drugs.

To achieve success, Ministry of Health has established a deworming program to target population through consultation services at all public health services, kindergartens, primary schools, secondary schools, teacher training institutions, and outreach public services including vaccination, provision of vitamin A, family planning service, and deworming program to distribute drugs to children aged 12 to 56 months, pregnant women from 4 to 9 months, women after delivery, non-school children aged 6 to 15 years old and women of child bearing age from 15 to 49 years old.

Currently, the deworming program has already mainstreamed itself into school and community systems, where implemented activities require strengthening and expansion although there are a few challenges in some areas. Therefore, cooperation between health centers and schools needs to be strengthened in order to solve all the overall obstacles, clearly confirm respective responsibilities and ensure the entry of monthly reports in Health Information System (HIS).

B. Deworming Target Groups

B.1. Teachers and students in both public and private schools

1. Kindergarten children (both sexes)
2. Primary school children (both sexes)
3. Secondary school students (both sexes)
4. High school students (both sexes)
5. Teacher trainees in teacher training institutions (both sexes) in 26 provinces/municipalities across the country

B.2. Communities in all provinces/municipalities

1. Pre-school aged children aged 12 to 59 months (both sexes)
2. School children who have not taken drugs during drug distribution in school, non-schooled children or children who dropout (both sexes)
3. Women of child bearing age from 15 to 49 years (including pregnant women in their second semesters and women after delivery)
 - Women in the communities
 - Women working in the factories or enterprises

C. Timeline of Drug Distribution

C.1. Campaign (Day)

1. May and November together with the Vitamin A Campaign (Day)
2. Through various Vaccination Campaigns

C.2. Through Public services

1. Through consultations at all public health services
2. Outreach services by health center staff

D. Types and Dosage for Distribution

- ❖ Mebendazole 500 mg/Albendazole 400 mg are drugs that can be easily taken without consequences
- ❖ Dosage
 - Oral Single Dosage for individuals aged 2 years up
 - Chew and take half of the drug (breaking drug into two pieces, 250 mg for Mebendazole and 200 mg for Albendazole) for children aged from 12 to 23 months

E. Drug Delivery Strategy

- ❖ Children aged from 12 to 23 months can receive 1 dosage of Mebendazole/Albendazole (drug must be taken during mass campaign) regularly at least once a year through
 - Kindergartens under supervision of teachers and directors concerned with support from health center staff
 - Outreach health services including vaccination, vitamin A, and consultations at public health services
- ❖ School children/adults have to receive 1 dosage of Mebendazole (drug must be taken during mass campaign) regularly at least once a year through
 - Schools (public and private) under supervision of teachers and directors concerned with support from health center staff
 - Outreach health services and consultations at public health services
- ❖ Women of child bearing age from 15 to 49 years old (pregnant women in their second trimesters, women after delivery, except pregnant women in their first trimesters) can receive 1 dosage of Mebendazole (drug must be taken during mass campaign) regularly at least once a year through
 - Outreach health services including vaccination, vitamin A, family planning service and consultations at public health services
 - Health services in factories or enterprises

F. Roles and Duties of Relevant Sectors

F.1. Health sector

1. National Deworming Program must:

- ❖ Make implantation plan for distribution of Mebendazole/Albendazole to all target groups
- ❖ Cooperate with Ministry of Education, Youth and Sport's School Health Department and Ministry of Health's Central Medical Store in sharing information and making deworming annual plan for all target groups
- ❖ Receive and distribute materials, including IEC materials, to the target areas
- ❖ Make training plan about deworming strategy to regional health officials
- ❖ Supervise, monitor and evaluate the implementation of deworming program across the country by cooperating with School Health Department of Ministry of Education, Youth and Sport

2. Ministry of Health's Central Medical Store must:

- ❖ Cooperate with National Deworming Program in sharing information and making deworming monthly plan for all target groups
- ❖ Supply drugs to all Operational Districts 4 times per year

3. Department of Essential Drug and Food must:

- ❖ Cooperate with National Deworming Program to provide training on the management of drug distribution and medical facility for outreach services and also disaster management resulting from serious disturbance during the deworming campaign for target groups in Cambodia
- ❖ Prepare annexes for instruction to Provincial Health Departments, Operational Districts, and Health Centers to make request for deworming drugs and to manage disaster resulting from serious disturbance during the campaign
- ❖ Supply report forms about the reaction of drugs to National Deworming Program for the campaign
- ❖ Cooperate with National Deworming Program to Supervise, monitor and evaluate dangers accidentally caused by serious disturbance during the campaign

4. Provincial Deworming Program and Operational District must:

- ❖ Cooperate with each Provincial Department and District Office of Education, Youth and Sport to prepare specific plan
- ❖ Supply materials (Mebendazole/Albendazole and IEC materials) to health center on a timely basis

- ❖ Collect data among target population (pre-school aged children from 12 to 29 months, kindergarten children, primary school children, secondary and high school students, and women of child bearing age) from health centers covered by different operational districts
- ❖ Make request for Mebendazole/Albendazole as required in the operational district to Central Medical Store of Ministry of Health on a quarterly basis
- ❖ Collect monthly distribution report of Mebendazole/Albendazole from health centers
- ❖ Enter monthly drug distribution obtained from health centers to Health Information System (HIS)
- ❖ Make training of trainers plan to health center staff so that they can train school teachers to understand about deworming, health education and also school requests for Mebendazole/Albendazole
- ❖ Supervise, monitor and evaluate deworming activities among target groups at schools, teacher training institutions, factories/enterprises, and communities

5. Health center must:

- ❖ Regularly update school lists (public and private) and total number of target population (pre-school aged children from 12 to 29 months, kindergarten children, primary school children, secondary and high school students, and women of child bearing age) under its health center coverage
- ❖ Make request for Mebendazole/Albendazole as required in the health center to operational district on a monthly basis
- ❖ Regularly and effectively lead the implementation of deworming among target groups at schools, teacher training institutions, factories/enterprises, and communities by cooperating with school directors, educational institutions and local authorities
- ❖ Bring deworming drugs to all schools (public and private), teacher training institutions and factories/enterprises 1 or 2 months before deworming campaign starts each year (May and November)
- ❖ Communicate with all educational institution (public and private) and factories/enterprises to make request for deworming drugs no later than 1 month after the deworming campaign ends

- ❖ Make drug distribution report to operational district and enter monthly drug distribution to Health Information System (HC1)
- ❖ Supervise, monitor and evaluate deworming activities among target groups at educational institutions, factories/enterprises, and communities

F.2. Education sector

1. School Health Department must:

- ❖ Cooperate with National Deworming Program of Ministry of Health in making yearly deworming plan
- ❖ Update and share information about the number of educational institutions (public and private) by emphasizing the total number of target groups (kindergarten children, primary school children, secondary and high school students, and teacher trainees) with National Deworming Program of Ministry of Health
- ❖ Supervise, monitor and evaluate deworming activities throughout the country by cooperating with National Deworming Program of Ministry of Health

2. Provincial Department of Education, Youth and Sport must:

- ❖ Cooperate with its concerned Provincial Health Department in making yearly deworming plan for target groups
- ❖ Update and share information about the number of educational institutions (public and private) by emphasizing the total number of target groups (kindergarten children, primary school children, secondary and high school students, and teacher trainees) with its Provincial Health Department
- ❖ Supervise, monitor and evaluate deworming activities throughout the provinces by cooperating with Provincial Health Department

3. District Office of Education, Youth and Sport must:

- ❖ Cooperate with its concerned Health Center in making yearly deworming plan for target groups
- ❖ Update and share information about the number of educational institutions (public and private) by emphasizing the total number of target groups (kindergarten children, primary school children, secondary and high school students, and teacher trainees) with Health Center

- ❖ Supervise, monitor and evaluate deworming activities throughout the districts by cooperating with Health Center

4. **School directors (public and private) and teacher training directors under respective health centers must:**

- ❖ Train concerned teachers to understand about deworming and provide health education (hygiene and sanitation) to students
- ❖ Update and provide information about the number of students to health center 1 or 2 months before the deworming campaign starts
- ❖ Make request for Mebendazole/Albendazole directly to health center 1 or 2 months before the deworming campaign starts
- ❖ Cooperate with health center staff to carry out deworming activities: teachers and students take drug together at the same time (morning and evening shifts) in any given day
- ❖ Make report to its health center not exceeding 1 week after drug distribution (round 1 and 2)

F.3. Factory/Enterprise sector

Factory/Enterprise physicians in respective health centers must:

- ❖ Update and provide information about the number of its factory workers to health center 1 or 2 months before the deworming campaign starts
- ❖ Make request for Mebendazole/Albendazole directly to health center 1 or 2 months before the deworming campaign starts
- ❖ Cooperate with health center staff to carry out deworming activities: factory workers take drug together at the same time (morning or evening shift) in any given day
- ❖ Make report to its health center not exceeding 1 week after drug distribution (round 1 and 2)



G. Recommendations for Deworming as Timely Determined

- ❖ All children aged from 12 to 59 months who arrived at health centers must be provided with 1 dosage of deworming drug (drug must be taken during mass campaign)
- ❖ All children aged from 12 to 59 months in the communities must be provided with 1 dosage of deworming drug (drug must be taken during mass campaign) every May and November through public health outreach including vaccination, vitamin A, etc.
- ❖ Primary school children, secondary, high school students, teacher trainees and teachers must be provided with 1 dosage of deworming drug (drug must be taken during mass campaign) every May and November through their concerned teachers and teacher training directors by cooperating with health centers
- ❖ 1 dosage of deworming drug (drug must be taken during mass campaign) must be provided to women of child bearing age from 15 to 49 years old (who will take drug directly) at least once a year and to pregnant women in their 4 to 9 months and women after delivery at the health center and through outreach health services
- ❖ Health center staffs who go to work in the field must make request for Mebendazole/Albendazole taking into account number of children aged from 12 to 59 months plus number of students in the kindergartens, primary, secondary, high schools and teacher trainees and women of child bearing age from 15 to 49 years old who live in the communities under coverage of its health center
- ❖ Before providing deworming drugs to children, village outreach health center staff must ask whether or not the children have already taken Mebendazole/Albendazole once yet, if the children already taken drug in the last 3 months, there is no need to provide deworming drugs to them

H. Annexes

1. Letter Requesting for Cooperation and Support from Ministry of Labor and Vocational Training
2. Letter Requesting for Deworming Drugs from Ministry of Education, Youth and Sport
3. Drugs and Consumables Consumption Report
4. Deworming Drugs Request Form for Schools, Factory/Enterprise Workers and Target Population in Communities Submitted by Health Center to Operational District
5. Deworming Drugs Report Form of Schools, Factory/Enterprise Workers and Target Population in Communities Submitted by Health Center to Operational District
6. Deworming Drugs Request Form for Public and Private Schools (Kindergarten, Primary School, Secondary School, High School and Teacher Training Institution) Submitted by Public and Private Schools to Health Center
7. Deworming Drugs Report Form of Public and Private Schools (Kindergarten, Primary School, Secondary School, High School and Teacher Training Institution) Submitted by Public and Private Schools to Health Center
8. Deworming Drugs Request Form for Factories/Enterprises Submitted by Factories/Enterprises to Health Center
9. Deworming Drugs Report Form of Factories/Enterprises Submitted by Factories/Enterprises to Health Center
10. Documents about Management and Distribution of Drugs and Consumables for Outreach Services
11. Safety Assurance of the Preventive Treatment Intervention Using Drugs for NTD Control
12. Sample Report of Adverse Drugs Reaction
13. List of Participants Contributed to the Summarized Guideline

Annex 1

Kingdom of Cambodia

Nation Religion King

Ministry of Health

No. 152 SKL

Phnom Penh, 19 August 2014

Minister of Health

To

Minister of Labour and Vocational Training

Ref: Request for cooperation and support to Deworming Program to female factory/enterprise workers throughout the country

According to the Reference above, I have the honour to inform you that Ministry of Health has expanded the Deworming Program to all target populations (Women of Child Bearing Age from 15-49 years old), in particular female workers employed in various factories/enterprises throughout the country as already stated in the attached Summarized Guideline for Deworming.

To improve female workers' welfare contributing to strengthened work quality and efficiency as well as to reduce poverty among the population, Ministry of Health requests that Minister of Labour and Vocational Training helps disseminate to factories/enterprises throughout the country for their information and cooperation in order to ensure that the Deworming Program targeting female factory/enterprise workers is efficiently successful.

Therefore, kindly be informed and extend cooperation to the above Program.

Please accept, Your Excellency, the assurances of my highest consideration.

Signature and Seal

Mam Bunheng

CC:

- Cabinet of Ministry of Health
- General Technical Department for Health
- General Department of Administration and Finance of Ministry of Health
- All subordinate units "for information"
- Archive

Annex 2

Kingdom of Cambodia

Nation Religion King

Ministry of Education, Youth and Sport

No. 2623 MoEYS

Phnom Penh, 02 August 2014

Minister of Education, Youth and Sport

To

Your Excellency Minister of Health

Sub: Request for extension of providing deworming drugs to all pedagogical students based in all regions throughout the country

Ref: Education Strategic Plan 2014-2018

According to the Subject above, I have the honour to inform you that since 2004 Ministry of Education, Youth and Sport has cooperated with Ministry of Health to provide deworming drugs to primary school students two times per year throughout the country. The implementation has been successful as expected.

To continue to improve students' health contributing to strengthened quality and efficiency of educational services as well as to reduce poverty among the population, Ministry of Education, Youth and Sport has determined the provision of deworming drugs activities two times per year into Education Strategic Plan (ESP) 2014-2018 to all the students at all educational institutions ranging from preschool to high school and all teacher trainees at all teacher training institutions.

Therefore, kindly be informed and review the possibility to provide deworming drugs to all students at all educational institutions as stated in the attachment from the academic year 2013-2014 onward.

Please accept, Your Excellency, the assurances of my highest consideration.

For Minister of Education, Youth and Sport

Signature and Seal

Secretary of State

CC:

- General Department of Education
- General Department of Administration and Finance
- All subordinate units "for information"
- National Deworming Program "for information and cooperation"
- Archive

Sean Borat

Annex 4

**Kingdom of Cambodia
Nation Religion King**

Province/Municipality.....

Provincial/Municipal Department of

Name of Operational District.....

Name of Health Center:.....

Phone Contact:.....

Deworming Drugs Request for Students

Round.....Year 20.....

No.	Name of Educational Institution*	Total Number	Total Female
1			
2			
3			
4			
5			
6			
7	Education Staff (teaching and non-teaching)		
8	Others (10%)		
Grant Total			

***Preschool, primary school, high school, and all kinds of teacher training institutions

Note:

1. Provision of deworming drugs takes place in May and November every year
2. Health Center must supply deworming drugs to all educational institutions under its coverage at least 1 month before providing drugs to education staff and learners in every school

Date:.....

Health Center Chief's Signature and Seal

Province/Municipality.....

Provincial/Municipal Department of

Name of Operational District.....

Name of Health Center:.....

Phone Contact:.....

Deworming Drugs Request for Factory/Enterprise Workers

Round.....Year 20.....

No.	Name of Factory/Enterprise	Total Number
1		
2		
3		
4	Others (10%)	
Grand Total		

Note:

1. Provision of deworming drugs takes place in May and November every year
2. Health Center must supply deworming drugs to all educational institutions under its coverage at least 1 month before providing drugs to female factory workers at those factories/enterprises

Date:.....

Health Center Chief's Signature and Seal

Province/Municipality.....

Provincial/Municipal Department of

Name of Operational District.....

Name of Health Center:.....

Phone Contact:.....

Deworming Drugs Request for Community Target Groups

Round.....Year 20.....

No.	Target Groups	Total Number	Total Female
1	Children aged from 12 – 59 months old		
2	Children aged from 5 – 14 years old		
3	Women of Child Bearing Age from 15 – 49 years old		
4	Women from second trimester		
5	Women after delivery		
6	Others (10%)		
	Grand Total		

Note:

1. Provision of deworming drugs takes place in May and November every year
2. Health Center must supply deworming drugs enough for health center staff carrying out outreach activity and campaign

Date:.....

Health Center Chief’s Signature and Seal

Annex 5

Kingdom of Cambodia
Nation Religion King

Province/Municipality.....

Provincial/Municipal Department of

Name of Operational District.....

Name of Health Center:.....

Phone Contact:.....

Deworming Drugs Report for Students

Round.....Year 20.....

No.	Name of Educational Institution*	No. of Drugs Requested		No. of Drugs Provided	
		Total	Female	Total	Female
1					
2					
3					
4					
5					
6					
7	Education Staff (teaching and non-teaching)				
Grant Total					
% Drug Taken					

*Preschool, primary school, high school, regional pedagogical school, regional pedagogical school and teacher training

Note:

1. Provision of deworming drugs takes place in May and November every year
2. Health Center must supply deworming drugs to all educational institutions under its coverage at least 1 month before providing drugs to education staff and learners in every school

Date:.....

Health Center Chief's Signature and Seal

Province/Municipality.....
 Provincial/Municipal Department of
 Name of Operational District.....

Name of Health Center:.....
 Phone Contact:.....

Deworming Drugs Report for Factory/Enterprise Workers

Round.....Year 20.....

No.	Name of Factory/Enterprise	No. of Drugs Requested		No. of Drugs Provided	
		Total	Female	Total	Female
1					
2					
3					
4	Others				
Grant Total					
% Drug Taken					

Note:

1. Provision of deworming drugs takes place in May and November every year
2. Health Center must supply deworming drugs to all factories/enterprises under its coverage at least 1 month before providing drugs to female factory workers at those factories/enterprises

Date:.....

Health Center Chief 's Signature and Seal

Province/Municipality.....

Provincial/Municipal Department of

Name of Operational District.....

Name of Health Center:.....

Phone Contact:.....

Deworming Drugs Report for Community Target Groups

Round.....Year 20.....

No.	Target Groups	No. of Drugs Requested		No. of Drugs Provided	
		Total	Female	Total	Female
1	Children aged from 12 – 59 months old				
2	Children aged from 5 – 14 years old				
3	Women of Child Bearing from 15 – 49 years old				
4	Women from second trimester				
5	Women after delivery				
6	Others				
Grant Total					
% Drug Taken					

Note:

1. Provision of deworming drugs takes place in May and November every year
2. Health Center must supply deworming drugs enough for health center staff who carries out outreach activity and campaign

Date:.....

Health Center Chief's Signature and Seal

Annex 6

**Kingdom of Cambodia
Nation Religion King**

Province/Municipality.....
 Provincial/Municipal Department of Education, Youth and Sport
 District Office of Education.....
 Name of School.....

Name of Health Center to make Deworming Drug Request:.....
 Name of Health Center's Chief:.....
 Phone Contact:.....

Deworming Drugs Request for Student
 Round.....Year 20.....

No.	Grade	Total Number	Total Female
1	Grade.....		
2	Grade.....		
3	Grade.....		
4	Grade.....		
5	Grade.....		
6	Grade.....		
7	Education Staff (teaching and non-teaching		
8	Others (10%)		
Grand Total			

Note:

1. Provision of deworming drugs takes place in May and November every year
2. School directors must make deworming drug request to health center under their coverage at least 1 month before deworming campaign starts
3. This deworming drug request form is used for all education institutions ranging from preschool to high school

Date:.....

School Director's Signature and Seal

Phone Contact.....

Province/Municipality.....
 Provincial/Municipal Department of Education, Youth and Sport
 District Office of Education.....
 Name of School.....

Name of Health Center to make Deworming Drug Request:.....
 Name of Health Center's Chief:.....
 Phone Contact:.....

Deworming Drug Request for Teacher Trainees

Round.....Year 20.....

No.	Teacher Trainee and Education Staff	Total Number	Total Female
1	No. of Teacher Trainees Year 1		
2	No. of Teacher Trainees Year 2		
3	Education staff (teaching and non-teaching)		
4	Others (10%)		
Grand Total			

Note:

1. Provision of deworming drugs takes place in May and November every year
2. Educational institution directors must make deworming drug request to Health Center under their coverage at least 1 month before providing deworming drugs to their teacher trainees and education staff at their educational institutions

Date:.....

Director's Signature and Seal

Phone Contact.....

Annex 7

**Kingdom of Cambodia
Nation Religion King**

Province/Municipality.....

Provincial/Municipal Department of Education, Youth and Sport

District Office of Education.....

Name of School.....

Name of Health Center to make Deworming Drug Report:.....

Name of Health Center's Chief:.....

Phone Contact:.....

Deworming Drug Report for Student
Round.....Year 20.....

No.	Grade	No. of Drugs Requested		No. of Drugs Provided	
		Total	Female	Total	Female
1	Grade.....				
2	Grade.....				
3	Grade.....				
4	Grade.....				
5	Grade.....				
6	Grade.....				
7	Education staff				
8	Others				
Grand Total					
		% Drug Taken			

Note: School directors must make deworming drug consumption report to health center that the request was made and also to provincial/district department of education, youth and sport about the process of providing drugs no later than 1 week.

Date:.....

School Director's Signature and Seal

Phone Contact.....

Province/Municipality.....
 Provincial/Municipal Department of Education, Youth and Sport
 District Office of Education.....
 Name of School.....

Name of Health Center to make Deworming Drug Report:.....
 Name of Health Center's Chief:.....
 PhoneContact:.....

Deworming Drug Report for Teacher Trainees

Round.....Year 20.....

No.	Grade	No. of Drugs Requested		No. of Drugs Provided	
		Total	Female	Total	Female
1	Trainee Year 1				
2	Trainee Year 2				
3	Education Staff				
4	Others				
Grand Total					
		% Drug Taken			

Note: School directors must make deworming drug consumption report to Health Center to which the request was made and also to provincial/district department of education, youth and sport about the process of providing drugs no later than 1 week.

Date:.....

Director's Signature and Seal

Phone Contact.....

Annex 8

Kingdom of Cambodia
Nation Religion King

Province/Municipality.....

Department of Labour and Vocational Training

Name of Factory/Enterprise.....

Name of Health Center to make Deworming Drug Request:.....

Name of Health Center's Chief:.....

Phone Contact:.....

Deworming Drug Request for Factory/Enterprise Workers

Round.....Year 20.....

No.	Name of Factory/Enterprise	Total	Female
1			
2			
3			
4	Others (10%)		
Grand Total			

Note:

1. Provision of deworming drugs takes place in May and November every year
2. Factories/Enterprises must make deworming drug request to health center under their coverage at least 1 month before providing deworming drugs to female workers at their factories/enterprises

Date:.....

Director's Signature and Seal

Phone Contact.....

Annex 9

Kingdom of Cambodia
Nation Religion King

Province/Municipality.....

Department of Labour and Vocational Training

Name of Factory/Enterprise.....

Name of Health Center to make Deworming Drug Report:.....

Name of Health Center's Chief:.....

Phone Contact:.....

Deworming Drug Report for Factory/Enterprise Workers

Round.....Year 20.....

No.	Name of Factory/ Enterprise	No. of Drugs Requested		No. of Drugs Provided	
		Total	Female	Total	Female
1					
2					
3					
4	Others (10%)				
Grand Total					
% Drug Taken					

Note: Each factory/enterprise must make deworming drug consumption report to Health Center to which the request was made about the process of providing drugs no later than 1 week.

Date:.....

Director's Signature and Seal

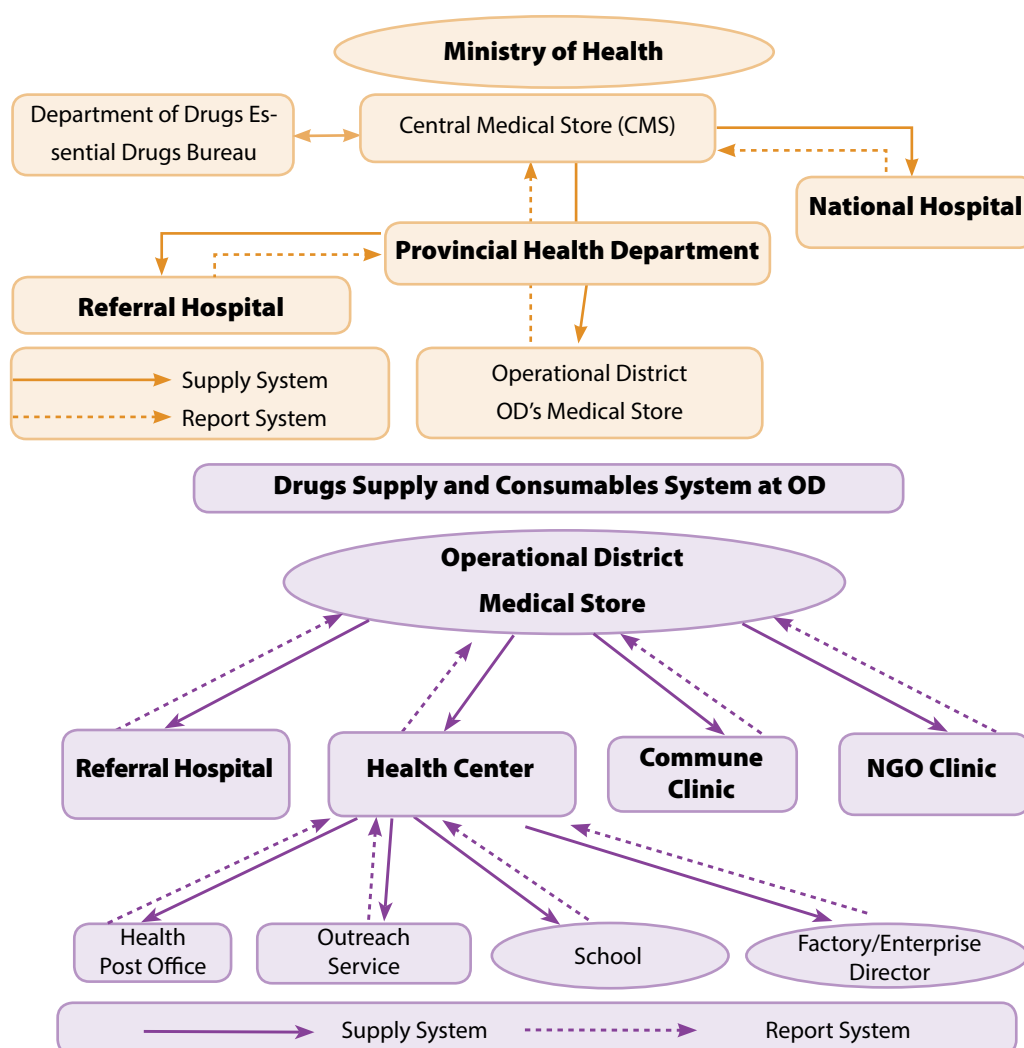
Phone Contact.....

Annex 10: Management and Distribution of Drugs and Consumables for Outreach Services

1. Benefits of outreach services or out-serviced drug use

- ❖ Reduce illness and mortality rates among children, pregnant women and women after delivery
- ❖ Campaign against communicable and other epidemic diseases
- ❖ Provide a broad health education message to remote population
- ❖ Increase the use of health center services through referral/health education/suggestion about the benefits of receiving consultation at the health center
- ❖ Communicate and build trust between communities and health center
- ❖ Follow up patients with long treatment (TB, Leprosy, HIV/AIDs), etc.
- ❖ Improve better health knowledge and drug use

2. Drugs supply and consumables system in Cambodia



3. Method to request for drugs and consumables for outreach and external services

- ❖ Timeline
- ❖ Request formula
- ❖ Responsibilities

A. Timeline to request for deworming drugs for the campaign to distribute Mebendazole500mg/Albendazole400mg to target groups in all provinces and municipalities throughout the country:

Deworming Program (Mebendazole500mg/Albendazole400mg) and Vitamin A are taking place two times per year in May and November for children aged 12-59 months, education staff, school learners and teacher training institution across the country aged 5 to 14 and Women of Child Bearing Age from 15 to 49 years old.

For May and November:

- ❖ Three groups of Operational District's Medical Store must submit drug report requesting drugs and consumables to Central Medical Store every quarter (from quarter one to four)
- ❖ Central Medical Store must supply drugs and consumables to Operational District's Medical Store every quarter (from quarter one to four)

B. Formula to request for drugs and consumables for external service submitted by Operational District to Central Medical Store:

B1. Formula to request drugs and consumables for use in health service

- ❖ Formula to request for drugs and consumables submitted by Operational District to Central Medical Store:
 - ❖ Quantity requested = 6 AMC - Balance + Quantity for External Service
- ❖ Formula to request for drugs and consumables submitted by Health Center to Operational District:
 - ❖ Quantity requested = 2 AMC - Balance + Quantity for External Service
- ❖ Formula to request for drugs and consumables for use in external service, outreach service and campaign:
 - ❖ Quantity requested = % target groups X total number of population X number of drugs to be distributed to one child or one woman

B2. Some examples to request drugs and consumables for use in health service

❖ **Mebendazole500mg/Albendazole400mg**

- Request for children aged 12-59 months: percentage = 8.4% Quantity requested = 8.4% X total number of population X number of drug for one person
- Request for children aged 2-14 years old: percentage = 31.3% Quantity requested = 31.3% X total number of population X number of drug for one person
- Request for children aged 6-14 years old: percentage = 25% Quantity requested = 25% X total number of population X number of drug for one person
- Request for Women of Child Bearing Age 15-49 years old: percentage = 22% Quantity requested = 22% X total number of population X number of drug for one person

❖ **Note:** Percentage of the target group is calculated based on percentage of each Operational District

B3. Request for drugs and consumables submitted by Health Center to Operational District:

Usually, report and request of drugs and medical consumables by Health Center to Operational District are made once a month – at the end of each month. However, report and request of deworming drugs or Campaign Day are exceptional and must be made on a timely basis and employ different formulas. *However, requests for the campaign must be made one month before.*

All the formulas stated above (request for drugs, medical consumables by Operational District to Central Medical Store and by Health Center to Operational District) already indicate percentage of target children aged 12-59 months old and 5-14 years old and Women of Child Bearing Age (including pregnant women in their second trimesters and women after delivery) aged 15-49 years old.

4. Responsibilities of Operational District Pharmacist

- ❖ Communicate with Provincial Program Director and relevant Operational Districts to discuss about the timeline for campaign implementation and quantity of drugs to be requested for each National Program in order to ensure that the requests are made accurately as planned



- ❖ Cooperate with Provincial Program Director to request for drugs in case of drug shortage during the campaign
- ❖ Provide follow-up and supervision to health center to instruct and review the drug and medical consumables management and distribution every month or quarter
- ❖ Participate in quarterly meeting with all National Programs at the Provincial Health Department in order to review the drug and medical consumables management and distribution, particularly for cases of stock or out of stock and also in problem solving and report in its hierarchy

5. Responsibilities of Health Center's Chief and Store Keeper

- ❖ Allowed to take drugs for distribution during the Health Center's outreach activity or campaign (loan) and compensate all the quantities on loan after the activity ends (or once a month), and must complete the Drugs and Consumables Consumption Report for outreach service (sample available)
- ❖ Other documents instructed by National Programs are retained for implementation without any correction
- ❖ Complete the Monthly Drugs and Consumables Consumption Report and send to Operational District, making sure that all the requests include quantities used for external services, which are recorded in different part of the report

Annex 11: Safety Assurance of the Preventive treatment intervention Using Drugs for NTD Control

➤ Questions directed to NTD Program Manager:

- Have you tried to find or found information related to Adverse Drug Reaction (ADR) which may happen during treatment or intervention?
- What are the measures you have implemented to control Adverse Drug Reaction (ADR) during treatment or intervention?
- Have you assigned staff for serious Adverse Drug Reaction (ADR) before treatment or intervention?
- Is there any effective training from national to community levels to control all levels of adverse events?
- How will the communities be informed about minimal risk and many health benefits from drug use?

➤ Realistic advice for National Program Manager on the Protection and Determination of Identity and Management of Serious Adverse Event (SAE):

- Actual problems of Safety Monitoring System for the Preventive treatment intervention using Drug

1. Types of Adverse Events (AEs)

- Adverse Drug Reaction: there is no or little reaction by drugs directly used for the intervention, which is unidentifiable
- Adverse Drug Reaction resulting from using deworming drugs from the intestine, the consequence depends on the drug activity
- Error: error and danger in treatment procedure, transportation or production of drugs, the holding of drugs, or the taking of drugs by a small group of people, can be rarely found but can be protected
- Simultaneous events: events not related to drugs or treatment procedures using various drugs, but these events are temporarily related to a preventive treatment intervention, which can be rarely found but can be controlled
- Causes of adverse events cannot be found (unidentifiable)



2. Opportunity to Get Work Done and Scope of Work:

- Drugs provided to healthy people or patients taking drugs without proper diagnosis or without clinical assessment
 - Intervention not only relies on health system, but also involves community leaders, teachers, NGOs and others who are not related or do not have experience in health system
 - No skill about patient's health required
 - Follow-up and evaluation requires understanding of large-scale intervention, assessment of simultaneous events, and determination of inter-identities and correction of error
 - Poor management of serious events may lead to rejection of participation from communities in treatment strategy using drugs entirely and hinder the public health achievement goals
- An error occurred in country A, where two children choked with drugs B while taking them. The event caused shock and anger in the affected community and claim against other preventive interventions including vaccination. After follow-up, it was found out that a village volunteer trained to distribute drugs was falling ill and could not work to distribute drugs to children. A villager, who was not trained nor participated in this similar activity, volunteered to distribute drugs and forced children to take drugs not considering that there were children who were not eligible to take those drugs
 - Such event may happen everywhere. Consider 1 million children aged 4-15 years old are receiving treatment during a very big campaign and mortality rate index is 3 out of 1000 per year. It is expected that in one month's time after the campaign, 250 people may die and approximately 8 people will die on the day they take drugs (taking into account that the dead people receive treatment at the same day), events happening simultaneously. These cases of death relate to the history of this big preventive treatment intervention although the relation is not entirely covered.

Oftentimes, events happening at the same time are not related to preventive treatment intervention at all, and if there is no thorough investigation, the victim's relatives of community members may put a serious blame on this intervention as it happened for a short time, and especially if the victim's health condition has been bad. Follow-up is important in a sense that Program Manager can respond to the community's concerns, abolish all public fears, maintain trust, and keep confidentiality of preventive treatment intervention using drugs.

In a small town of country C, there was a child aged 10 years old, diagnosed with serious nerve, and died two days after taking drug D at school. Drug D could cause symptom which was found on the child. The child's parents and community considered that such death was caused by drug D. After investigation, it was found out that the child had symptom of nerve based on two reasons a few months back before the big campaign took place, also that the child did not go to school on the day other children were taking drugs.

➤ **Strategy to manage serious adverse events:**

- Communicate information regarding serious events
- Prepare intervention for proper serious events: serious events cannot be avoided, and require that follow-up of safe drugs is included in the preventive treatment intervention using drugs, create, prepare and manage intervention in a way that events that pose community's concern are followed up closely. Lessons are heard and feedbacks are provided to affected communities
- Treat the victims: symptoms of events in preventive treatment using abnormal drugs will not require abnormal treatment. However, preparation must be in place and instruction provided

➤ **Response to Serious Events:**

1. Care: health staff at all levels must be informed of how to handle minor events. National Program Manager should prepare a special instruction to health staff to be prepared for treat or referring patients suffering from serious events and ready to report those events
2. Ensure that the community recognizes or understands the reality of side effect
3. Communicate with community
4. Communicate with media
5. Solve problems that were not foreseen

➤ **Reporting the Events:**

1. What kinds of events to be reported?

Unless it is under National Policy or to the least extent any death, receiving treatment at the hospital, or serious abnormal events that health staff or the public believes that it is related to drug use during the preventive treatment campaign using drugs and cause concerns among affected communities

2. Who should do reporting?

- Health staff and other staff who distributed drugs during various campaigns
- Health staff that provided treatment when the adverse events take place in the local health coverage (regardless of its kinds or levels)
- Relatives/Parents who report the events which affect their family members
- Clinical researchers or researchers

3. When to do reporting?

Serious adverse events or concerns in the communities must be reported as soon as possible in order for immediate decision for action and follow-up.

4. How to do reporting?

By using report form of Adverse Drug Reaction prepared by Cambodian Pharmacovigilance Center of Department of Drugs and Food of Ministry of Health or by calling Cambodian Pharmacovigilance Center is a good choice for outreach staff. The report method is easy but must cover all aspects.

5. How to handle incomplete reporting?

Making a report is an obstacle when it needs to solve problems for the intervention. Below are points to consider with caution:

- Increase importance and benefit of reporting
- Ensure understanding of appropriate reporting system, make it convenient, especially for cases where staff is not sure of the relationship of the adverse events
- Stress that investigation aims to solve problems not to put a blame any staff
- Ensure that external staff is related to the investigation and responds to the events
- Provide positive feedbacks about reporting

External staff plays a very important role to ensure the making of report and a real process of safe follow-up system.

➤ Monitoring serious adverse events reported:

1. Which report to be monitored?

If it is not under National Policy, serious events reported must be monitored if:

- it is caused by error (ex: death)
- it is on the monitoring list

- it is serious event with no causes
- cause or may create fears and concerns among communities

2. Who should conduct monitoring?

Especially those who are trained and have monitoring resources at the provinces/ municipalities where drugs were distributed during the campaign

3. When to conduct monitoring?

Establish criteria and timeline to start monitoring based on level of urgency (ex: urgent monitoring must start within two working days of the decision). The monitoring action must start immediately after decision.

4. How to conduct monitoring?

Quickly and completely review the events directly and collect information from the victims (if possible), their relatives, health staff, supervisor, and community members. Work on the problems rather than putting blame on staff. Error creates a lesson and system which encourage cover-up of the error, leading to many more errors.

5. Main points of monitoring?

- Confirm information in the report provided and fill extra information (if possible)
- Check if one case falls under other cases for the same monitoring and collect and verify basic information for each case
 - Age, sex, residence
 - Family background
 - Current clinical points (ex: symptoms and signals after laboratory result and diagnosis, treatment, etc.)
 - Types of events, description of living condition is so important that it should be included in the National Guideline about the reporting and defining specific monitoring timeline, the day symptoms appear, timeline or protection of clinical symptoms
 - Patient's history (previous drug consumption, allergic reaction to vaccination or to previous drugs, previous nervous problems, recent or current drug uses, etc.)
 - History of preventive treatment using drugs, latest or previous dates of consuming drugs, if possible, dosage, type of previous reaction (if available)

- In case of death, make complete autopsy report (or the reason of no reporting), inspection of toxic substances and the source of disease
- Direct monitoring at the preventive treatment area:
 - Drug storage place to see how drugs are stored and if there is presence of other things (ex: a box is placed next to the drug box, which can easily be confused) and other drugs are stored in one place
 - Which one is the original box or a box with sign that cannot be read
 - Ask for treatment method or how to use drug, or how the dosage is calculated, how is the water used to take drug and how to examine it?
 - Is the open box clean? Physical environment is consistent with taking drug or not?
 - Is there a record or duty to record drug received and used for the campaign?
 - Is there any new guideline about the holding of drug and treatment?
 - Information about staff training (the training covered the skills?)
 - Does the number of people to receive treatment exceed the normal number?
- Collect information about suspected drugs and take sample drugs (preferably take drugs from the box and box of suspected drugs)
 - Name, lot number, expiry date
 - Describe abnormal physical appearance (drugs broken, abnormal drug shapes/ colors)
 - Drug transportation condition, current drug storage, storing drugs before arrival at the treatment area, source of drugs (imported from where, who delivered drugs for treatment, and how was the delivery conducted)
 - Prepare list of drugs received and used with the same lot numbers
- Collect information about clinical condition of suspected Adverse Drug Reaction at the same treatment area, other areas and those who did not receive treatment
 - Who received drugs (same lot number) and got infected?
 - Who received drugs (different lot number) and got infected?
 - Who else are ill but did not receive treatment using the same drugs (check clinical condition) if yes, did they take other drugs before receiving treatment and is the purpose of taking drug is to treat illness among population using drugs with the same lot number at the same time (at the same or different places)
 - Number of population who did not receive treatment (at the same or different places)

- Establish formula and hypothesis about the causes of the event
- Test the hypothesis to make sure it is correct for all cases, disseminate and confirm with laboratory test (if applicable)
- Conclusion and monitoring:
 - Reach conclusion about the causes of events
 - Complete the monitoring event form
 - Take corrective measures and provide recommendation for other activities

It is necessary to compare information of all cases with prevalence of the same clinical disease and receive treatment among a group of population monitored and also population who did not receive the same treatment (before treatment). If this comparison method is not made, causes of events cannot be identified (if it is not a case of error).

➤ Establishment of monitoring safety of treatment using drugs:

An effective monitoring safety requires cooperation between National NTD Program and Cambodian Pharmacovigilance of Department of Drugs, Food and Cosmetics.

No pre-established model: the best monitoring system is one that reveals the best result for appropriate action in response to serious drug side effect report.

- Determine realistic objectives:

Possible objectives of monitoring safety of treatment using drugs

 - Find out, correct and prevent error
 - Determine identity of abnormal high rate of adverse events with drug specific names and lot numbers
 - Ensure that events happening at the same time are not the fault of preventive treatment using drugs
 - Keep confidentiality of preventive treatment using drugs with appropriate response to the community's concerns about drug safety while increasing understanding of drug benefits and risks
 - Establish new data and hypothesis of drug side effect
 - Support health profession for improved experiences and skills in this sector
 - Compare the effect rates with different places and populations
 - Ensure systematic monitoring on specific population such as pregnant women or Women of Child Bearing Age

➤ Key steps for safety monitoring system

- Confirm different roles of pharmaceutical authorities, Pharmacovigilance Center and NTD Program and the overall goal and clear objectives of safety monitoring system
- Note the available and needed sources and establish the political will for monitoring safety of prevention treatment using drugs
- Assign regional or national evaluator for monitoring safety of preventive treatment using drugs
- Establish committee for monitoring safety of preventive treatment using drugs
- Create and disseminate list of adverse events reported and their clinical diseases, procedures for standard monitoring and adverse event report and monitoring form
- Assign and provide training to staff at an appropriate level to ensure reporting, completion of report, and monitoring of adverse events
- Inform all health staffs about the urgent need of reporting adverse events and what to be reported
- Consider establishing a clear compensation plan about the adverse events

Annex 12: Adverse Drug Reaction Report

ក្រសួងសុខាភិបាល

នាយកដ្ឋានឱសថ ចំណីអាហារ បរិក្ខារពេទ្យ
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suyamami (សំដាត់ប្រយោជន៍)

របាយការណ៍ស្តីអំពីប្រតិកម្មខ្លាំងរបស់ឱសថ ADVERSE DRUG REACTION REPORT

ព័ត៌មានអ្នកជំងឺ / PATIENT INFORMATION					
ឈ្មោះ/Full Name: ភេទ/Sex: <input type="checkbox"/> ស្រី/F <input type="checkbox"/> ប្រុស/M អាយុ/ Age :(ឆ្នាំ/Y) ទម្ងន់/Weight:(Kg)					
មានផ្ទៃពោះ/Pregnancy: <input type="checkbox"/> គ្មាន/No <input type="checkbox"/> មាន/Yes (ខែទី/In which month:) ទូរស័ព្ទទំនាក់ទំនង/Telephone:					
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អ្នកដទៃទៀត/Others:					
ទូរស័ព្ទ/Telephone:					

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ថ្ងៃមេដឹក:.....
អ្នកទទួល:.....

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លោកអ្នកមិនចាំបាច់ប្រាកដទេ បើសង្ស័យសូមរាយការណ៍
You need not be certain just be suspicious
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Information supplied by you will contribute to the improvement of drug safety in Cambodia
សូមបំពេញបើយើងរួចរាល់ / Once completed please send to: #151 - 153 , Avenue Kampuchea Krom , Phnom Penh
ប្រតិបត្តិការ: ទូរស័ព្ទ/Fax: (023) 990 499, Email: pv.center@ezecom.com.kh
ព័ត៌មានបន្ថែមលោកអ្នកអាចចូលទៅកាន់វិបសាយ www.ddfcambodia.com

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 identities of the reporter and patient, will remain confidential.

គេឃើញ៖ ត្រូវរាយការណ៍/WHAT TO REPORT:

ប្រតិកម្មខ្លាំងរបស់ឱសថគឺជា ការឆ្លើយតបរបស់សរីរាង្គកាយទៅកាន់ឱសថដែល
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 Adverse Drug Reaction (ADR) is defined as a reaction that is noxious
 and unintended, and occurs at doses normally use in man for
 prophylaxis, diagnosis or treatment of a disease, or for modification of
 physiological function.

សូមរាយការណ៍គ្រប់ប្រតិកម្មខ្លាំងទាំងឡាយដែលកើតមានក្នុងអំឡុងពេល
 ប្រើប្រាស់ឱសថជាសីលសនៅពេលដែលអ្នកជំងឺជួបប្រទះនឹងបញ្ហាធ្ងន់ធ្ងរ និងត្រូវ
 ការអន្តរាគមន៍ពីគ្រូពេទ្យដើម្បីការពារពិការភាព ឬ ការខូចខាតណាមួយដូចជា ៖
 ស្លាប់ អាចរំលាយកំហែងដល់ជីវិត ចូលសំណាកក្នុងបន្ទីរពេទ្យ ពិការភាព គ្រោះថ្នាក់
 ដល់ទារកពេលចាប់កំណើន/Report all suspected adverse experiences
 with medications, especially those where the patient outcome is
 serious and requires intervention to prevent permanent impairment or
 damage such as death, life-threatening (real risk of dying),
 hospitalization, disability (significant, persistent or permanent),
 congenital anomaly.

សូមរាយការណ៍ទោះបីជាពេលកម្រក៏ដោយប្រាកដថាប្រតិកម្មខ្លាំងបង្កឡើង
 ដោយសារឱសថ និងមិនមានព័ត៌មានលំអិតក៏ដោយ/ Report even if you are
 not certain if the drug caused the reaction and you do not have all the
 details.

គេអ្នកណាខ្លះអាចរាយការណ៍បាន/WHO CAN REPORT

គ្រប់បុគ្គលិកសុខាភិបាលទាំងអស់ដូចជា វេជ្ជបណ្ឌិត មន្ត្រីបណ្ឌិត ឱសថការី
 គិលេសបណ្ឌិត រួមទាំងអ្នកជំងឺខ្លួនឯងផ្ទាល់/All healthcare professionals
 (clinicians, dentists, pharmacists, nurses, etc) are encouraged to
 report and patient can as well on their own or through a health care
 provider.

គេមានអ្វី៖ គេក៏ដឹងចំពោះព័ត៌មានដែលបានរាយការណ៍/

WHAT HAPPENS TO THE INFORMATION ONCE IT IS SUBMITTED
 គ្រប់ព័ត៌មានដែលទទួលបានត្រូវរក្សាទុកជាការសំងាត់។ មណ្ឌលព័ត៌មានឱសថនឹង
 ធ្វើការវិភាគវាយតម្លៃទៅលើព័ត៌មានទាំងនោះ។ ទិន្នន័យទាំងអស់នឹងត្រូវប្រើ
 ប្រាស់ជាប្រចាំដើម្បីពិនិត្យឡើងវិញ ដើម្បីស្នើសុំអន្តរាគមន៍ពីក្រសួងសុខាភិបាល
 នៅពេលចាំបាច់ដូចជាការប្រកាសជូនដំណឹងអំពីចក្ខុវិស័យឱសថដែលអាចមាន
 បញ្ហា ឬក៏ប្រកាសប្រមូលព័ត៌មានក្នុងករណីធ្ងន់ធ្ងរ ហើយទិន្នន័យទាំងនោះត្រូវស្នើ
 ទៅមជ្ឈមណ្ឌលត្រួតពិនិត្យតាមដានការប្រើប្រាស់ឱសថរបស់អង្គការសុខភាព
 ពិភពលោកដែលស្ថិតក្នុងប្រទេសស៊ុយអែតផងដែរ / All information submitted
 is handled in strict confidence. The Cambodian Pharmacovigilance
 Center will assess causality and statistical analysis on each form.
 Data will periodically be reviewed and used to make necessary
 interventions by the ministry of health for example alerts about a
 particular medicine maybe circulated or even withdrawn from the
 market in serious cases. Data will also be submitted periodically to
 the Uppsala Monitoring Centre - the WHO Collaborating Center for
 International Drug Monitoring in Sweden.

គេត្រូវរាយការណ៍នៅទីណា/WHERE TO REPORT:

នៅពេលដែលលោកអ្នកចំពេញទម្រង់បែបបទរាយការណ៍នេះហើយ សូមផ្ញើមក
 មណ្ឌលព័ត៌មានឱសថតាមរយៈអាសយដ្ឋានខាងក្រោម៖

មណ្ឌលព័ត៌មានឱសថ
 រោងចក្រឱសថ តំណែងហាម វេត្យាល័យ និងគ្រឿងសំរោង
 អាគារលេខ 151-153 ព្រៃវិទ្យាមុជាក្រោម ភ្នំពេញ
 ទូរស័ព្ទ-ទូរសារ: 0២៣ ៩៩ 0៤ ៩៩ ឬតាមអ៊ីមែល pv.center@ezeecom.com.kh
 After completing this form, please send it to the following address:
Cambodian Pharmacovigilance Center
 #151-153 Kampuchea Krom Blvd Phnom Penh
 Tel/Fax: 023 990499 or by e-mail: pv.center@ezeecom.com.kh

You Need not be CERTAIN... Just be suspicious ... Anyone can and should report!

សូមចងចាំថា!!
 លោកអ្នកមិនចាំបាច់
 ប្រាកដថាជាប្រតិកម្មខ្លាំង
 បង្កដោយឱសថទេ គ្រាន់តែ
 សង្ស័យក៏អាចរាយការណ៍

ចំណាយពេល 5 នាទីដ៏មានតំលៃរបស់លោកអ្នក **Your 5 Minutes**
អាចជួយធានានូវ សុវត្ថិភាព ក្នុង
 ការប្រើប្រាស់ ឱសថនៅប្រទេសកម្ពុជា និង អាច
 ជួយសង្គ្រោះជីវិតមនុស្សរោងជំងឺ
ដុតពីគ្រោះថ្នាក់ដោយសារឱសថ
Can Ensure Safer Medicine in Cambodia

Annex 13: List of Participants Contributed to the Summarized Guideline

No.	Full Names	Titles	Institutions
1	Dr. Chhar Meng Chuor	Director	Center for Malaria Control, Parasitology and Entomology, Ministry of Health
2	Dr. Muth Sinuon	Deputy Director	Center for Malaria Control, Parasitology and Entomology, Ministry of Health
3	Dr. Khieu Virak	Chief of Helminth Unit	Center for Malaria Control, Parasitology and Entomology, Ministry of Health
4	Ph. Ngov Vann Thorn	Chief of Pharmacy Unit	Center for Malaria Control, Parasitology and Entomology, Ministry of Health
5	Ph. Ouk Rada	Vice-Chief of Pharmacy Unit	Center for Malaria Control, Parasitology and Entomology, Ministry of Health
6	Mrs. Soeur Sothea	Official of Pharmacy Unit	Center for Malaria Control, Parasitology and Entomology, Ministry of Health
7	Dr. Yung Kunthearith	Deputy Director	School Health Department, Ministry of Education, Youth and Sport
8	Dr. So Chhavyrath	Office Chief	School Health Department, Ministry of Education, Youth and Sport
9	Mrs. Sar Horn	Office Vice Chief	School Health Department, Ministry of Education, Youth and Sport
10	Dent. Slat Chenda	Office Vice Chief	School Health Department, Ministry of Education, Youth and Sport
11	Mrs. Hun Zer Dila	Official	School Health Department, Ministry of Education, Youth and Sport
12	Ph. Yang Daravuth	Deputy Director	Department of Drugs, Food and Cosmetics, Ministry of Health



13	Ph. Sea Thol	Deputy Chief of Essential Drugs Bureau	Department of Drugs, Food and Cosmetics, Ministry of Health
14	Ph. Chhean Thorn Vuthy	Chief of Pharmavigilance Center	Department of Drugs, Food and Cosmetics, Ministry of Health
15	Ph. Sek Bunnang	Official	Department of Drugs, Food and Cosmetics, Ministry of Health
16	Ph. Vann Mony	Official	Department of Drugs, Food and Cosmetics, Ministry of Health
17	Ph. Chea Dok	Official	Department of Drugs, Food and Cosmetics, Ministry of Health
18	Dr. Reach Rattana	Deputy Director of National Nutrition Program	National Center for Maternal and Child Health, Ministry of Health
19	Dr. Yong Sonary	Official	National Center for Maternal and Child Health, Ministry of Health
20	Dr. Kong Vanly	Official	National Center for Maternal and Child Health, Ministry of Health
21	Mr. Touch Dara	Official	National Center for Maternal and Child Health, Ministry of Health
22	Dr. Keo Ny	Official	National Center for Maternal and Child Health, Ministry of Health
23	Ph. Chea Chhiv Srong	Director	Central Medical Store, Ministry of Health
24	Ph. Thorn Khaily	Deputy Director	Central Medical Store, Ministry of Health
25	Mr. Bun Saren	Chief of Technical Office	Central Medical Store, Ministry of Health
26	Ph. Phuong Reaksmeay	Vice Chief of Technical Office	Central Medical Store, Ministry of Health
27	Ph. Seng Krorpum	Official	Central Medical Store, Ministry of Health

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