KHANA
អង្គការសម្ព័ន្ធភាពខ្មែរប្រយុទ្ធនឹងជំងឺអេដស៍
Khmer HIV/AIDS NGO Alliance

Integrated Care and Prevention (ICP)

Presented by
Dr. Kong Sopheap

at the

First Phnom Penh Symposium on HIV Medicine

14-15 September, 2006

KHANA
អង្គការសម្ព័ន្ធភាពខ្មែរប្រយុទ្ធនឹងជំងឺអេដស៍
Khmer HIV/AIDS NGO Alliance

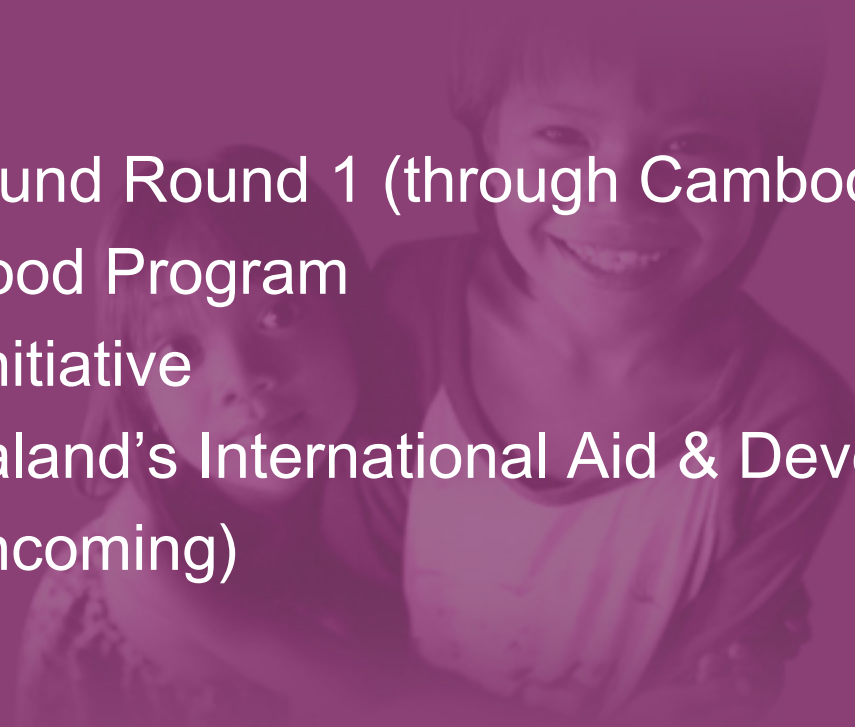
Background

- KHANA is a linking organization of the International HIV/AIDS Alliance (UK)
- 1996: KHANA was established
- 1998: KHANA became Cambodia's first HIV/AIDS Home Care Program
- 1999: KHANA was localized
- 2002 KHANA had 39 NGO partners
- 2006 KHANA has 61 NGO/CBO ICP partners functioning and 67 HCT functioning in 17 target Provinces

KHANA
Khmer HIV/AIDS NGO Alliance

Donors

- USAID
- Global Fund Round 1 (through Cambodian MoH)
- World Food Program
- CORE Initiative
- New Zealand's International Aid & Development Agency
- EU (forthcoming)



Goal

To contribute towards improvements in the quality of life of people living with HIV/AIDS (PLWHA), and to reduce the vulnerability and mitigate the impact of HIV/AIDS on Orphans and Vulnerable Children (OVC) through targeted interventions.

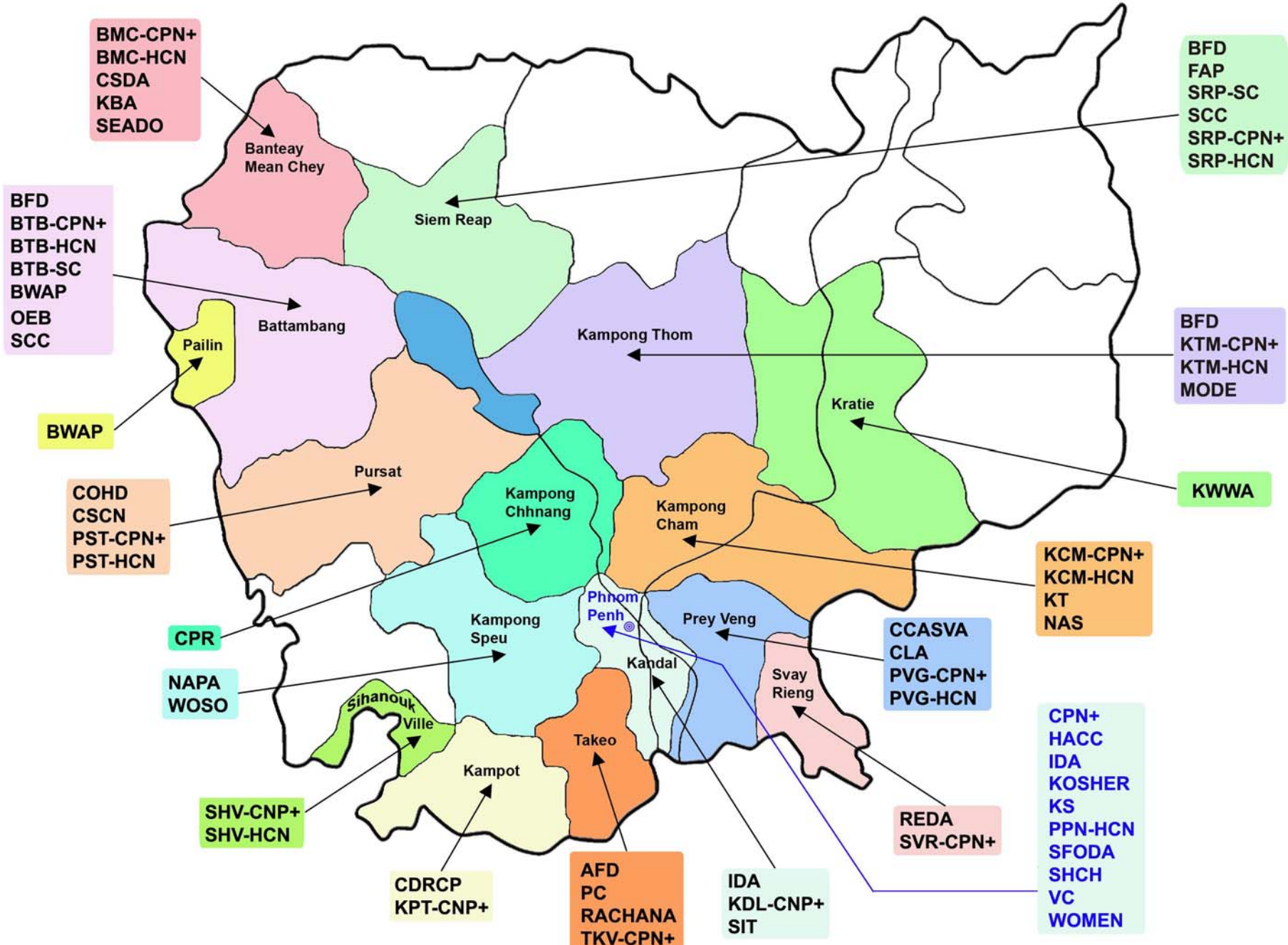
Objectives

1. To provide social and socio-economic support to PLHA, OVC, their families or extended families, including supporting access to education, income generation opportunities, health care, alternative family care and other activities.

2. To facilitate access to HIV care and treatment for PLHA and children living with HIV.

3. To reduce stigma and discrimination of PLHA and children living with, and affected by, HIV/AIDS.

KHANA'S PARTNERS 2006



KHANA
Khmer HIV/AIDS NGO Alliance

ICP Coverage

Communes	320
Villages	2,108
HCT	67
Provincial CPN+	12
Provincial HCN	10
PLHA	9,856
PLHA on ARV	2,998
PHLA referred to health services	23,310
OVC	13,274

KHANA
Khmer HIV/AIDS NGO Alliance

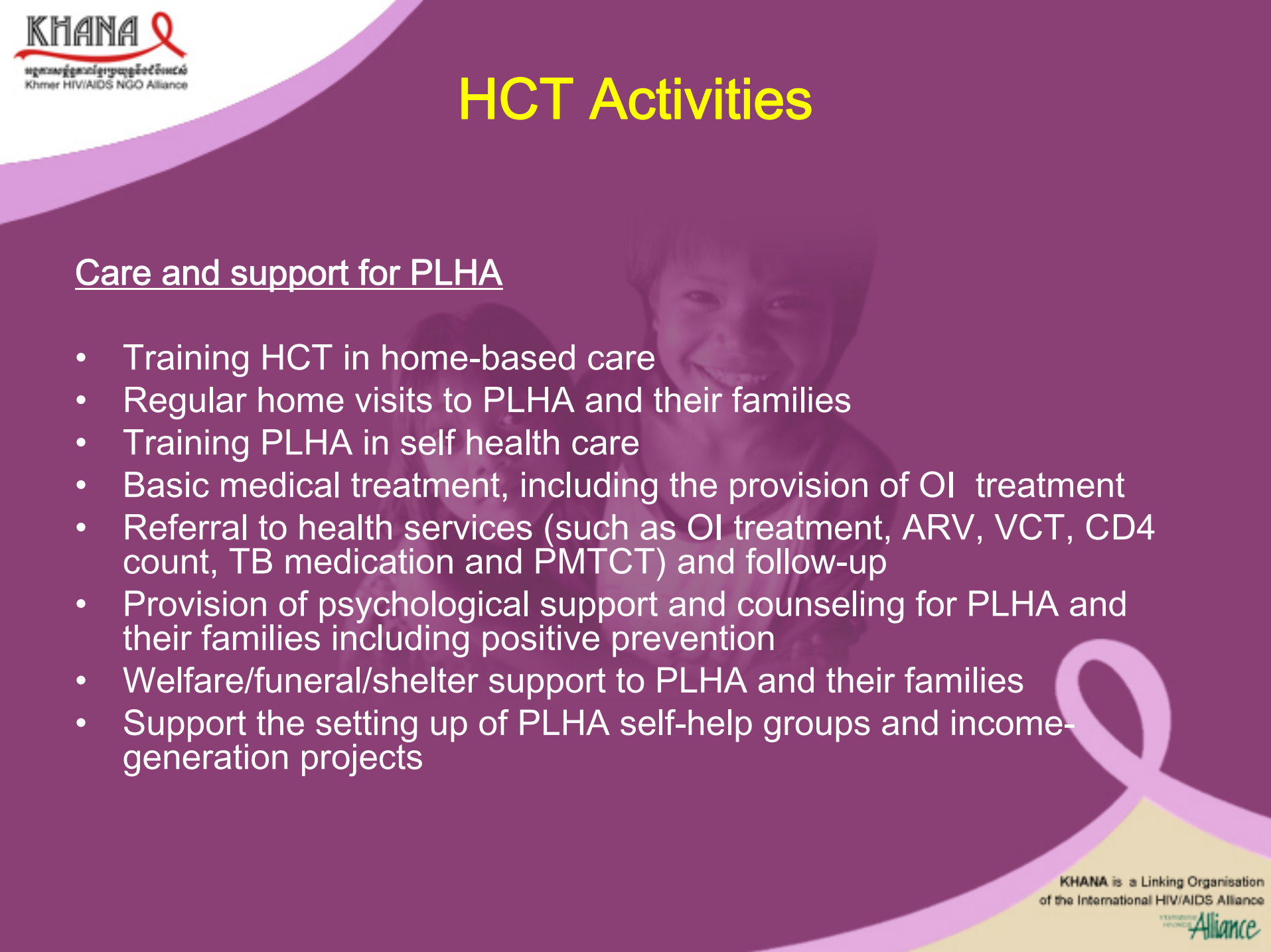
Main Activities

- Provide grants to partners and HCT
- Scale-up home-based care for PLHA and OVC
- Improve the quality of home-based care
- Strengthen provincial home care network activities
- Strengthen provincial CPN+ activities
- Build capacity of NGO/CBO partners
- Provide regular technical support visits
- Advocate for PLHA and OVC rights
- Evaluate project activities

KHANA
Khmer HIV/AIDS NGO Alliance

Home Care Team Structure

HCT Activities



Care and support for PLHA

- Training HCT in home-based care
- Regular home visits to PLHA and their families
- Training PLHA in self health care
- Basic medical treatment, including the provision of OI treatment
- Referral to health services (such as OI treatment, ARV, VCT, CD4 count, TB medication and PMTCT) and follow-up
- Provision of psychological support and counseling for PLHA and their families including positive prevention
- Welfare/funeral/shelter support to PLHA and their families
- Support the setting up of PLHA self-help groups and income-generation projects

HCT Activities

Care and support for OVC

- Training to support OVC
- Training OVC and care-givers in self health care
- Regular home visits to OVC and their families
- Basic medical treatment, including the provision of OI treatment
- Referral to health services (such as OI treatment, ARV, VCT, CD4 count, TB medication) and follow-up
- Provision of psychological support and counseling for OVC and their families
- Welfare/funeral/shelter support to OVC and their families
- Support school attendance facilitation (e.g. negotiate school fee exemption) and support OVC in school with provision of uniform and materials
- Facilitate foster care for OVC
- Conduct and support Happy Happy programs for OVC
- Support the setting up of OVC self-help groups and IGA

HCT Activities

Prevention

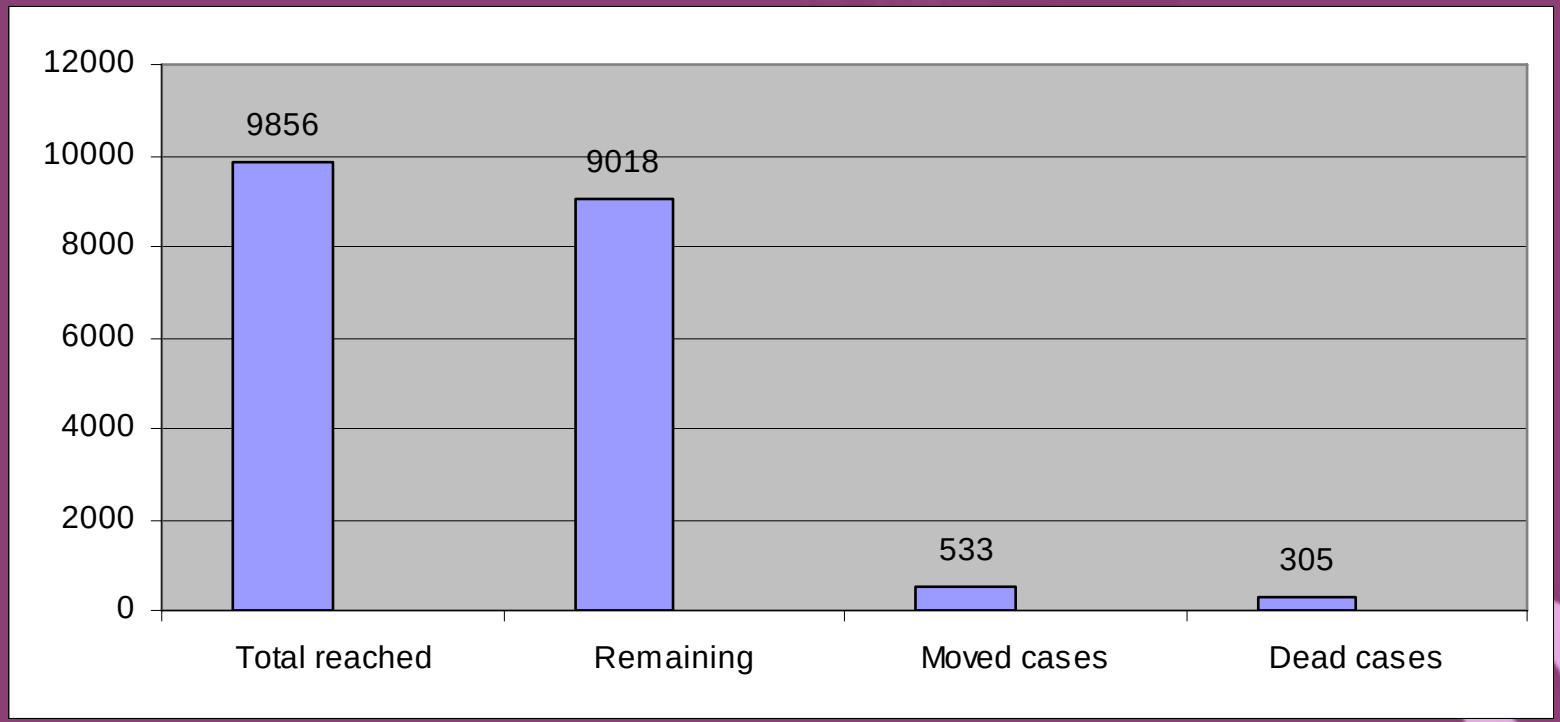
- Organise community education events on prevention
- Prevention information and services to households (e.g. condoms, referral to VCT/STI services, negative counselling) and to the community
- Prevention education aimed at OVC
- Positive prevention education for PLHA: to promote healthy reproductive health options
- IEC materials distribution at community level

KHANA
Khmer HIV/AIDS NGO Alliance

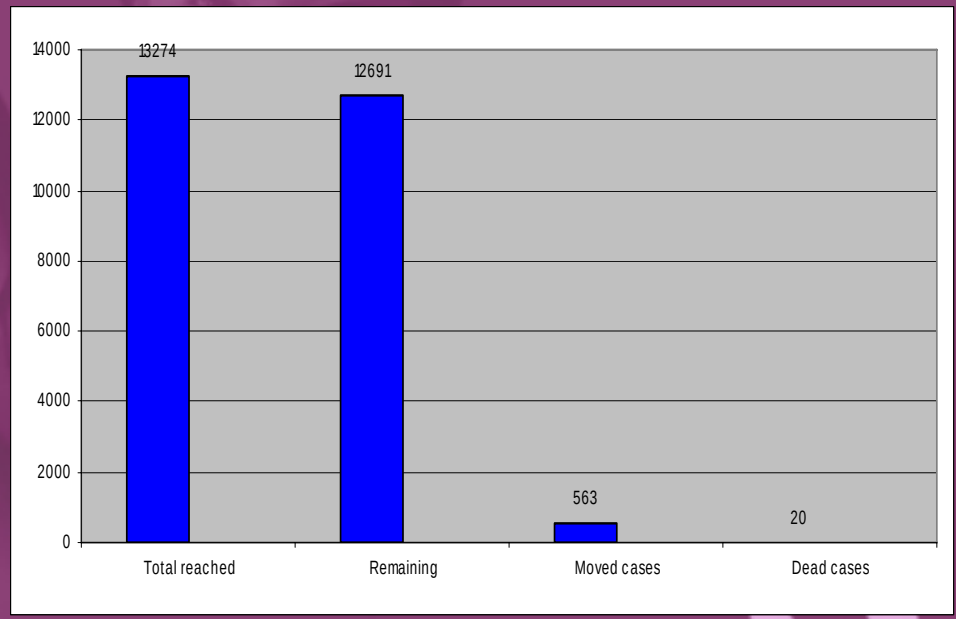
Growth of ICP program from 2000-2006

Indicators	2000	2001	2002	2003	2004	2005	2006
Care and Support for PLHA and OVC							
● PLHA	1065	2132	3262	4166	5011	8841	9856
● OVC	1508	2476	3860	5749	7252	11963	13274
● OVC attending school	310	365	680	1259	1931	5215	3042
● OVC supported to have foster care	186	240	392	474	1438	1490	888
Referral to health services							
● VCCT			1650	2574	2104	2359	3508
● STI				2395	1989	2438	1612
● TB			785	2395	1300	1128	2231
● ARV referred					1489	3716	7226
● ARV received					649	2062	2998
Income generation					440	2980	2500

Care and Support to PLHA Jan-June 2006



Care and Support for OVC Jan-June 2006



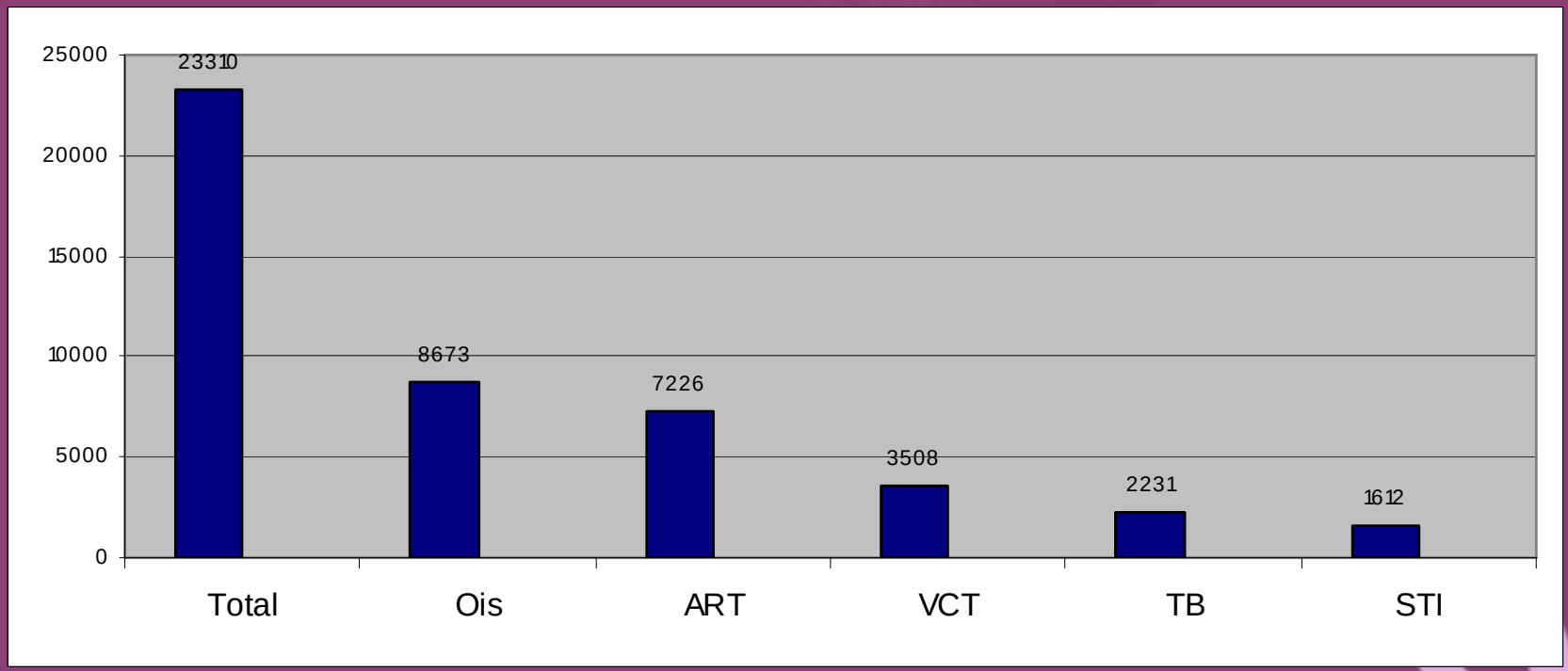
ART and Nutrition Support

PLHA & OVC households receive WFP support	8420
PLHA receive ART through facilitation of HCT	2998
Children receive ART through facilitation of HCT	336

Provision of HIV/AIDS Awareness to PLHA and Communities Jan-June 2006

OVC & Youth	21,853
PLHA	8,703
Married couples	25,668
General population through community events	49,829
Total	106,053

Cases Referred to Health Services Jan-June 2006



Achievements of Provincial Home Care Networks

10 Provincial HCN functioning

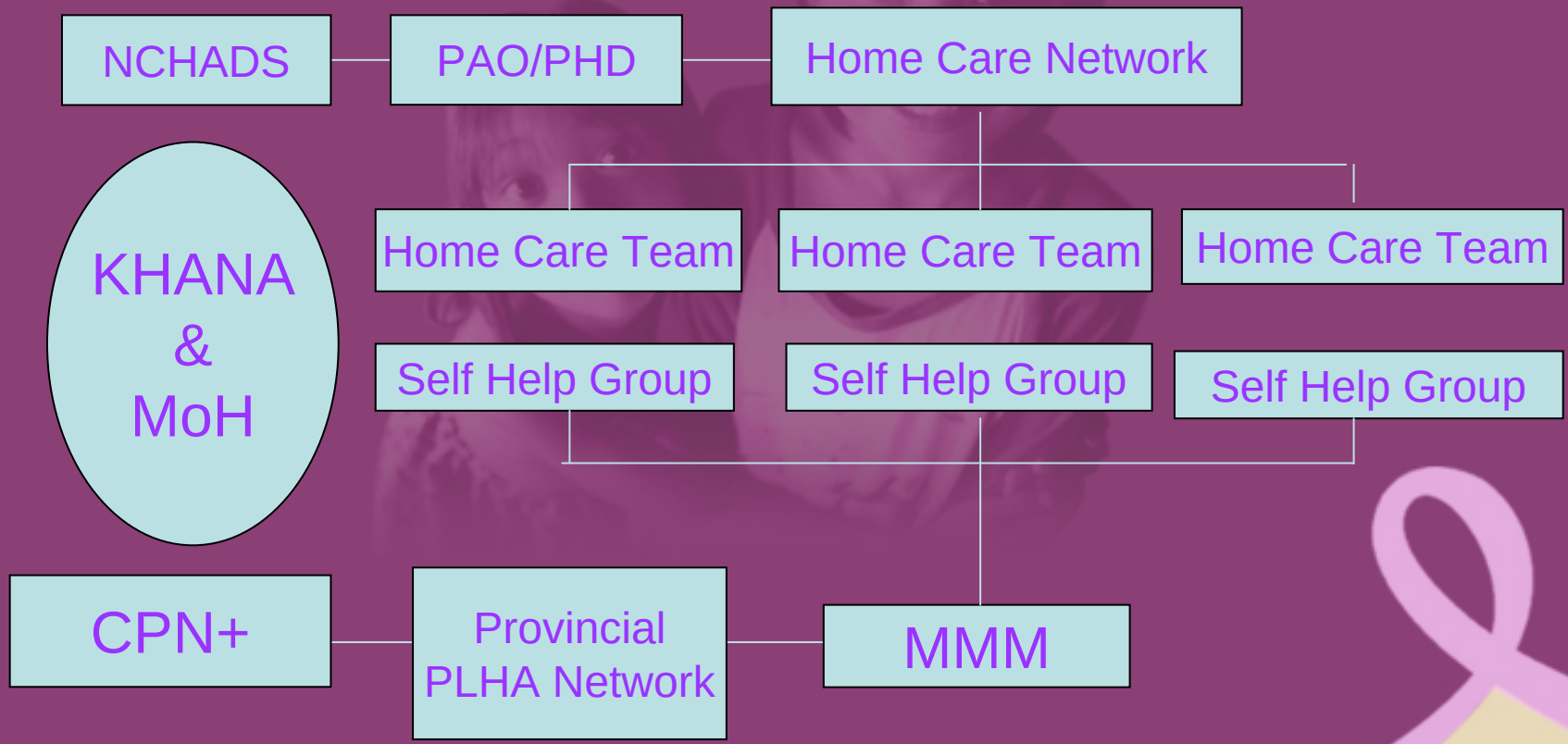
- Provincial level coordination meetings for HCT each quarter
- Refresher trainings on home-based care each semester
- Regular monitoring visits to HCT
- Problem solving meetings related to HCT implementation activities each quarter

Achievements of Provincial CPN+

12 Provincial CPN+ functioning

- Quarterly coordination meetings for supporting PLHA
- 537 PLHA self-help groups functioning with 6569 member
- Regular advocacy activities to promote PLHA rights

Linkage of HCT, HCN and PLHA Networks



Capacity Building

- 125 TSV conducted each year
- Training workshops on organizational development, project management, home based care, income generation and financial management for staff and NGO partners
- 1726 families supported with small businesses
- ToT for HCT so they can raise the capacity of more than 850 PLHA, monks and community members to work as peer educators and raise awareness.

Monitoring and Evaluation

KHANA level

- Regular TSV
- Mid-Term Review & Final Evaluation
- Quarterly reports from all partners in database

Provincial HCN level

- Regular monitoring of HCT
- Follow-up

HCT level

- Annual reviews and submitting findings and proposal to KHANA
- Follow-up

Challenges

- Newly identified PLHA are often very sick, which means that HCT must provide additional visits and care. This increases workload and is difficult to plan.
- Limited economic opportunity, difficulties in ensuring treatment adherence, and coping with side-effects, stigma and discrimination continue to affect ARV procurement and adherence.
- Follow-up and ongoing care challenged by PLHA mobility (including some ARV cases).
- Partnership with WFP to provide food rations adds to welfare support. However, there is still concern over its sustainability and response to large families.

Challenges

- Some PLHA are reluctant to disclose their status and are hard to reach as they do not seek support from HCT
- HCT resources are stretched as increasing numbers of PLHA need support
- IGA development is difficult because of limited knowledge, skill and market accessibility

Successes and Lessons Learnt

- TSV and training equip HCT with knowledge and skills for implementing full package of home care activities
- PLHA self-help groups are key components for successful project implementation
- HCT, HCN and Provincial CPN+ are central to success of CoC framework and have strengthened the involvement of PLHA in the national response
- Provision of social and welfare support to PLHA and OVC demonstrates the need to care for and support PLHA and consequently, helps to reduce discrimination in society
- Medical care provision through HCT has helped patients take care of themselves, which has led to reduction of OIs

Findings of End-of-Project Review

- The ICP Program improves quality of life, reduces vulnerability and mitigates impact. It increases access to care/support, reduces stigma/discrimination and increases capacity.
- The main needs of PLHA and OVC, particularly those on ART, are not health related.
- The ICP Program has met or exceeded the targets agreed with the GF.
- ICP needs to develop its impact mitigation work in order to respond to the needs of the growing population of OVC

Findings of Evaluation of KHANA/WFP Food Support

The study shows that:

- With food support, PLHA and OVC are consuming more diverse, and more nutritionally appropriate food.
- They also face less food shortages and have more frequent meals.
- Expenditure on food has been reduced leading to increased expenditure on education and business investment. With food support, more OVC, especially girls, are able to attend school.
- Food support has a positive impact on the health of the beneficiaries. PLHA and OVC suffer from less OI and have better access to ARV treatment.

Conclusion

Through its home care teams, ICP provides a comprehensive package of services at appropriate cost:

- ICP focuses on OVC as an essential area in mitigating the impact of the epidemic
- It also focuses on positive prevention and income-generation to help PLHA maintain good quality of life
- One HCT provides care and support to approx 100 PLHA and 100 OVC, plus prevention awareness to PLHA, their families and the wider community, at an average cost of US$18,000 per year.

KHANA
Khmer HIV/AIDS NGO Alliance

Together we can save lives!