

**Action for Health Development  
(AHEAD)**

**HIV/AIDS Home Base Care Project Report**

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Submitted to  
NCHADS**

**By**

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## ABBREVIATIONS

<b>AHEAD</b>	Action for Health Development
<b>ANC</b>	Antenatal Care
<b>ART</b>	Anti Retroviral Therapy
<b>ARV</b>	Anti-retroviral
<b>BCC</b>	Behavioral Change Communication
<b>CBPHCP</b>	Community-Based Primary Health Care Program
<b>CBHCT</b>	Community-Based Home Care Team
<b>CS</b>	Community Structure
<b>CRS</b>	Catholic Relief Services
<b>CSW</b>	Commercial Sex Worker
<b>DOTS</b>	Direct Observation Treatment Short Course
<b>FHI</b>	Family Health International
<b>GO</b>	Government
<b>HC</b>	Health Center
<b>HIS</b>	Health Information System
<b>HIV</b>	Human Immunodeficiency Virus
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
<b>IEC</b>	Information, Education, Communication
<b>KY</b>	Key Youth
<b>LNGO</b>	Local Non-Governmental Organization
<b>MCH</b>	Maternal Child Health
<b>MIS</b>	Management Information System
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organization
<b>OD</b>	Operational District
<b>OI</b>	Opportunistic Infections
<b>PAO</b>	Provincial AIDS Office
<b>PHD</b>	Provincial Health Department
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevent Mother to Child Transmission
<b>PRA</b>	Participatory Rural Appraisal
<b>RH</b>	Referral Hospital
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendant
<b>VCCT</b>	Voluntary Confidential Counseling and Testing
<b>VHV</b>	Village Health Volunteer

## **I. Executive Summary:**

Action for Health Development (AHEAD) transformed from Catholic Relief Services (CRS) Community Based Primary Health Care Program and took over and continued to implementing the HIV/AIDS Care and Supports and Prevention instead of CRS. With funding from USAID/Catholic Relief Services (CRS) and USAID/FHI, AHEAD implemented care and support and prevention programs within the framework of the MoH Strategic Plans for HIV/AIDS and STI Prevention & Care 2008-2010 in all the health centers, referral hospital and communities in Samphov Loun Operational District and all health centers and communities in Bovel administrative district of Thmor Kol Operational District, Pailin and 5 health centers (Malai, Toul Pong Ro, Balang, Seung and Sophy Health Centers) and all communities under those 5 health centers in O' Chrov OD. As there were no identified gaps in support for HIV/AIDS in health centers and communities of Thmor Kol Administrative District, AHEAD only provided support to the health centers and communities in the Bovel administrative district.

## **II. Introduction:**

This report document of Action for Health Development (AHEAD) activities, results and accomplishments related to objectives and indicators, obstacles and constraints. To reach the objectives and indicators for the AHEAD HIV/AIDS Care and Support and Prevention project as stated in the AHEAD LOA with NCHADS for 2008 in which AHEAD committed to implement prevention, care and support programs within the framework of the Strategic Plans for HIV/AIDS and STI Prevention & Care 2008 -2010 of the MoH. The project was to be implemented in the Samphov Loun Operational District, Bovel Administrative District of Thmor Kol OD, Pailin Municipality, O' Chrov Operational District with 5 health centers (3 health centers in Malai Administrative District and 2 health centers in O' Chrov Administrative District).

## **III. Background:**

AHEAD took over and implemented the project after transformed from Catholic Relief Services (CRS) in August 1, 2007. The project is implementing in Bovel District of Thmor Kol OD, Samphov Loun, Phnom Prick and Kam Reang District of Sampov Loun OD and Pailin Municipality and O' Chrov OD. As ART services became available in the province and Thmor Kol OD, Poipet, Sisophon, Pailin, Sampov Loun and Mongkol Borrey, AHEAD is taking on a larger role in coordinating the access to ART of PLHIV living in the areas that it serves. The program also continued to support the referral of Children Infected AIDS (CIA) for assessment, OI treatment and prophylaxis and ART and support the HIV exposed children to get PCR test at Battambang and Mongkol Borey Hospitals, support PMTCT for 2 sites (Angkor Ban and Serey Meanchey health centers in Sampov Loun OD), support two VCCT in Bovel I health center and Sampov Loun Referral hospital and adding Trang VCCT in October 2008. AHEAD continued supports the PLHIVs to attend MMM activities in Thmor Kol, Sampov Loun and Pailin and Poypet and continued to support the CD4 blood count and other needed testing through sending the blood sample to Battambang Referral Hospital and started the ART follow up for the stable PLHIVs at Sampov Loun OIs/ART.

AHEAD continues to work with PAO and operational district to provide training to improve the knowledge and skills of the referral hospital, health center staff in all program areas and OI/ART team in Sampov Loun OD. At the same time AHEAD is working with health centers, community structures (TBAs, CBHCT and VHSGs/VHVs) to improve the refer the suspected cases to VCCT, follow up the PLHIVs to improve the drugs adherence, self support group of PLHIV, community awareness for HIV/AIDS prevention and seeking care.

## IV. Project Design:

### Coverage Area and Beneficiaries

AHEAD works in Bovel Administrative District (Thmor Kol OD), Sampov Loun, Pailin Operation Districts and 5 health centers (Malai, Toul Pong Ro, Balang, Sophy and Seung) in O'chrov Operational District. The HIV/AIDS systems at the health centers and in the communities established in the Bovel District for 8 health centers and Sampov Loun OD for 8 health centers, Pailin for 4 health center and O' Chrov OD for 5 health centers and their coverage areas will be strengthened to improve and maintain their activities for HIV/AIDS. There is still a need for support to strengthen these facilities and CBHCT in Bovel, Sampov Loun and Pailin and O' Chrov OD as some of team are still limited of knowledge and skills to provide care and support to the PLHIV and families. The CBHCT members need more technical assistance and support from health center and AHEAD to improve their knowledge and skills to provide the services to PLHIVs, families and communities.

**CoC:** The program will continue to actively support the Sampov Loun CoC in planning, meetings to coordinating services and problem solving and continue to support the CoC members from Bavel District to attend the CoC meetings, planning and coordinating the services and problem solving at Thmor Kol OD until September,08 and hand over to FHI from October,08. In O' Chrov OD, AHEAD continue to support the CoC to conduct the CoC regular meetings to develop planning, coordinating services and problem solving.

**Operational District:** Support HIV/AIDS District Coordinator to become a trainer to train on HIV/AIDS topics to health center and referral hospital staff to improve their knowledge and skills, provide supervision and technical assistance to referral hospital, health center, VCCT, PMTCT and CBHCT to improve their services and assist them to develop planning through quarterly analysis and planning at the OD.

**Referral Hospital:** AHEAD provided support the OI/ART team provide treatment and follow up the OIs and provide ART to stable clients and start assessments for new PLHIVs on ARV treatment. The OI/ART team received training with practice from OI/ART team in Battambang Hospital and support the MMM activities. The system will continue for sending blood for CD4 Counts and other testing to Battambang as needed. The PMTCT has 2 sites in Sampov Loun OD (Angkor Ban and Serey Meanchey health centers) will continue to actively support to improve the services. The STI clinic in Sampov Loun referral hospital and VCCT in Sampov Loun and Trang health center have functioning fairly well; do still need technical assistance for counseling.

**Health Centers:** AHEAD continue to provide support to 25 health centers (8 health centers in Bovel District, 8 health centers in Sampov Loun OD, 3 health centers an one health post in Pailin and 5 health centers in O' Chrov OD).

- Counseling and refer to VCCT, PMTCT and refer to referral hospital OI/ART team for OI prophylaxis and treatment and refill ARV.
- Follow up of PLHIV at home on OIs and ARVs. Counseling at ANC and patients with STIs and pregnant women to ensure that all pregnant women and STI clinic patients receive information about HIV, VCCT and PMTCT and are supported to get tested for HIV/AIDS.

- Training, monitoring and support to the Community Based Home Care Team (CBHCT) including field visits to provide care to PLHIV at home.
- Support, facilitation and training to the PLHIV Self Support Groups at each health center.

**Community Based Home Care Team (CBHCT):** AHEAD provide support to 25 CBHCTs in 25 health centers in the program areas.

- Referral of suspected cases of HIV/AIDS and TB for VCCT and PMTCT. Refer the sick patients to health centers and referral hospital for the clients who need hospital care and/or care beyond the limits of the CBHCT and health center (more and more cases are now self referring for testing HIV/AIDS at VCCT due to the good information which has been provided to the communities).
- Awareness provided for prevention in the communities and with families of the PLHIVs.
- Teaching PLHIVs and families to improve the self care at home including the hygiene and nutrient foods for PLHIVs.
- Provision of care and follow up of OIs and ARVs adherence at home.

**Key Youth (KY):** AHEAD supported the key Youths in 150 (75 boys and 75 girls) to build their capacity and skills to provide education to their friends in the village reached 2,572 youths (1,214 boys and 1,358 girls) in the villages and provided technical assistance to them to solve their problems for youths in their villages. The youths activities were ended due to USAID funding finished at the end of September 2008.

- Support and technical assistance will continue for existing key youths and develop and train new key youths to provide peer education to youths in their villages on HIV/AIDS prevention and life skills.

**PLHIV Self Help Groups:** AHEAD is working to provide support to 25 PLHIV Self Help Groups in 25 health centers with 539 PLHIVs in Bovel, Sampov Loun OD, Pailin and O' Chrov to improve and strengthen the capacity of the Self Help Group members and leaders.

PLHIV Self Help Group Leaders:

- Continued support to develop the capacity of 50 PLHIV Self Help Group Leaders through trainings, meetings and build their capacity and skills to be facilitators and trainers and leaders to manage their groups. Support the PLHIV leaders in Bovel, Pailin, O'chrov and Sampov Loun to participate and assist MMM activities and providing drug counseling and sharing the information to the rest of the PLHIV leaders and members.

PLHIV Self Help Groups:

- The PLHIV Self Help Groups continued to train on ART adherence, Nutrition, Saving activities and self management. Technical assistance provided to them through the meeting to share the information and experiences and problems solving. 431/539 PLHIV Self Help Groups continued to save in 23 health centers.
- Although ARVs are available and increased to 62% of the PLHIVs on ARVs in Bovel, Sampov Loun OD, Pailin and O' Chrov OD. Therefore, they are many PLHIVs are need to have home care from CBHCT, treatment of OIs and support for transportation cost for follow up OIs, ART, CD4 blood count and liver function testing.

Many of those on ARVs need support to obtain them and then support for the follow up visits at the facility and follow up visits at their homes.

The program is working and continuing to work in the health centers and communities with the health center staff and community volunteers who had very limited knowledge and skills about HIV/AIDS and on how to work with PLHIVs. Health facility staff knowledge about HIV/AIDS and TB, Palliative care, counseling, providing education and referral will be strengthened. CBHCTs established and VHVs and Key Youths trained and supported to provide key messages for prevention. PLHIV Self Help Groups established. AHEAD is working in collaboration with FHI and USAID funded organizations working in the areas.

The program integrated with tuberculosis interventions with the HIV/AIDS interventions to have more effective efforts for both. The program works to strengthen both the Facility and Community DOTS. Training and support provided to the health center to improve Facility DOTS and implemented C-DOTS. C-DOTS watchers were chosen from VHVs and CBHCT members trained and supported to provide TB treatment to TB patients in their communities and to conduct active case finding and referred to the health centers

The program operates in Battambang Province covering Sampov Loun OD, Bovel administrative district, Pailin Municipality and O' Chrov OD is located on the Thai/Cambodian border. Sampov Loun OD is comprised of the three administrative districts of Samphov Loun, Phnom Prick and Kam Reang, 16 communes and 113 villages. Sampov Loun OD has a total population of 101,713 local residence, soldiers and their families, and migrants from all over Cambodia. Bovel District is part of Thmor Kol OD and is made up of 6 communes and 83 villages with a population of 91,443. Pailin OD is located on the Thai/Cambodian border and comprised of the 2 Khans of Pailin and sala Krav, 8 Sangkats and 85 villages has a total population of 52,198 local residence, soldiers and their families, and migrants from all over Cambodia. O' Chrov OD is located on the Thai/Cambodian border and comprised of the 2 administrative districts of O' Chrov and Malai and 8 communes and 57 villages a total population of 43,977 local residence, soldiers and their families, and migrants from all over Cambodia

The program will also collaborate with FHI in Pailin and Thmor Kol OD ( CoC, referral hospital and VCCT) to promote the capacity building of both health services and community levels to develop and strength VCCT, PMTCT and associated services and referral networks.

#### **V. Coordination:**

The AHEAD HIV/AIDS and TB works closely with NCHADS, CENAT, PAO and Provincial TB Unit, the ODs and health centers and local authorities, community structures and communities in the planning, implementation and monitoring of activities. AHEAD routinely participates in HIV/AIDS/TB technical and coordination working groups. AHEAD has been instrumental in supporting the CoC in Sampov Loun OD and is currently collaborating with FHI for supporting of the CoC in Thmor Kol OD.

## **VI. Project Summary:**

Action for Health Development (AHEAD) transforming from Catholic Relief Services (CRS) to local NGO in August 2007 and collaborated with NCHADS/MoH/PHDs to strengthen HIV/AIDS and STI Prevention and Care services in Sampov Loun OD referral hospital, all eight health centers and communities, Bovel Administrative District in all eight health centers and villages, in Pailin in all health centers and communities and O' Chrov OD with 5 health centers (3 health centers in Malai Administrative District and 2 health centers in O' Chrov Administrative District. In these program areas, Action for Health development (AHEAD) provided:

### **Battambang Province:**

#### **1. Sampov Loun Operational District Support:**

- Collaboration: collaborate with NCHADS, PHD/PAOs/ODs, and other Non Governmental Organizations (NGOs) provide and conduct trainings for CoC, using national treatment and training curriculum. Extended support for trainings to referral hospital, health center and community staff;
- Continuum of Care (CoC): support monthly coordination meetings in Sampov Loun Operational District will be held regularly to discuss ways to improve services, discuss case diagnosis and treatment, and to share information between the health care providers and beneficiaries.
- Opportunistic Infections (OI) prophylaxis and treatment for PLHIVs: Support transportation costs and other needs to the poor PLHIVs when hospitalized at the Referral Hospitals and transport for PLHIVs for follow up at the Health Centers and follow up ART. Support the Sampov Loun Referral Hospital to start up the ART provide to the stable PLHIVs.
- HIV/AIDS/TB counseling, screening at the health facilities and case finding in the communities: Support for transportation costs to the poor people for HIV testing and TB screening, training and technical assistance for health center and community levels and support for Community-Direct Observation Treatment short course (C- DOTS).
- Voluntary Confidential Counseling and Testing (VCCT) and Prevention Mother to Child Transmission (PMTCT) services: Support for training technical assistance to Midwives in the ANC service, Traditional Birth Attendants (TBAs) and Community Based Home Based Care Teams (CBHCTs), and in the PMTCT sites and for suspect cases transport and support for needs during HIV testing and follow up, and supervision.
- Strengthen follow up of HIV positive mothers and their children, and HIV positive pregnant women, through networking with health center midwives, TBAs and CBHCT.
- Referral Hospital OI team and inpatient staff to improve services for PLHIVs: Support trainings and technical assistance for staff.
- Health Center OI referral, prophylaxis, follow-up ART treatment for stable PLHAs in health centers and follows up, counseling and referral to VCCT and PMTCT and supervision by CBHCT. Support for training and technical assistance, supervision for Operational District, transport and support for the poor PLHIVs.

- CBHCTs in all health centers coverage areas: Support for development, training, meeting technical assistance, provide kits to CBHCTs and health center staff and support for supervision for health center staff.
- PLHIV Self Help Groups at the health center: Support for development, training, meeting, transport PLHIVs to joint monthly MMM meeting at the Referral Hospital and for training to develop skills for Self Help Group.
- Support for the basic needs to PLHIVs: Support provided according to the needs of PLHIVs not on a regular basis.
- Awareness and anti-discrimination education in the communities and health facilities for the general public and for the Most At Risk Population (MARF) including youth out of school and in school, drug users, women whose partners have sex with Sex Workers or Entertainment workers and their partners: Support for Participatory Rural Appraisal (PRA), training, technical assistance for BCC to community structures.
- Refer PLHIVs to VCCT, PMTCT, OI and ARV assessment for Treatment and follow up: Support for transport to the poor PLHIVs to HIV testing, and treatment. Support PLHIVs to work with Operational District & Health Centers and build capacity to PLHIVs on ARV preparedness, counseling on adherence, and community follow-up of PLHIVs on ART within the CoC framework.
- In collaboration with NCHADS/PHD/PAOs/ODs, AHEAD supports to Sampov Loun Operational District and Referral Hospital to set up the ARV service. Support for mentoring, technical assistance, supervision to improve quality of treatment and care including ART high adherence. Continuous supports to Sampov Loun referral hospital to transport for blood samples for CD4 testing and other laboratory tests at Battambang referral hospital laboratory. Provide updates trainings on HIV/AIDS ART guidelines to physicians, nurses, and other supporting staff at the OI/ARV treatment sites, counseling and adherence issues, monitoring of side effects and also provide briefings related to the ART in the country;
- Strengthen linkages between the OI/ART teams with CBHCTs teams to decrease the loss to follow up and to increase the drug adherence.
- Support clinical network meetings to be held every quarter for physicians, nurses and midwives to share and learn from each other, and update their skills and knowledge.
- Support and technical assistance to strengthening linkage for referral and follow-up between community support group and health facility service and between HIV, TB, ANC, Birth Spacing, Reproductive Health, PMTCT, OI/ART services, STI, and other health care services to support the linked response approach. Support the transportation costs of pregnant women and their expose infants to access to ANC, PMTCT, OI/ART treatment, Reproductive health, Birth Spacing, and STI services.

## **2. Bovel Administrative District (Thmor Kol OD) Support:**

- Bovel participation in Thmor Kol CoC: Support for participants from Bovel for meetings and planning at Thmor Kol OD.
- In collaborate with NCHADS/PHD/PAOs/ODs and other Non Governmental Organizations (NGOs) provide and conduct trainings for CoC, using national treatment and training curriculum: support for training to health center and community staff;
- Voluntary Confidential Counseling and Testing (VCCT) at Bovel I Health Center: Support additional trainings, technical assistance, and supervision.
- HIV/AIDS/TB counseling, screening at the health facilities and case finding in the communities: Support the transportation costs to the poor people for HIV testing and TB screening, training and technical assistance for health center and community levels, supervision from Operational District. Provide support for C-DOTS.
- Health Center OI referral, prophylaxis, treatment and follow up of OIs, counseling and referral to VCCT and PMTCT and supervision of CBHCTs. ART for stable PLHIVs establish for health centers: Support for training and technical assistance, supervision for Operational District, support transport for the poor PLHIVs.
- CBHCTs in all health center coverage areas: Support for development, training, technical assistance, provide kits for CBHCT and health center staff and support for supervision for health center staff to CBHCT.
- PLHIVs Self- Help Groups at the health center: Support for development, training, meeting, support transportation costs of PLHIVs to attend monthly MMM meeting at the Referral Hospital and for training to develop skills for Self Help Group.
- Support PLHIVs basic needs: Support provided according to the needs not on a regular basis.
- Awareness and anti-discrimination education in the communities and health facilities focused on the Most At Risk Population (MARP) and vulnerable groups including youth out of school and in school, drug users, women whose partners have sex with Sex Workers or Entertainment workers and their partners: Support for Participatory Rural Appraisal (PRA), training, technical assistance for Behavior Change Communication (BCC) to community structures.
- Refer PLHIVs to VCCT, PMTCT, OI and ARV assessment and follow up: Working with NCHADS, PAO, Operational District and health center to provide capacity building to PLHIVs on ARV preparedness, counseling on adherence, and community follow-up of PLHIVs on ART within the CoC framework: Support transportation of blood samples for CD4 testing and other laboratory tests, treatment and assessment for poor PLHIVs and training for PLHA on ARVs.
- When PMTCT expanded at Bovel I and Bovel II health centers, AHEAD would be able to assist in setting up the system: Support for trainings, technical assistance and for suspect cases transport and support for PLHIVs need during HIV testing and follow up.

- Strengthen follow up of HIV positive mothers and their children, and HIV positive pregnant women, through networking with health center midwives, TBAs, and CBHCTs.
- Support and technical assistance to strengthening linkage for referral and follow-up between community support group and health facility service for pregnant women and TB patients for HIV testing and PLHIVs for TB testing, ANC, PMTCT, OI/ART services, Birth Spacing, and STI.

## **Pailin Municipality:**

### **1. Pailin Operational District Supports:**

- Collaborate with NCHADS, Municipality Health Department and other NGOs to provide and conduct trainings for CoC, using national treatment and training curriculum: support for training: Support for training health center and community staff;
- HIV/AIDS/TB counseling and treatment at the health centers and case finding in the communities. Support for transport the poor people for HIV testing and TB screening, training and technical assistance for health center and community levels, supervision from Operational District and for C- DOTS.
- Health Center OI referral, prophylaxis, treatment and follow up of OIs, counseling for VCCT and PMTCT and supervision of CBHCTs: Support for training and technical assistance, supervision for Operational District, transport and PLHIVs supports.
- Refer PLHIVs to VCCT, PMTCT, OI and ARV assessment and follow up: Working with NCHADS, PAO and health center to provide capacity building for PLHIVs on ARV preparedness, counseling on adherence, and community follow-up PLHIVs on ART within the CoC framework: Support transportation of blood samples for CD4 testing and other laboratory tests, treatment and assessment for poor PLHIVs and training for PLHIVs on ARVs.
- CBHCT in Psa Prum, Phnom Spong, Phnom Priel health center and Kachab health post coverage areas that still need this service: Support for development, trainings, technical assistance, provide kits to CBHCT and health center staff and support for supervision for health center staff.
- PLHIVs Self Help Groups at the health centers: Support for development, training, meeting, and transport PLHIVs, including the chiefs of the self health group, to MMM at the RH and for training to develop skills for Self Help Group development.
- Support basic need to PLHIVs: Support provided according to the needs not on a regular basis.
- Awareness and anti-discrimination education in the communities and health facilities for the general public and for the Most At Risk Population (MARP) including youth out of school and in school, drug users, women whose partners have sex with Sex Workers or Entertainment workers and couples: Support for Participatory Rural Appraisal (PRA),

training, technical assistance for Behavior Change Communication (BCC) to community structures.

### **Banteay Meachey Province:**

#### **1. O' Chrov Operational District Supports:**

- Continuum of Care: Collaborate with Provincial Health Department (PHD), Provincial AIDS Office (PAO), Operational District, health center and other NGOs in CoC meetings and planning.
- Planning: Support quarterly, semi- annual and annual analysis and planning for HIV/AIDS/ TB.
- Support for transport PLHIVs: Support transport the poor PLHIVs to HIV testing, services (e.g. PMTCT, OI, and ARV) and follow up at the facilities.
- Support basic and special needs to PLHIVs: Support the basic and special needs of poor PLHIVs (e.g. school, hospitalization, funeral as necessary).
- Health Center: Provide technical and trainings for OI referral, prophylaxis, treatment and follow up, counseling and referral for VCCT and PMTCT.
- CBHCT in 5 health center coverage areas (Malai, Toul Pong Ro, Balang, Sophy and Seung health centers): Support for development, training, meeting technical assistance, kits to CBHCT and health center staff.
- Supervision Health Center and Operational District: health center staff supervises to CBHCT and Operational District supervises to health center.
- PLHIVs Self-Help Groups at the health center: Support for development, trainings, meetings, transport including PLHIVs Self Help Group Leaders.
- Awareness and antidiscrimination education including Information Education Communication (IEC) materials in the communities and health facilities for the general public and couples through regular BCC and special events.
- Health Center and Community Structure Training: Support for health center staff and community worker training (VHV, TBA and CBHCT) and technical assistance using national treatment and training guideline when available.

### **Results:**

**Objective 1:** To contribute in reduction of the HIV Prevalence rate to <0.9%

1. Behavior Change Communication (BCC): Focus on the Most At Risk Population (MARP).
  - 1.1. Ensure and update Information Education Communication (IEC) support for program components.
    - 15,000 of the leaflets of VCCT, PMTCT, and STI and 15,000 leaflets of the behavior change of youths developed and provided to Youth Educators, CBHCT, VHVs and

TBAs to provided group and peer education to pregnant women, women reproductive age group, men and youths.

1.2. Ensure the effectiveness of BCC programs.

- PRA Identify Most at risk of population: PRA to identify Most at Risk of the Population (MRP) did not conduct due to the program continue to strengthen the existing youth peer educators.
- Training for BCC:
  1. Youths: In the program existing youth project in 135 villages and has 501 boys and 501 girls 150 of youths (75 boys and 75 girls) in 10 villages trained on Abstinence and Being Faithful for 1 day in the village by the AHEAD and Heath Center staff
    - 14 youth leaders (7 boys and 7 girls) in 7 villages of 2 health centers trained on facilitator skills, Communication skills, Effective meeting, effective education and record report system to improve and strengthen their self management.
  2. 57 CBHCT members in 57 villages in O' Chrov OD trained on second and third Basic course on HIV/AIDS, to identify the suspected cases and refer to health centers for counseling and testing for HIV/AIDS, basic palliative care to PLHIV at home for 5 days. The course devised for 2 schedules (the first schedule for 3 days and second schedule for 2 days).
  3. CBHCT continuation training was done every 2 months by health center trainers and AHEAD. The trainings were conducted according to the schedule and the weaknesses of the CBHCT identified during supervision activities by the health center staff. Below is the training topics were trained to the CBHCT in this report period:
    - 266/283 CBHCT members in 20 health centers trained on Palliative care. The training resulted average pre test 57% and posttest 83% with increased training score 26% among the participants.
    - 43/54 CBHCT members in 3 health centers trained on PMTCT counseling and improve the referral system of the pregnant women to PMTCT sites. The training resulted average pre test 50% and posttest 76% with increased training score 26% among the participants.
    - 232/330 CBHCT members in 23 health centers trained on home visits and introduce the KANOSKY tool to follow up and visit the PLHIVs at home. This tool helps the CBHCT to make the decision for how often they should schedule to visit the PLHIVs. The training resulted average pre test 65% and posttest 89% with increased training score 24% among the participants.
  4. TBAs Training: 42 TBAs in 3 health centers trained PMTCT counseling and refer to ANC and PMTCT sites for testing the pregnant women for HIV/AIDS.

2. Sexual Transmitted Infections (STI):

2.1. To support existing targeted STI services for high- risk population and Most at Risk Groups

- Technical assistance provided regularly to the STI Clinic staff to improve the record, report, filing the CSW card, assessment, classification the diagnosis and treatment according to the national guideline and how to take good smear, interpretation of

the laboratory results and improve the counseling and referral the STI clients to the VCCT for HIV/AIDS testing.

- Battambang PAO and AHEAD conducted STI supervision for 2 times at Sompov Loun clinic with resulted STI staff improve clients history taking, examination, diagnosis and increased numbers of partner treatment.
- 85 CSWs had been seen at the STI clinic (85 CSWs received education on STI and counseling for testing for HIV/AIDS. 44 CSWs referred and tested at VCCT with results 3 CSWs had 3 positive HIV and 41 negative HIV/AIDS).

2.2. To strengthen and support existing “Integrated STI care for the general population”.

- 1,165 cases of STI clients had been seen (869 new cases and 296 follow up cases) and 105 partners received treatment at the STI clinic. 951 received counseling for HIV/AIDS testing, , 165 clients referred to VCCT and 45 clients referred to PMTCT and 869 STI patients and 260 partners received education on STI prevention and importance to complete the STI treatment at the clinic site and 970 STI clients and 339 partners received education on STI prevention and treatment at the symptomatic STI in 11 health centers in Bovel District and Sampv Loun Operational Districts.

**Objective 2:** To increase survival of PLHIVs in Cambodia

1. Continuum of Care (CoC):

1.1 To ensure a continuum of care for PLHIVs at the Operational District level.

- Thmor Kol OD: Supported 12 CoC members from Bovel District to attend monthly CoC meeting at Thmor Kol OD every month. The CoC meetings conducted 3 times to analyze the results of HIV/AIDS, developed annual planning, monitored activities, identified the problems and solve problems and improved the access of PLHIV to get OIs/ART service and MMM activities (*The supporting the CoC members from Bovel District supported from AHEAD until end of September 2008 and from October 2008, the CoC members from Bovel hand over to FHI*).
- Supported Sampov Loun OD: supported 27 CoC members to attend monthly CoC meeting at Sampov Loun OD for 4 times with an average 24 members attended in each meeting. AHEAD facilitated and assisted the CoC chair person to analyze the results, developed the action plan and monitoring the activities and problem solving to improve the OIs services and give PLHIVs access to OIs service in Sampov Loun referral hospital and ART service at Battambang Referral Hospital.
- Supported O' Chrov CoC members to attend every month meeting at O' Chrov OD for 4 times. The average of the attendance was 27 members. AHEAD supported and assisted the OD and CoC chair person to facilitate the meetings. The meeting resulted the CoC identified the problems and solve problems for giving access for PLHIVs to receive the services. The CoC members analyzed the results and developed the annual planning.

2. Health Facility Based Care (HFBC):

2.1 To improve and maintain the quality and accessibility of care for PLHIVs through extension of HFBC services including ART if available.

- 24 health centers and one health post (8 health centers in Bovel, 8 health centers in Sampov Loun, 3 health centers and one Health post in Pailin and 5 health centers in O'Chrov OD) provided counseling to clients and referred to VCCT, PMTCT for testing HIV/AIDS and referred to OI/ART clinic for follow up, ARV assessment with provided transportation support to the PLHIVs.
  - 1) 1,112 suspected clients referred to VCCT and tested HIV with 58 clients' positive HIV included 3 children (30 male and 28 female)
  - 2) 421 pregnant women counseled and referred to PMTCT for testing with 2 pregnant women had positive HIV. 213 PLHIVs provided support of transportation cost for monthly follow up OIs and 369 PLHIVs provided transportation cost support to follow up and refill ARV every month and 150 PLHIVs provided support for transportation cost and referred to referral hospital for CD4 blood count.
  - 3) 72 PLHIVs had been screened for TB with 27 PLHIVs diagnosed TB (14 PLHIV with BK (+), 9 PLHIVs with BK (-) and 4 PLHIVs with Extra Pulmonary TB). All of the PLHIVs with diagnosed TB received TB treatment.
- 73 PLHIVs had been seen by the OI team at the Sampov Loun Referral Hospital OI/ART site for follow up OIs and 76 PLHIVs on ARV in stable status had been followed up and refilled ARV.
  - 1) The average of 14 PLHIVs staying at the Sampov Loun referral hospital as inpatients every month when they had severe OIs.
  - 2) 25 health center supervisors provided supervision and technical assistance the CBHCT members in the village to improve the knowledge and skills for providing home care, teaching and referring the clients to health centers with 4 times per month per health center.
- 5 OI/ART team members supported by AHEAD to get train in Battambang Hospital on management and clinical including pharmacy system, drug request, report, record for 2 days. The training facilitated by Battambang Hospital OI/ART Manager.. The OIs/ART team members are able to manage the drugs and provide assessment to PLHIVs and continuation to provide the OIs and ART to clients.
- Health center, referral hospital and OD staff received support for conducting the activities below:
  1. 45 health center, OD and referral hospital staff attended TB/HIV coordination meeting for one day at Sampov Loun OD and Bovel District of Thmor Kol Operational district.
  2. 19 health centers staff from Bovel District trained on Effective Supervision to CBHCT for 2 days at Thmor kol Operational District.
  3. 62 health staff (20 health staff from Bovel, 29 health staff from Sampov Loun and 18 health staff from Pailin) in 22 health centers attended the quarterly analysis and planning at ODs to analyze the results and develop action planning to improve their activities. The quarter analysis and planning conducted for 2 times in this report period.

### 3. Home Based Care (HBC):

#### 3.1 To increase accessibility of PLHIVs and their families to quality HBC services.

CBHCTs established in 24 health centers and one Health Post in the program areas to provide services to 582 PLHIV.

- 1) Health center staff and AHEAD provided continuation training to CBHCT every 2 months.

- Health center staff with technical and financial support from AHEAD provided basic training on home care and palliative care to new CBHCTs for 3 days in 5 health centers (*O' Chrov OD*) with 57 CBHCT members trained.
  - 266/283 CBHCT members in 20 health centers trained on Palliative care. The training resulted average pre test 57% and posttest 83% with increased training score 26% among the participants.
  - 43/54 CBHCT members in 3 health centers trained on PMTCT counseling and improve the referral system of the pregnant women to PMTCT sites. The training resulted average pre test 50% and posttest 76% with increased training score 26% among the participants.
  - 232/330 CBHCT members in 23 health centers trained on home visits and introduce the KANOSKY tool to follow up and visit the PLHIVs at home. This tool helps the CBHCT to make the decision for how often they should schedule to visit the PLHIVs. The training resulted average pre test 65% and posttest 89% with increased training score 24% among the participants.
- 2) Health center staff and AHEAD conducted the CBHCT members meeting for 2 time in 25 health centers resulted 75% of the CBHCT members attended the meetings and they had improved for provide care to PLHIV, counseling to family and PLHIV for ART adherence.
- 3) The CBHCT provided services to the PLHIVs and families at home resulted:
- 502 PLHIVs received counseling and teaching on nutrition, family planning and ART adherence.
  - 350 PLHIVs referred to health centers and OI/ART clinic when they have changing their health status
  - 582 PLHIVs followed up for OIs and ART.
- 3.2. To ensure HBC services are coordinated within the CoC framework at the Operational District level.
- The HBC services are reported and monitored by the CoC.
  - PAO and OD HIV/AIDS managers provided supervision and technical assistance every 3 months to health centers to improve management of HBC and home care to PLHIVs.
  - The health centers provided regular monitoring and supervision and technical assistance to CBHCT members for 4 times per month per health center in 25 health centers.
  - Health centers and AHEAD made HBC quarterly progress report to the PAO.
  - AHEAD provided technical and financial support to the OD HIV/AIDS managers to conduct the quarterly Home Based Care network meetings.
- 3.3. To reduce stigma and discrimination toward PLHIVs and their families.
- Special Events: The World AIDS day conducted for 4 places in the community with collaborated with health centers, local authorities, community structures reached 13 villages of 5 communes with 529 people received awareness of the HIV/AIDS prevention and seeking care and anti discrimination for PLHIVs, PAA and their families.

- The community structures (VHVs and CBHCT) provided education reached to 8,523 people on anti discrimination, availability services such as VCCT, PMTCT and benefit of the PMTCT.
- 150 key youths in 35 villages of 17 health centers provided education on Abstinence and being faithful reached to 2,572 youths.
- Health center staff in 25 health centers provided health education on HIV/AIDS prevention and seeking care to mothers and patients at health center's triage reached to 4,512 people and patients.
- AHEAD and health centers in 25 health centers provided supports and facilitated the PLHIVs training and self help group meetings with resulted:
  1. Self Help Group: The self help group conducted in 25 health centers with 347 PLHIV attended the self help group. The PLHIV increased understanding the importance of ART adherence to prevention the drug resistance, the self help groups activities the PLHIVs discussed and shared the experiences of regular follow up and taking ART to others and also the meeting explored the income generation project to the PLHIVs to find the way to increased the incomes to support their families.
  2. The PLHIVs trained for 2 sessions at 25 health centers in this report period with the following results:
    - 1) 431 PLHIVs trained on ART adherence for one day in 25 health centers
    - 2) 427 PLHIVs trained on Positive Prevention for one day in 25 health centers.

#### 4. Voluntary Confidential Counseling and Testing (VCCT):

##### 4.1. To strengthen and expand counseling and HIV testing services.

- AHEAD hand over Bovel I VCCT to FHI to provide support and technical assistance from October 2008 due to FHI started to implement the link response in Thmor Kol OD.
- AHEAD took over Trang VCCT from FHI from October 2008

##### 4.2. To ensure quality of HIV counsels and laboratory testing in the public sector.

- Supported PAO supervision to VCCT in Bovel I health center for 1 time, Trang health center for 1 time and Sampov Loun VCCT for 2 times in this report period with resulted increase self refer and the VCCT counselors improved how to identify the risk factors of the clients.
- AHEAD staff provided technical assistance to VCCT counselors and laboratory staff at Sampov loun VCCT every month, Bovel I VCCT every month until end of September 2008 and Trang VCCT every month from October 2008.
- Supported VCCT counselors and laboratory staff to attend quarterly VCCT network in Battambang for 1 time with resulted the VCCT counselors shared the experiences and skills to each others and increased knowledge on new NCHADS recording form and data entry and improved linkage and collaborate with CBHCT.

##### 4.3. To increase number of clients to seek for HIV counseling and testing services.

- CBHCT members provided counseling to 529 PLHIVs and referred them to the health centers.
- 1,514 clients received counseling and referred to VCCT for testing HIV by health center staff (52% of the clients tested for HIV at the VCCT (Bovel I, Sampov Loun and Trang) were self referred and 48% of the clients tested for HIV at the VCCT were referred by the health centers and community structures). 58 clients positive HIV/AIDS in this report period included 3 children (30 male and 28 female)

- 218 TB patients counseling and referred to VCCT for HIV testing with 9 positive HIV.

#### 5. PMTCT:

- 5.1. To strengthen and counseling PMTCT testing services
- 5.2. To ensure quality of PMTCT counseling, provide information on options for feeding, family planning and ART.
  - 1) Supported PHD supervisor to provide supervision to PMTCT in Sampov Loun sites (Angkor Ban and Serey Meanchey) every three months with resulted 421 pregnant women counseling and testing HIV and 182 husband counseled and tested for HIV with 3 people positive HIV (2 pregnant women and 1 husband).
  - 2) AHEAD staff provided support, monitoring and technical assistance to PMTCT staff every month in Sampov Loun.
  - 3) The Provincial PMTCT Technical Working Group provided on the job training to the PMTCT staff on option of breast feeding and followed up positive mothers and babies at PMTCT site for one day.
  - 4) AHEAD provided supported the PMTCT counselors to attend semi annual PMTCT network in Battambang PHD for one time resulted PMTCT counselors increased knowledge from sharing the experience to each other from other sites of PMTCT.

#### VII. Challenges:

1. Women often feel that they cannot decide to get tested without their husbands' consent and consequently spouses must be involved in the counseling process and still have many pregnant women visit the ANC without their spouses
2. Future sustainability: how to sustain the impact and the HBC programming implementations.
3. Beneficiaries (PLHIV/OVC) living standard is very poor
4. Some government health officers/staff likely misunderstand that HIV/AIDS intervention is an account of NGO, so the cooperation limited.
5. The migrant people they return back to their villages after they had tested with positive HIV without inform to HBC team.

#### VIII. Lessons Learned:

1. Information and counseling for PMTCT needs to be done with both the pregnant women and her spouse as she often does not feel that she can make the decision to obtain testing by herself.
2. Information on infant feeding and infant outcomes is needed systematically to observe the ultimate impact of the PMTCT program on child health
3. Health center staff and community structures counseling and education in the community and in facilities increase the number of people being testing for HIV at VCCT sites and also increases self referrals.
4. Convincing women that they have the right to make their own decision regarding HIV testing. Overcoming the barrier of distance for those women who are interested in getting tested but who are discouraged due to the far distance from the PMTCT sites.

**IX. Project Expenses:**

In support of the collaboration between AHEAD and the NCHADS/MoH/PHD to strengthen HIV/AIDS and STI prevention and care services, AHEAD has received the following funds from USAID and Catholic Relief Services (CRS) and FHI/USAID to implement HIV/AIDS and STI prevention and care activities with the amount of support as below::

The total expenses for 6 months is \$116,485

1. USAID fund expenses: \$85,738
2. Catholic Relief Services fund expenses: \$55,711
3. USAID/FHI fund expenses: 25,036