Integrated Care and Prevention (ICP)

Presented by
Dr. Kong Sopheap

at the
First Phnom Penh Symposium on HIV Medicine
14-15 September, 2006
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
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.
<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communes</td>
<td>320</td>
</tr>
<tr>
<td>Villages</td>
<td>2,108</td>
</tr>
<tr>
<td>HCT</td>
<td>67</td>
</tr>
<tr>
<td>Provincial CPN+</td>
<td>12</td>
</tr>
<tr>
<td>Provincial HCN</td>
<td>10</td>
</tr>
<tr>
<td>PLHA</td>
<td>9,856</td>
</tr>
<tr>
<td>PLHA on ARV</td>
<td>2,998</td>
</tr>
<tr>
<td>PHLA referred to health services</td>
<td>23,310</td>
</tr>
<tr>
<td>OVC</td>
<td>13,274</td>
</tr>
</tbody>
</table>
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
Home Care Team Structure

2 full time NGO staff and 1 part-time health center staff

2 team volunteers with 1st health center

1 team volunteer with 2nd health center

5 to 10 Village Volunteers
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
# Growth of ICP program from 2000-2006

## Indicators

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

- Total reached: 9856
- Remaining: 9018
- Moved cases: 533
- Dead cases: 305
Care and Support for OVC Jan-June 2006

- Total reached: 12,744
- Remaining: 12,691
- Moved cases: 563
- Dead cases: 20
ART and Nutrition Support

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLHA &amp; OVC households receive WFP support</td>
<td>8420</td>
</tr>
<tr>
<td>PLHA receive ART through facilitation of HCT</td>
<td>2998</td>
</tr>
<tr>
<td>Children receive ART through facilitation of HCT</td>
<td>336</td>
</tr>
</tbody>
</table>
Provision of HIV/AIDS Awareness to PLHA and Communities Jan-June 2006

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVC &amp; Youth</td>
<td>21,853</td>
</tr>
<tr>
<td>PLHA</td>
<td>8,703</td>
</tr>
<tr>
<td>Married couples</td>
<td>25,668</td>
</tr>
<tr>
<td>General population through community events</td>
<td>49,829</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>106,053</strong></td>
</tr>
</tbody>
</table>
Cases Referred to Health Services Jan-June 2006

- Total: 23,310
- Ois: 8,673
- ART: 7,226
- VCT: 3,508
- TB: 2,231
- STI: 120

Total Ois ART VCT TB STI
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

KHANA & MoH

NCHADS

PAO/PHD

Home Care Network

Home Care Team

Self Help Group

CPN+

Provincial PLHA Network

MMM

Home Care Team

Self Help Group
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.
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.
Together we can save lives!

Thank you