

# CAMBODIAN HIV/AIDS EDUCATION and CARE (CHEC)

## PARTICIPATIVE APPRAISAL REPORT OF HOME BASED CARE PROJECT IN THREE OPERATIONAL DISTRICTS



**April 2007**

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# 1-ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAG	Community Action Group
CHEC	Cambodian HIV/AIDS Education and Care
HBC	Homed Based Care
HC	Health Center
HIV	Human Immune Deficiency Virus
IEC	Information, Education & Communication (Material)
LWS	Lutheran World Services
MMM	Mondul Mith Chuoy Mith
OD	Operational District
OI	Opportunistic Infection
OD	Operational District
OVC	Orphans and Vulnerable Children
PAO	Provincial AIDS Office
PMTCT	Preventing Mother to Child Transmission
PLWHA	People Living With HIV/AIDS
RH	Referral Hospital
STI	Sexually Transmitted Infection
SHG	Self Held Group
TB	Tuberculosis
VCCT	Voluntary HIV Counseling and Confidential Testing
WVI-C	World Vision Cambodia

## **2-EXECUTIVE SUMMARY**

From April 2006, CHEC implemented the Home Based Care (HBC) project in 22 health centres (HC) in 3 Operational Districts, Sa Ang (10 HC), Preah Sdach (9 HC) and Kampong Tralach (3 HC). This project has so far been accessed by 264 PLWHAs, 165 of which were female. The importance of providing care and support interventions within the community is to assist people living with HIV/AIDS and their families to live positively and to reduce the stress that accompanies this chronic condition.

During this implementation period, CHEC HBC project supported PLWHAs and OVC with both supplementary food and mental health supports. This project also supported the referral costs for them to get blood tests at VCCT and ARV at CoC services.

CHEC also collaborated with the World Food Program by lending their support to the program by providing supplementary food to 238 PLWHA and OVCs every month (aside from the 4 months of November 2006 and the first quarter of 2007).

In April 2007, CHEC conducted the Participatory Appraisal for appraising the Home Based Care program in 3 ODs up to the current stage, and determined the needs and the future plan of PLWHAs. 120 PLWHAs and 360 villagers were selected to be sampled for appraisal.

The result of the appraisal included that 74.1% knew CHEC after April 2006 and the other 25.9% informed had known CHEC before April 2006 (before CHEC started implementing the HBC project). Among 120 PLWHAs, 84% indicated that CHEC HBC project had provided community education, 93.4% said that CHEC provided community counseling, 100% said that CHEC supported the supplementary food to them and visited them at home, 90.7% said that HBC team members had referred clients and PLWHAs to VCCT and CoC services.

100% of PLWHAs indicated that they received a support kit each month. 100% of them said that WFP collaborated with CHEC providing them with rice, vegetable oil and salt every month. Otherwise 100% of PLWHAs said that they were monitored regarding taking ARV/OI drugs. 96.1% said that they used drugs to treat their disease. Among them, 51.6% said that they used ARV and 51.3% said that their health was better than before. 98% of PLWHAs who have school age children said that their children had studied at school.

All PLWHAs said they encountered daily problems. 85% said that they have no skills and other 97% said that they have no capital to generate income.

100% of villagers who live around PLWHAs said that they knew about AIDS, but the result of analysis showed that almost all of them did not know HIV could be transmitted from mother to child. Moreover, 1.8% of villagers said that AIDS is a disease that can be cured because they saw PLWHAs as healthy after taking drugs. All of them provided answers that they didn't stigmatize and discriminate against PLWHAs and that they allow their children to study with school teachers who are HIV+.

100% of villagers know that CHEC the only NGO that supports PLWHAs in their villages. And 100% of them said that CHEC should support skills and 15% thought that CHEC should provide loans to PLWHAs.

In conclusion, all PLWHAs received kits from CHEC every month and they also know the HBC team members who work in their area. They informed that they were supported with rice, salt and vegetable oil from WFP in collaboration with CHEC. The result of the appraisal showed that villagers didn't stigmatize and discriminate against PLWHAs and that they want CHEC to support the skills and capital for them, in order to earn income and support themselves.

### **3-INTRODUCTION**

#### **3-1- Background**

CHEC implemented the Home Based Care (HBC) project in 22 health centres (HC) in 3 of our Operational Districts, Sa Ang (10 HC), Preah Sdach (9 HC) and Kampong Tralach (3 HC). This project has so far been accessed by 264 people living with HIV/AIDS (PLWHA), 165 of which were female. The main activities of the project included:

- Providing social and economic support for PLWHA.
- Assisting PLWHA, and their families, in establishing income-generating activities.
- Referring suspected HIV cases among community members for VCCT.
- Providing referrals to such services as ART, OI prophylaxis and treatment, PMTCT, TB, STI diagnosis and treatment and MMM.
- Ensuring clients had suitable transport to make it to these appointments.
- Training workshops PLWHA and community volunteers/caregivers in Home Based Care.
- Implementing “Positive Prevention” IEC materials for families of PLWHA and community members to promote safer sexual behavior.
- Conducting advocacy, communication and counseling workshops for PLWHA to increase their ability to access social services and to reduce the level of stigma and discrimination encountered by PLWHA.

A baseline survey was conducted in June 2006 to study local knowledge, attitudes and practice as well as the accessibility of health services to PLWHA. The information this survey provided was used in collaboration with other existing data from reliable sources to obtain a perspective on the current situation of PLWHA and OVC in the community. The results of the baseline survey were very positive, as were the training workshops with PLWHA and community volunteers. Across the board there was an increased understanding and participants indicated that they were well equipped to be able to provide home care activities.

In the first year of project, 18 Self Help Groups were established (10 in Sa Ang, 5 in Preah Sdach and 3 in Kampong Tralach) with 257 members, all of whom attended the monthly meetings which usually took place in health center, CHEC sub-office or pagoda. These meetings gave attendees an opportunity to socialize, gain mutual support from one another and share problem solving ideas. It was at these meetings that the idea of a savings scheme was initiated and discussed.

The World Food Program lent their support to the program by providing supplementary food to 238 PLWHA and OVC every month (aside from the 4 months of November 2006 and the first quarter of 2007).

CHEC supported the PLWHA involved in the project by providing them with monthly food supplies, enabling them to spend more time looking after themselves rather than engaging in hard work to ensure they had enough food to survive. The project also worked to reduce discrimination and stigma within the community through providing information, education and communication (IEC) materials. The main achievement of the HBC project, however, was being able to respond to the various and individual needs of PLWHA. Under the care of the HBC, the patients were able to receive comprehensive services such as: basic care at home, access to medical services, psychological support, antiretroviral treatment (ART), TB treatment and information, welfare support and an opportunity to create income generating endeavors.

## 4-DEMOGRAPHIC AND TARGET SAMPLES IN IN THE 3 DISTRICTS

### 4-1-Demography

Kampong Tralach is one of the districts in Kampong Chhnang province. It is located along National Road No. 5 and is 35 km from Kampong Chhnang town and 60 km from Phnom Penh city. Kampong Tralach OD covers 3 administration districts (Kampong Tralach, Samaki Mean Chey and Chul Kiri) consisting of 20 communes with 163,535 population. This Kampong Tralach OD covers 7 HCs (198 villages), three of which the HCs of Seb, Koh Thkov and Taches have been involved in the HBC project since April 2006. There are other two NGOs who work in the same district, Lutheran World Services (LWS) and World Vision Cambodia (WV-C). WV-C has also implemented a HBC project in 4 HC (Svay, Kampong Tralach Leu, Sala leik Pram and Taches).

Sa Ang, located on National Road No. 2, is a district of Kandal province and is 36 km from Phnom Penh and 20 km from Takhmao town. Kandal province consisting of 148 communes, 1087 villages, 8 ODs and 5 Referral Hospitals (RH) and 89 HCs. Sa Ang is one of ODs that covers 10 HCs (100 villages) and the population are 167,256. Most of the people in this district work as either farmers or fishermen. There are other NGOs such as World Relief and WDA who are working in Sa Ang on health with young people and women groups.

Preah Sdach OD is one of 12 ODs in Prey Veng Province that covers 2 administration districts which are Preah Sdach and Peam Chor. The OD office situates in Preah Sdech district where Preah Sdach district governor office is situated 14 km from the National Road No 1 with a muddy gravel road reaching all the way to Banteay Chackrey commune (on the Khmer-Vietnam border). However, OD office is 20 km from Prey Veng town and 104 km from Phnom Penh along National Road No.1. Prey Veng province consisting of 116 communes, 1,136 villages, 7 Referral Hospitals, 9 ODs and 67 HCs. Preah Sdach is one of ODs that covers 9 HCs (129 villages) and the population are 128,440.

### 4-2- Target Samples of PLWHAs and OVC in 3 ODs

At the beginning time, the target samples were 145 and this among had been increase from month to month. The target samples from April 2006 to March 2007 present in the below table.

Table 1 : Number of PLWHA and OVC in 3 ODs

	Kampong Tralach		Sa Ang		Preah Sdach		Total	
	Toatl	Female	Total	Female	Total	Female	Total	Female
April 2006	32	21	132	81	36	43	200	145
May 2006	32	21	132	81	36	42	200	144
June 2006	32	21	144	81	62	43	238	145
July 2006	32	22	144	81	62	43	238	146
August 2006	32	22	144	81	62	43	238	146
September 2006	32	18	144	81	62	44	238	143
October 2006	32	18	152	83	62	37	238	138
November 2006	32	18	152	83	70	37	254	138
December 2006	32	18	152	83	70	37	254	138
January 2007	35	21	152	87	70	43	257	168
February 2007	37	21	152	87	70	43	259	168
March 2007	39	21	152	87	70	43	261	168

Note: among 261 target individuals, 179 of them were PLWHAs (116 were female).

## **5 PARTICIPATORY APPRAISAL INFORMATION**

### **5-1- Goal**

To appraise the Home Based Care program in 3 districts up to current stage, and determine the needs and the future plan of PLWHAs.

### **5-2- Objectives**

- To assess the health status and living condition of PLWHAs who have been receiving support from HBC project.
- To appraise the HBC team members regarding their work plan.
- To assess the needs and expectation of PLWHAs after project finished.

## **6 METHODOLOGY**

### **6-1- Design**

A cross-sectional survey has been developed to determine the participative appraisal of beneficiaries in Project areas.

Interview face to face was the method for collecting the recorded quantitative data.

### **6-2- Materials**

The materials used for this participative appraisal are structured questionnaires which were 2 forms as the following:

- Villager forms
- PLWHA forms

### **6-3- Target population**

122 PLWHAs (79 was female) was selected to be sample size for this appraisal which was according to the total of PLWHAs in 3 ODs (confident interval 5%). Systematic sampling was use for selected samples.

360 villagers (237 were female) were selected to be sample size base on ratio 3/1 with PLWHA and they were around PLWHAs who were the sample of appraisal.

### **6-4- Data store and analysis**

All data recorded on the individual forms during the survey were coded subsequently. Before analysis these data were checked and cleaned for validity prior to the computer entry. The SPSS program was used to store and analyze the data.

### **6-5- Description of the sample PLWHA and villagers**

Table 2: Description sample of appraisal

	Plan		Contact		Eligible	
	N	%	N	%	N	%
PLWHAs	122	100%	122	100%	120	98%
Villagers	366	100%	366	100%	360	99%

## 7- RESULT OF APPRAISAL

CHEC-HBC project teams collected data samples of 122 from PLWHAs (79 of whom were female = 63.8%) in 3 ODs in order to get an appraisal of the mid-term achievement of the project but only 120 eligible samples collected.

The result of this appraisal presented as such:

### 7.1 Data Results of PLWHAs

#### ➤ Information about CHEC

- 120/120 (100%) of PLWHAs known CHEC as they were introduced by HBC members of each OD.
- 82/120 (68.3%) of PLWHAs said that HBC team members introduce them to known CHEC, and others 38/120 (31.7%) informed that CAG members of CHEC introduce them to known HBC.

**Table 3: Information about CHEC**

Information	PLWHAs	
	N	%
A. When did you know CHEC?		
After April 2006	89/120	74%
Before April 2006	31/120	26%
B. Who introduce you to know CHEC?		
HBC Team	82/120	64%
CAG	38/120	32%

#### ➤ Information on activities of HBC project:

101/120 (85%) of PLWHAs said that CHEC had provided community education, 112/120 (93%) of them informed that CHEC-CAGs and HBC team members counselled clients to get blood test at VCCT and PLWHAs to find the treatment services. Otherwise, 120/120 (100%) of them said that CHEC supported kits and visited them at home. As for 120/120 (100%) told that CHEC HBC team members attended the SHG monthly meeting with them.

**Table 4: Activities of CHEC-HBC**

Information	PLWHAs	
	N	%
<b>What did CHEC-HBC do?</b>		
Community education	101/120	85%
Community counseling	112/120	93%
Support kits and supplementary food	120/120	100%
Home visit	120/120	100%
Refer clients and PLWHA	108/120	91%
Conducted SHG meeting	120/120	100 %

#### ➤ Information on CHEC Support

Support kits and supplementary food:

- 117/120 (98%) of PLWHAs said that they received kits since 2006 and other 3/120 (3%) informed that they started to receive kits in 2007.



- 100% (120/120) said that they received supplementary food from CHEC through CHEC-HBC members which were: noodle, canned fishes and dried fishes.
- 100% (120/120) of PLWHAs informed that HBC members delivered the supplementary food to them at their home.
- 100% (120/120) of PLWHAs informed that CHEC collaborated with World Food Program to distribute rice (30Kg), salt (0.5kg), vegetable oil (1 kg) to them every month except 4 months period (November 2006 and January to March 2007).

#### Support on health care:

- 78/120 (65%) of PLWHAs said that HBC team members had visited them at home equal or less than 3 times a week. And other 42/120 (35%) informed that HBC team members had visited them 4 to 5 times a week.
- Among 120 PLWHAs informed that they were provided by HBC team members such as follow:
  - 120/120 (100%) received counselling.
  - 119/120 (99%) received health education.
  - 120/120 (100%) received health care.
  - 120/120 (100%) said that they were checked about taking ARV/OI drugs.
  - 120/120 (100%) said that they had been informed to attend the SHG meeting.

#### ➤ Information on attending the training course

-94/120 (78%) of PLWHAs said that they had attend the training on Home Base Care for PLWHAs that were supported by CHEC and 94/94 (100%) correctly feedback the 3 topics of training modules.

-As for 26/120 (22%) of PLWHAs said that they hadn't attended the HBC workshop, because they were selected to individual target after the training course were conducted.

#### ➤ Information on Drug use

- 115/120(4%) said that they didn't use any drug
- Among of 115 PLWHAs use drugs for treatment who informed as following:
  - 59/115 (52%) informed that they used ARV
  - 52/115 (45%) said that use OI drug
  - 4/115 (3%) told that they use TB and ARV

#### ➤ Results on Health of PLWHA

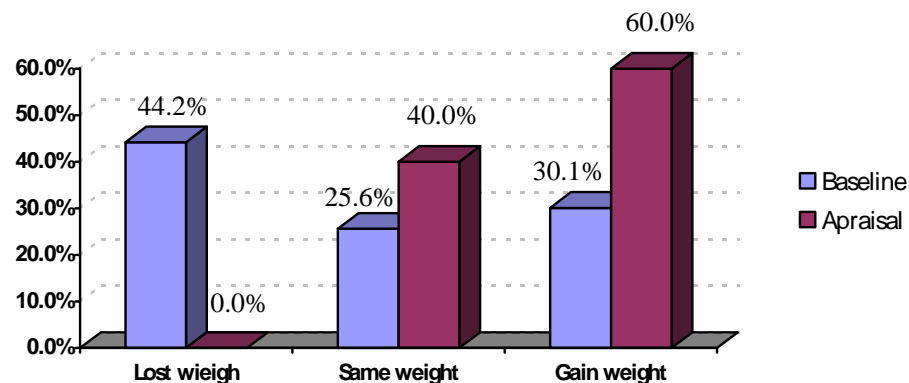
- 7% (8/120) of them informed that their health was as same as before, 42.1% (51/120) said that their health was better then before and other 51% (62/120) confirmed that their health completely healthy.
- 72/120 (60%) informed that their weigh had gained than before, otherwise 48/120 (40.1%) said that their weight was still the same as before.

Table 5: Evolution of Health and weight of PLWHAs

Table 3: Evaluation of Health and Weight of PLWHAs			
Information		PLWHAs	
		N	%
Since you received support from CHEC how are your health / weight?			
Health:			
Weight	The same as before	8/120	7%
	Moderate	50/120	42%
	Good	62/120	52%
	The same as before	48/120	40%
	Gained weight	72/120	60%

And the information of baseline survey present that 25.6% of PLWHAs said that their weigh was the same as before and other 30.1% reported us that they gained weigh. Otherwise 44.2% said us that they had lost weigh. The graph below presented the difference between baseline survey and appraisal

**Graph 1:** The comparison the evolution of weight of PLWHAs between baseline survey and Appraisal



#### ➤ Information about health expenses

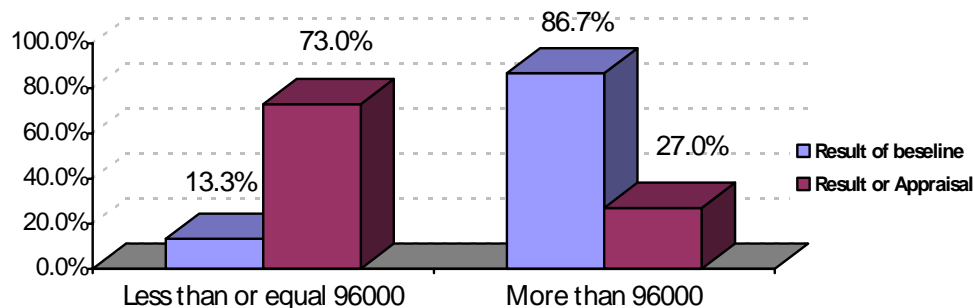
##### • Expenses on health

Among 120 PLWHAs (100%) said that they spend money for their health, they provided the following information as follow

- 88/120 (73%) PLWHAs said that they spend less than or equal 96000 Reils (US\$ 24) per year for care their health.
- Other 32/120 (27%) PLWHAs informed that they spend more than 96000 Reils (US\$ 24) per year for caring their health.

The figure below presents the comparison of expenditure of PLWHAs to take care their health last year:

**Graphic 2: Comparison of expenditure for caring health per year**



##### • Type of expenses

- 119/120 (99%) said that they had spent money to buy medicine (without ARV) that not available in the hospital according to doctor's prescription
- 120/120 (100%) said that paid the additional cost for transportation to get ARV or blood test at Referral hospital or VCCT.
- 42/120 (35%) spent for medical check prior ARV treatment like as X ray, Ethnography, Blood test for hepatitis.

➤ **Information about children goes to school**

82/120 (68%) informed that they have school age child. Among of them informed as following:

- 62/82 (76%) said their children had studied at school.
- And other 20/82 (24%) told that their children didn't study,

➤ **Information on relationship between PLWHAs**

118/120 (98%) of PLWHAs said that they have relation each other. Among of them told the way that they met together as following:

- 116/118 (98%) said that they met together at time of SHG meeting
- 117/118 (99%) said that they met others at time of visit at home
- 55/118 (47%) informed that they related others at time of attending the training course.
- 93/118 (79%) told that they met others at time of getting medicine at Hospital.

➤ **Information about problem that PLWHAs encountered**

All PLWHAs informed the facing problem that they encounter now day such as following

- 119/120(99%) they reported that poor health are their main problems encounter for them,
- 117/120(98%) they worries about no jobs for their future,
- 117/120(98%) said that they have no capital,
- 102/120 (85%) said that they have no skills for income generating
- 5/120(4%) They worried about community discrimination.

➤ **Information on the future plan**

- 18/120 (15%) of PLWHAs said that they have not plan for earning income when CHEC stop support.
- 102/120 (85%) said that they have future plan and they informed as following:
  - 52/102 (51%) want to be farmer
  - 15/102 (15%) want to be business people.
  - 3/102 (2.9%) want to be factory worker.
  - 32/102 (31%) want to be laboured worker and they additionally informed that they haven't field rice, capital for business people. So they thing that they base their physical force for working in the rice field for earning money.

➤ **Information on the needs of PLWHAs for the future**

All PLWHAs said about their needs as following:

- 99/120 (83%) said that they want to have enough food.
- 119/120 (99%) said that they want to have jobs.
- 119/120 (99%) told that they want to have capacity for supporting their child for studying.
- 88/120 (73%) informed that they want have a good health.
- 88/120 (73%) said that they want to have skills.
- 111/120 (93%) said that they want to have capital for doing something in the future.

➤ **Information about suggestion/requests**

All PLWHAs said that they received the information from HBC team members that CHEC will stop to implement the HBC project in March 2008, and they suggest to CHEC as following

- 120/120 (100%) said that they want CHEC to continue the HBC project, or find the partner for continuing to support them. They additionally confirmed that they can't earn enough income for supporting their living status and more ever they can't support their child in studying,
- 112/120 (92%) said that CHEC requested CHEC to establish microfinance, because they want to improve their job

- 55/120(46%) of PLWHAs asked CHEC to improve the project by providing skills to them, and they thought that skills and capacity cause they can improve the living status by themselves for along time.

CHEC Home Based Care Project had implemented the activities for more than a year, based on the above result shown that:

## 7.2 Data results of Villagers appraisal:

### ➤ Information on knowledge of HIV/AIDS

360/360 (100%) informed that they known AIDS and they additionally provided some information as following:

- 338/360 (93.8%) of Villagers said that HIV transmissions by having sex with an HIV+ person,
- 345/360 (95.8%) said that contact the contaminated blood will transmit HIV
- 84/360 (23.3%) said that HIV transmit from mother to child,
- 360/360 (100%) said that having multiple sexual partners without using condom
- 123/360 (34.2%) said that transfusion of untested blood transmit HIV,
- 103/360 (28.6%) said that share syringes and other don't know

Table6 : Information about knowledge of villagers on HIV transmission way

Information	Villager	
	N	%
Having sex with an HIV+ person	338/360	93.8 %
Contact with HIV blood	345/360	95.8%
From mother to child	84/360	23.3%
Having multiple sexual partners without use condom	360/360	100%
Transfusion of untested blood	123/360	34.2%
Share syringes	103/360	28.6%
Unknown	7/360	2 %

Among 360 villagers provided their knowledge on HIV prevention that presented in the below table:

Table7 : Information about knowledge of villagers on HIV prevention

Information	Villager	
	N	%
Abstinence	340/360	94.5%
Use condom	360/360	100 %
To be faithful	358/360	99.4%
Don't have sex with prostitutes	358/360	99.4%
Don't have sex with the person who have many partners	289/360	80.4%
Don't intercourse with person of the same sex	327/360	90.8%
Don't have sex with the person who inject drugs intravenously	293/360	81.5%
Don't transfuse uncontrolled blood	305/360	84.7%
Don't share commune razors, razor blades	340/360	94.5%

➤ **Information about HIV/AIDS treatment**

- 354/360 (98%) said that AIDS cannot be cured
- 6/360 (1.8%) said yes it could be cured and they informed that some PLWHAs were healthy after they take drug

➤ **Information about VCCT sites:**

Among 360 villagers said that they know the VCCT that located at Referral hospital of each OD.

Among of them provided some information on important of blood test that present in the below table

Table8: Information about the idea of villagers for blood test

Information	Villager	
	N	%
Learn how to protect themselves to HIV transmission if their blood test result negative	345/360	95.7%
Learn about HIV/AIDS and also plan for future	347/360	96.4%
Share with other and discuss a possible solution	333/360	92.5%
Prevent spread HIV to others	37/360	10.4%

➤ **Behavior toward person who had HIV +**

- Among 360/360 (100%) villagers confirmed their willing to care their relative who becomes sick with the AIDS who were in their home but they also informed that they didn't know how to care PLWHAs.
- 360/360 (100%) villagers responded that the teachers who was HIV+ should continue to teach.
- 360/360 (100%) villagers said that children can play together without HIV transmission.
- They also informed their attitude to PLWHAs who were in the village as following
  - 360/360 (100%) said that they were friendly with a person who were HIV+
  - 360/360 (100%) said that provide support if PLWHAs need
  - 37/360 (10%) said: Isolate the person so other people do not get HIV
  - 360/360 (100%) Ask the person how they feel and what you can do
  - 37/360 (10.4%) Organize community to provide support for them

All the result above were presented in the below table

Table9 : Information about the attitude of villagers to PLWHAs in their villages

Information	Villager	
	N	%
Be friendly with a person	360/360	100%
Provide support if they need	360/360	100%
Ask PLWHA how they feel and what you can do	360/360	100%

Organize community to provide support for them	37/360	10.4%
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➤ **Information about Name of NGO support**

Among 360/360 (100%) said that CHEC is a NGO provided support to PLWHAs who were in villages.

➤ **Information on what NGO support**

The table below had shown that the villagers had known what was CHEC doing for and supporting to PLWHA in their villages

Table10: Information form villagers about the support from CHEC to PLWHAs in their village

CHEC support PLWHAs	Villager	
	N	%
Support food	360/360	100%
Home visit	360/360	100%
Provide counseling	356/360	98.9%
Refer	356/360	98.9%
Health education	332/360	92.2%
Provide loan	13/360	3.6%
Support child to go to school	0/360	0%

➤ **Information about suggestion to support PLWHA and OVC in the future:**

The information below indicates the willingness of villagers to concern about PLWHA and OVC and they make the suggestion as following result

- 360/360 (100%) said that they want NGO continue to support
- 360/360 (100%) informed that CHEC should provide skill to PLWHAs
- 54/360 (15%) told that CHEC should provide loan to PLWHAs who can use it to make the business that help them to earn income generation to support their living by themselves
- 225/360 (63%) said that CHEC should continue to provide health education to PLWHAs.
- 360/360(100%) told that CHEC should continue HBC activities
- 72/360(20%) said that CHEC should support OVC to go to school

Table 11: Recommendation of Villagers

Villagers' idea on the support PLWHAs in the future	Villager	
	N	%
NGO continue to support	360/360	100%
Provide skill to PLWHA	360/360	100%
Provide load	54/360	15%
Help to develop future plan	201/360	56%
Health education	225/360	63%
Continue HBC activities	360/360	100%
Support OVC to go to school	72/360	20%

## **8 CONCLUSION:**

- PLWHA and people are living in the project areas known CHEC through the Home Based Care team members.
- Home Based Care Project provided care and support to PLWHA and food relief distributed by World Food Program (WFP) is very important for PLWHA stay healthy.
- Based on results of appraisal the stigma and discrimination is reducing gradually in the community, and people affected by AIDS especially OVCs
- The PLWHA mentioned their interest in attending CAG meeting and many villagers interest in being involved in activities against the HIV/AIDS epidemic.
- The OVCs able to attend the schooling and involved with other activities
- The villagers that are living closed to the PLWHAs' houses have knowledge on HIV/AIDS transmission and the prevention from getting AIDS virus.
- Most the people able to find a close VCCT sites if they want to have a blood test and they responded affirmatively with the advantage of doing blood test.

## **11 LESSONS LEARNED**

- CHEC was well known by the PLWHAs and the community in the project areas
- HBC activities are the direct mental and physical support and care for PLWHA in remote area.
- There is not enough capital for PLWHA to generate income to support their family
- Increased quality of life and nutritional status for AIDS orphans and other vulnerable children
- OVCs and PLWHA understand how to prevent themselves from getting re-infected.
- The children of the family who live near the OVCs now can come to play with them and enjoy together.
- Some of PLWHA still struggle to find the incomes to support their families, many of them need to work hard and migrate to other places.
- The nutritional status of some of OVCs still faced with problems due to movement of their families.
- PLWHA still pay their own budget to cover extra cost of buying medicine (with out ARV) and transportation.
- Some of PLWHA have no future plan for their children when CHEC ended the project
- Most people had no ideas to mobilize community to support PLWHA and OVC.
- There is some stigma and discrimination in villages that had no PLWHA.

## **12 RECOMMENDATIONS**

Based on the results of appraisal we recommend as following:

1. Home-Based Care is very important Project to PLWHA regarding training, care, support, home visit, counseling and referral.
2. Micro financial scheme need to be improved to help PLWHA to earn income for themselves and their families.
3. The contribution or donation from people / charity at pagodas or churches can help PLWHA in the community for long term, because they able to generate their small income generation as individual or groups.
4. Improve and maintain Self- Helps in districts in order to help each other to live well with HIV/AIDS through saving committees.
5. Encourage the PLWHA and caregivers to do as much of their own future plans as possible, to build and maintain their living condition when the project phase out and down.
6. HBC skills refresher to PLWHA and Carers by HBC member will be a good way for improve capacity building for them
7. Link PLWHA with Community Action Group (CAG) should be strengthen and follow up in order to maintain community HIV/AIDS prevention.
8. Study tour, experience sharing with other NGOs or partner is the best way to encourage and motivate HBC team members to learn new skills and practices.



# Attachment 1 :

## Descriptive result of participative appraisal among PLWHAs

N	Information	PLWHAs	
		N	%
<b>Q1</b>	<b>A. When did you know CHEC?</b>		
	After April 2006	89/120	74.1%
	Before April 2006	31	25.9%
	<b>B. Who introduce you to CHEC?</b>		
	a. HBC Team	82	63.8%
	b. CAG	38	31.7%
<b>Q2:</b>	<b>What did CHEC-HBC do?</b>		
	A. Community education	101/120	84.8%
	B. Community counseling	112/120	93.4%
	D. Support kits and supplementary food	120/120	100%
	E. Home visit	120/120	100%
	F. Refer clients and PLWHA	108/120	90.7%
	G. Conducted SHG meeting	120/120	100 %
<b>Q3.</b>	<b>A. Have you received support from CHEC?</b>		
	1. Yes	120	100 %
	2. No.	0	0 %
	<b>B. If yes, when did you receive it?</b>		
	From 2006	117/120	97.5 %
	From 2007	3/120	2.5 %
	<b>C. What kind of support did you receive?</b>		
	- Noodle	120/120	100 %
	- Canned fish	120/120	100 %
	- Dried fish	120/120	100 %
	<b>D- How to receive this support</b>		
	HBC team delivered this support to my home	120/120	100 %
	<b>E-Had you received other support beside kits?</b>		
	Yes	120/120	100%
	<b>If yes, What kind of support that you received?</b>		
	Rice	120/120	100%
	Vegetable oil	120/120	100%
	Salt	120/120	100%
	Bean ( some time)	120/120	100 %
	<b>Who support you?</b>		
	CHEC and World Food Program	120/120	100%
<b>Q4</b>	<b>Do you know HBC team member name?</b>		
	Yes	120/120	100.0%
	No	0	0.00%
<b>Q5</b>	<b>How often had HBC team member visited you at home per week?</b>		
	1 time	20/120	16.7%
	2 times	40/120	33.3%
	3 times	18/120	15%
	4 times	22/120	18.3%
	5 times	20/120	16.7%
<b>Q6</b>	<b>What did they do during home visit?</b>		
	Provide counselling	71/120	59.2%

	Heath éducation	119/120	99.3%
	To Provide health care	120/120	100%
	Checked taking ARV/OI	120/120	100%
	Inform to attend SHG meeting	120/120	100%
<b>Q7</b>	<b>How do you think about CHEC?</b>		
	good	120/120	100%
<b>Q8</b>	<b>Had you attend HBC training course?</b>		
	Yes	94/120	78.2%
	No	26/120	21.7%
	<b>If yes please name 3 topics among course module</b>		
	Correct response	120/120	100.0%
	<b>Among 26 of 120 PLWHAs who hadn't attended the training course informed the reason</b>	26	
	Because I was selected to be individual of HBC target after training course conducted in 2006	24/120	
<b>Q9</b>	<b>Now day, what drugs do you take?</b>		
	Among of 115 PLWHAs use drug		
	ARV	59/115	51.6%
	OI	52/115	45.0%
	TB+ ARV	4/115	3.4%
<b>Q10</b>	<b>Since you received support from CHEC how is your health / weight?</b>		
	<b>Health:</b>		
	The same as before	8/120	6.6%
	Moderate	50/120	42.1%
	Good	62/120	51.3%
	<b>Weight</b>		
	The same as before	48/120	40.1%
	Gained weight	72/120	59.9%
<b>Q11</b>	<b>How much had you spend to care your health for the last year?</b>		
	More than 96,000R	32/120	26.7%
	Less of equal 100,000R	88/120	73.3%
<b>Q12</b>	<b>If yes what did you spend for?</b>		
	Bought medicine at the time of hospitalization.	120/120	100%
	Spent for additional transportation	120/120	100%
	For other clinical check such as: X-ray, E- cho hepatitis etc...	33/120	27.6%
<b>Q13</b>	<b>Whose house were you staying?</b>		
	Own house	89/120	74.3%
	Relative hose	31/120	25.7%
	Rental house	0/120	0%
<b>Q14</b>	<b>Do you have school age child?</b>		
	Yes	82/120	75.6%
	No	38/120	31.5%
	<b>If yes, had they gone to school?</b>		
	Yes	62/82	98%
	No	20/82	2%
<b>Q15</b>	<b>Had you ever relate/link with other PLWHA?</b>		
	Yes	118/120	98.0%
	No	2/120	2.0%
	<b>If yes, how do you relate with them?</b>		
	At the time of SHG meeting	116/120	98.0%
	During home visit	117/120	99.3%
	Attended the HBC training course	55/120	46.7%
	At the time of getting medicines	93/120	78.9%

<b>Q16</b>	<b>What problems did you faced?</b>		
	No job	92	77%
	No Capital	120	100%
	No skills	81	67.1%
	Community discrimination	4	3.3%
	Lack of money to transport to CoC services	2	1.3%
	No rice field	4	3.3%
<b>Q17</b>	<b>If CHEC stop support, do you have future plan for incomes generation? When CHEC stop support, what will you plan to do for income in your families?</b>		
	Yes, I have	102/120	85%
	No, I didn't have the future plan yet	18/120	15%
	Among of 102 PLWHAs have future plan who told as follow		
	Farmer	67/102	65.7%
	Factory worker	3/102	2.9%
	Labored worker	32/102	31.4%
<b>Q18</b>	<b>What are the needs for you and your family in the future?</b>		
	Have enough food	99/120	82.2%
	Have jobs	119/120	99.3%
	Able to support the child to school	119/120	99.3%
	Have good health	88/120	73.6%
	Have skills	120/120	100%
	Have Capital	96/120	79.6%
<b>Q19</b>	<b>What do you want to suggest/ need from CHEC?</b>		
	CHEC continue activities	120	100%
	CHEC find the partner to continue	45	37.5%
	CHEC establish microfinance	88	73.7%
	CHEC Should provide skills to PLWHA (capacity building about income generation)	120	100.0%

## Attachment 2 :

### Descriptive information of participative appraisal among Villager at four ODs April 2007

N	Information	Villagers	
		Number	Percentage
	<b>Did you know AIDS?</b>		
	<b>Yes</b>	360/360	100%
<b>Q1:</b>	<b>How is HIV transmission?</b>		
	Having sex with an HIV+ person	338/360	93.8 %
	Contact with HIV blood	345/360	95.8%
	From mother to child	84/360	23.3%
	Having multiple sexual partners without use condom	360/360	100%
	Transfusion of untested blood	123/360	34.2%
	Share syringes	103/360	28.6%
	unknown	7/360	2 %
<b>Q2:</b>	<b>How to prevent HIV transmission?</b>		
	Abstinence	340/360	94.5%
	Use condom	360/360	100%
	To be faithful	358/360	99.4%
	Don't have sex with prostitutes	358/360	99.4%
	Don't have sex with person who have many partners	289/360	80.4%
	Don't intercourse with parson of the same sex	327/360	90.8%
	Don't have sex with persons who inject drugs intravenously	293/360	81.5%
	Don't transfuse uncontrolled blood	305/360	84.7%
	Don't share commune razors, razor blades	340/360	94.5%
<b>Q3:</b>	<b>Can a person who has AIDS be cured?</b>		
	Yes	6/360	1.8%
	No	354/360	98.2%
<b>Q4</b>	<b>Have you receive any information about HIV/AIDS in your community in the last year?</b>		
	Yes	324/360	90%
	No	4/360	1%
	Don't know	25/360	7%
<b>Q5:</b>	<b>Where can you get a blood test for HIV/AIDS?</b>		
	In Sa Ang RH	136/360	37%
	Chey Chumnas RH	198/360	55 %
	Koh Thom RH	26/360	7%
	Kampong Tralach OD	244/360	67%
	OD preah Sdach	284/360	78%
	Nak Loeung	76/360	21%
	Phnom Penh	0/360	0%
	Private laboratory	0/360	0%
	Kampong Chhnang RH	90/360	25%
	In Takeo RH	26/360	7%
<b>Q6</b>	<b>Why is it important for people to get test for HIV?</b>		
	Learn how to protect your self if negative	345/360	95.7%
	Learn about HIV and how to take care of yourself	347/360	96.3%

	Plan for your future	347/360	96.3%
	Share your problems and discuss solution	333/360	92.6%
	Ask extra good care	0/360	0%
	Prevent spread to other	342/360	95.1%
	Don't know	37/360	10.4%
	Others	0/360	0%
<b>Q7:</b>	<b>Is your relative HIV +, would you be willing to care for him/her in your own household?</b>		
	Yes	360/360	100%
<b>Q8:</b>	<b>If the teacher has the AIDS virus but is not sick, should he/she be allowed to continue teaching in school?</b>		
	Yes	360/360	100%
<b>Q9:</b>	<b>Would you allow your child to play with a child who has the AIDS virus?</b>		
	Yes	360/360	100%
<b>Q10</b>	<b>If any one in your village has HIV+ what should the community do?</b>		
	Be friendly with a person	360/360	100%
	Provide support if they need	360/360	100%
	Ask the person how they feel and what you can do	360/360	100%
	Organize community to provide support for them	37/360	10.4%
	Pretend you do not know so they will not lose face	0/360	0%
<b>Q11</b>	<b>What are NGOs 'name supporting PLWHA in your village?</b>		
	CHEC	360/360	100%
<b>Q12</b>	<b>What are the works of this NGO?</b>		
	Support food (noodle, canned fish , dry fish, rice, oil, salt and some bean)	360/360	100%
	Home visit	360/360	100%
	Provide counseling	356/360	98.8%
	Refer	356/360	98.8%
	Health education	332/360	92.2%
	Provide loan	13/360	3.6%
	Support child to go to school	0/360	0%
<b>Q15</b>	<b>Did you communicate/link with PLWHA in your village?</b>		
	Yes	289/360	80.4%
	No	71/360	19.6%
<b>Q18</b>	<b>Do you have any suggestion or request to support PLWHA and OVC in the community?</b>		
	NGO continue to support	360/360	100%
	Provide skills to PLWHA	360/360	100%
	Provide loan	54/360	15%
	Health education	225/360	63%
	Continue HBC activities	360/360	100%
	Support OVC to go to school	72/360	20%

### Attachment 3

**CAMBODIAN HIV/AIDS EDUCATION AND CARE**  
Questionnaire for Participative Appraisal of HBC Project

**Target Groups**

**Code :** ☐ ☐ ☐

**Village:**.....

**Commune:**.....

**Interviewer:**.....

**OD:**.....

**Date:**.....

**Q1. A. When did you know CHEC?**

After April 2006

☐

Before April 2006

☐

**B. Who introduce you to CHEC?**

a. HBC Team

☐

b. CAG

☐

**Q2: What did CHEC do?**

A. Community education

☐

B. Community counseling

☐

C. Support kits and supplementary food

☐

D. Home visit

☐

E. Refer clients and PLWHA

☐

F. Conducted SHG meeting

☐

**Q3. A. Have you received support from CHEC?**

1. Yes

☐

2. No.

☐

**B. If yes, when did you receive it?**

- From 2006

☐

- From 2007

☐

**C. What kind of support did you receive?**

- Noodle

☐

- Canned fish

☐

- Dried fish

☐

- Rice

☐

- Oil

☐

- Salt

☐

- Bean (some time)

☐

**D. How to receive this support**

A. Go to get myself

☐

B. HBC team delivered this support to my home

☐

C. Other

☐

**Q4: Since you received support from CHEC how are your health / weight?**

**Health:**

- A. The same as before ☐
- B. Good ☐
- C. Moderate ☐
- D. Others ☐

**Weight**

- A. The same as before ☐
- B. Gained weight ☐
- C. Others ☐

**Q5: Did you have the blood test?**

- 1- Yes ☐
- 2- No ☐

**Where did you take the blood test?**

- A. In Sa Ang RH ☐
- B. Chey Chumnas RH ☐
- C. Koh Thom RH ☐
- D. Kampong Tralach OD ☐
- E. OD Preah Sdach ☐
- F. Nak Loeung ☐
- G. Phnom Penh ☐
- H. Private laboratory ☐
- I. Kampong Chhnang RH ☐
- J. In Takeo RH ☐
- L. Others ☐

**Q6: Now day, what drugs do you take?**

- A. ARV ☐
- B. OI ☐
- C. TB+ ARV ☐
- E. Others ☐
- F. None ☐

**Q7: Had you attend HBC training course?**

- 1. Yes ☐
- 2. No ☐

**If yes please name 3 topics among course module**

- A. Correct response ☐
- D. At the time of getting medicines ☐
- E. Others ☐

**Q8: How much had you spend to care your health for the last year?**

- More than 96,000R ☐
- Less or equal 100,000R ☐

**If yes, what did you spend for?**

- A. To buy medicines at the time of hospitalization (without ARV) ☐
- B. Spent user fees ☐
- C. Spent for transportation ☐
- D. For other clinical check such as: X-ray, E- cho hepatitis etc ☐

**Q9: Who house were you staying?**

- A own house ☐
- B. Relative house ☐
- C. Rental house ☐

**Q10: Do you have school age child?**

- 1. Yes ☐
- 2. No ☐

**If yes, had they gone to school?**

- 1. Yes ☐
- 2. No ☐

**Q11: Had you ever relate/link with other PLWHA?**

- 1. Yes ☐
- 2. No ☐

**If yes, how do you related with them?**

- A. At the time of SHG meeting ☐
- B. During home visit ☐
- C. Attended the HBC training course ☐

**Q12: When CHEC stop support, what will you do for income in your families?**

- A. Farming ☐
- B. Factory worker ☐
- C. Labored work ☐
- D. Do not have future plan yet ☐
- E. Don't know ☐

**Q13 What are the needs for you and your families in the future?**

- A. Have available/enough food ☐
- B. Have jobs ☐
- C. Able to support the child to school ☐
- D. Have good health ☐
- E. Have own house ☐
- F. Have skills ☐
- G. Have Capital ☐
- H .Others ☐

**Q14: What are your current jobs?**



- A. Farmers ☐
- B. Business person ☐
- C. Factory worker ☐
- D. Labored worker ☐
- E. Animal raising ☐
- F. Motor taxi driver ☐
- G. Construction worker ☐
- H. No job, stay home ☐
- I. Others ☐

**Q15: Do you know HBC team number name?**

- 1. Yes ☐
- 2. No ☐

**Q16: How often had HBC team member visited you at home per week?**

- A. 1 time ☐
- B. 2 times ☐
- C. 3 times ☐
- D. 4 times ☐
- E. 5 times ☐
- F. None ☐
- G. Others ☐

**Q17: What did they do during home visit?**

- A. Provided kits ☐
- B. Provided counseling ☐
- C. Health education ☐
- D. Provided health care ☐
- E. Checked taking ARV/OI ☐
- F. Make a referral ☐
- G. Inform to attend SHG or urgent meeting ☐
- H. Do nothing ☐
- I. Others ☐

**18: How do you think about CHEC?**

- A. good ☐
- B. Fair ☐
- C. poor ☐

**Q19: What are the problems are you faced?**

- A. Poor health ☐
- B. No job ☐
- C. No Capital ☐
- D. No skills ☐
- E. Some community discrimination ☐
- F. CoC service was far away from home ☐

- G. Lack of money to transport to CoC services ☐
- H. no rice field ☐
- I. Have debts ☐

**Q20: What do you want to suggest/ need from CHEC?**

- A. CHEC continue activities ☐
- B. CHEC find the partner to continue ☐
- C. CHEC establish microfinance ☐
- D. CHEC Should provide skills to PLWHA (capacity building) ☐
- E. Others ☐

**Attachment: 4**

**CAMBODIAN HIV/AIDS EDUCATION AND CARE**

**Questionnaire for Participative Appraisal of HBC Project**

**Target Group villagers**

**Code:** ☐ ☐ ☐

**Village:**.....

**Commune:**.....

**Interviewer:**.....

**OD:**.....

**Date:**.....

**Q1: Did you know HIV/AIDS?**

- Having sex with an HIV+ person
- Contact with HIV blood
- From mother to child
- Having multiple sexual partners without use condom
- Transfusion of untested blood
- Share syringes
- Unknown

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**Q2: How to prevent HIV transmission?**

- Abstinence
- Use condom
- To be faithful
- Don't have sex with prostitutes
- Don't have sex with person who have many partners
- Don't intercourse with parson of the same sex
- Don't have sex with persons who inject drugs intravenously
- Don't transfuse uncontrolled blood
- Don't share commune razors, razor blades

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**Q3: Is a relative of yours become sick with the AIDS virus, would you be willing to care for him/her in your own household?**

- Yes
- No
- Don't know

☐  
☐  
☐

**Q4: Can a person who has AIDS be cured?**

- Yes
- No

☐  
☐

**Q5: If the teacher has the AIDS virus but is not sick, should he/she be allowed to continue teaching in school?**

- Yes
- No
- Don't know

☐  
☐  
☐

**Q6: Would you allow your child to play with a child who has the AIDS virus?**

- Yes
- No
- Don't know

☐  
☐  
☐

**Q7: Have you receive any information about HIV/AIDS in your community in the last year?**

- Yes ☐  
No ☐

**Q8: Where can people get a blood test for HIV/AIDS?**

- In Sa Ang RH ☐  
Chey Chumnas RH ☐  
Koh Thom RH ☐  
Kampong Tralach OD ☐  
OD preah Sdach ☐  
Nak Loeung ☐  
Phnom Penh ☐  
Private laboratory ☐  
Kampong Chhnang RH ☐  
JIn Takeo RH ☐

**Q9: Why is it important for people to get test for HIV?**

- Learn how to protect your self if negative ☐  
Learn about HIV and how to take care of yourself ☐  
Plan for your future ☐  
Share your problems and discuss solution ☐  
Ask extra good care ☐  
Prevent spread to other ☐  
Don't know ☐  
Others ☐

**Q10: If any one in your village has HIV what should the community do?**

- Be friendly with a person ☐  
Provide support if they need ☐  
Do nothing ☐  
Ask the person to leave the community ☐  
Isolate the person so other people do not get HIV ☐  
Ask the person how they feel and what you can do ☐  
Organize community to provide support for them ☐  
Pretend you do not know so they will not lose face ☐  
Don't know ☐  
Others ☐

**Q11: What are NGOs 'name supporting PLWHA in your village?**

- CHEC ☐  
World Vision ☐  
CRC ☐  
Women ☐  
Don't know ☐  
Others ☐

**Q12: What are the works of CHEC?**

- Support food (noodle, canned fish , dry fish, rice, oil, salt and some bean) ☐  
Home visit ☐  
Provide counseling ☐  
Refer ☐  
Health education ☐  
Provide loan ☐

Support child to go to school	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
others	<input type="checkbox"/>
 <b>Q13: Did you attend PLWHA funeral some time?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
 <b>Q14: Did you communicate/link with PLWHA in your village?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
 <b>Q15: Did you attend PLWHA meeting re decision making?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
 <b>Q16: Did you know CAG and SHG in your villages?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
 <b>Q17: Do you want to be a SHG or CAG in your village?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
 <b>Q18: Do you have any suggestion or request to support PLWHA and OVC in the community?</b>	
NGO continue to support	<input type="checkbox"/>
Provide skills to PLWHA	<input type="checkbox"/>
Provide loan	<input type="checkbox"/>
Held to develop future plan	<input type="checkbox"/>
Health education	<input type="checkbox"/>
Continue HBC activities	<input type="checkbox"/>
Support OVC to go to school	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Others	<input type="checkbox"/>