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ARV Users Association

(AUA)

## *Global Annual Report*

- Date of report* : *January 31<sup>st</sup> 2012*
- Organization name* : *ARV Users Association (AUA)*
- Project title* : *PLHIV Psychosocial Support within  
OI/ARV Structure*
- Reporting period* : *January 1<sup>st</sup> -December 31<sup>st</sup>, 2011*
- Area of intervention:* *Phnom Penh and Kampong Cham*

*For the year of 2011*

## Table of Contents

|                                                                                                                                                                                                               |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| I- History.....                                                                                                                                                                                               | 2  |
| II- Achievement.....                                                                                                                                                                                          | 2  |
| a- Objective 1:                                                                                                                                                                                               |    |
| To provide psycho-social support and treatment education to people living with HIV receiving treatment in Phnom Penh and Kampong Cham province .....                                                          | 2  |
| 1.1 Manage the reception/triage of PLHIV at OI/ART clinics .....                                                                                                                                              | 2  |
| 1.2 Trace all lost to follow up patients at KSFH OI/ART centers.....                                                                                                                                          | 2  |
| 1.3 Organize and conduct group discussions with PLHIV at the OI/ART centers.....                                                                                                                              | 4  |
| 1.4 Provide individual counseling sessions for OPD patients at KSFH.....                                                                                                                                      | 4  |
| 1.5 Provide Social support at OPD and IPD patients of the OI/ART centers.....                                                                                                                                 | 4  |
| 1.6 Provide social support and counseling to IPD patients at KSFH.....                                                                                                                                        | 5  |
| 1.7 Provide education on positive prevention.....                                                                                                                                                             | 5  |
| 1.8 Provide transportation assistance to patients at OI/ART centers, as well as Housing at the Patient House for patients in needs in KC.....                                                                 | 6  |
| 1.9 Organize regular meetings with OI/ART and health staff in KC and OI/ART centers in Phnom Penh.....                                                                                                        | 6  |
| b- Objective 2:                                                                                                                                                                                               |    |
| To build the network of PLHIV in Cambodia in order to encourage mutual support, adherence and advocacy for quality of care in treatment centres at Phnom Penh and Kampong Cham.....                           | 7  |
| 2.1 Organize and conduct Monthly Meetings for AUA members in Phnom Penh.....                                                                                                                                  | 7  |
| 2.2 Contribute to AUA staff capacity building.....                                                                                                                                                            | 8  |
| 2.3 Annual Meetings for AUA members.....                                                                                                                                                                      | 8  |
| 2.4 Board Meeting.....                                                                                                                                                                                        | 9  |
| c- Objective 3:                                                                                                                                                                                               |    |
| To provide administrative support for the leadership of the association in order that activities can be implemented effectively and efficiently and the network of PLHA continues to expand to new areas..... | 10 |
| 3.1 Meetings with NGO Partners (don't know).....                                                                                                                                                              | 10 |
| 3.2 Project orientation meetings for AUA staff.....                                                                                                                                                           | 11 |
| 3.3 Organize special events celebration (World AIDS Day/Candle Light Day).....                                                                                                                                | 12 |
| 3.4 Study Tour for PLHIV.....                                                                                                                                                                                 | 12 |
| 3.5 management team meeting.....                                                                                                                                                                              | 13 |
| III- Challenge/Problem and Solution.....                                                                                                                                                                      | 13 |
| IV- Lesson learnt /Case study.....                                                                                                                                                                            | 14 |
| V- Organizational development.....                                                                                                                                                                            | 15 |
| VI- Suggestion.....                                                                                                                                                                                           | 15 |
| VII- Future direction.....                                                                                                                                                                                    | 15 |
| VIII- Acronym.....                                                                                                                                                                                            | 16 |

I- History

AUA is a non-profit association comprised of a small group of people living with HIV/AIDS using ARV. AUA was founded in January 2002 with the cooperation of Médecins Sans Frontières – France, and registered with the Cambodian Ministry of Interior in December 2003. This group provided a unique opportunity for mutual support, understanding, and advice between people living with HIV (PLHIV) in Phnom Penh and was facilitated on a voluntary basis with no structures or administrative support. AUA currently facilitates activities in the OI/ART outpatient and inpatient departments at Khmer-Soviet Friendship Hospital Phnom Penh, the Kampong Cham Referral Hospital. In 2011, AUA is scaling up to include several new clinics in Kampong Cham province and in the Phnom Penh areas. AUA coordinates a network of a total of 1681 members (Male: 666, Female: 1015) across Cambodia. The objective of this association is to create an active community of PLHIV using ARV to support them to ensure effective adherence to their treatment and continuous involvement in the community, and to promote quality of care and treatment within OI/ART facilities in Cambodia. AUA responds to the needs of their members in order to empower them to improve their quality of life and work to improve the HIV/AIDS health system for future patients. Currently, 74% of AUA staff is people living with HIV/AIDS

## II- Achievement

a. Objective 1: To provide psycho-social support and treatment education to people living with HIV receiving treatment in Phnom Penh and Kampong Cham province

### 1- Manage the reception/triage of PLHIV at OI/ART clinics

In this year for 2011, AUA was very active to play a key role to assist PLHIV and OI/ART clinics which AUA worked with. From January to December, 2011, the reception/triage at OI/ART clinics were managed and responded by AUA staff. There were 7 OI/ART clinics, from one national hospital, six referral hospitals and one health centre covered. The reception activity is facilitated the patients who came to access the OI/ART services such as register the patients for both new and old cases, manage and organize patient files for doctors, facilitate patients to meet doctors when sever sickness, refer patients to meet counselors, pharmacist also send patients to attend education and manage all patient documents for data entry. From started in January to December, 2011, 1307 new files (747 files for OI and 560 files for ART) managed and registered by AUA receptionists. 27,676 patient cases facilitated for consultation with doctors, 2546 cases for OI and 25130 cases for OI/ART.

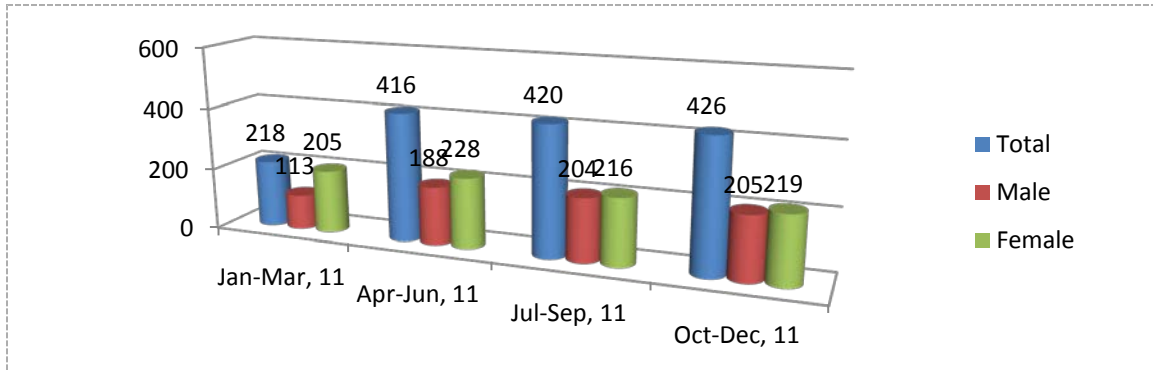
### 2- Trace all lost to follow up patients at KSFH OI/ART centers.

In this year, almost countrywide in Cambodia, the natural disaster cause by storm and flood were happened from August to October, 2011. Many provinces were affected by disaster for the barriers for daily works and travel to everywhere. In this period there have many issues arises after stormed and flooded not only people could not able to works, lost benefits, lost works and many people have been died to include PLHIV but also disasters were destroyed infrastructure like road, rice field, gardening, school and others. Many things affected to PLHIV, especially they could not come to access the services at OI/ART clinics because of high cost for transportation and don't have transport means. After stormed and flooded, it still had problems for PLHIV like faced with other diseases infected and lack of food. A total of 1478 patients have been traced to patients did not come to access the services after two days appointment and there were 952 patients came for access

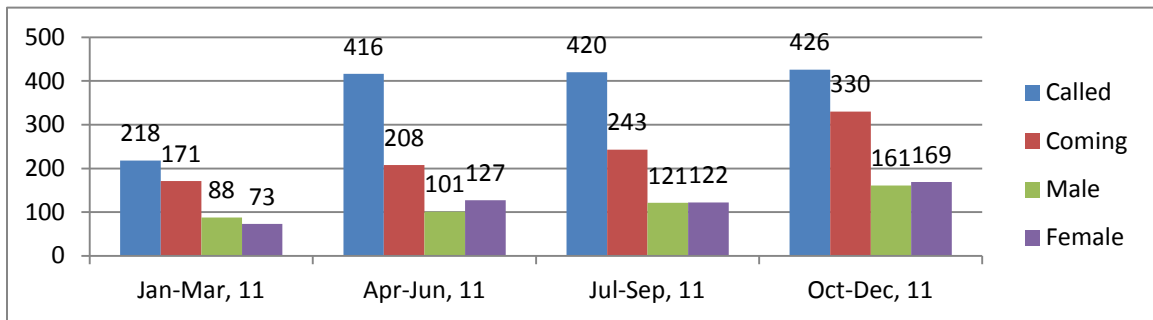
after called. This activity has conducted by group organizer, social workers and counselors of AUA. The 3 ways intervention used for tracing patients who missed appointment in pushing them to access the treatment as below:

- 1)- Direct phone call to patients or relative
- 2)- Contact with Home Base Care team worked in community for assistance
- 3)- Direct visit to community for finding patients.

**Chart of patient traced by phone (Jan-Dec, 2011)**

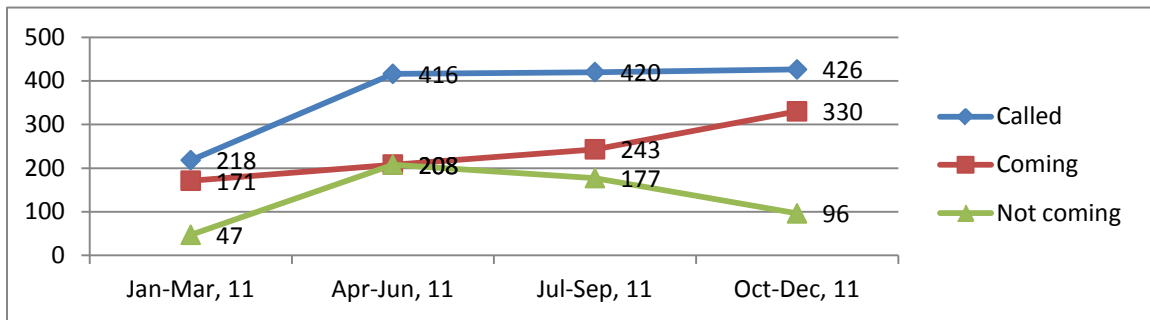


**Number of Patients came for treatment after called**



This activity was traced only patients did not come after one or two days by missed appointment with doctors did not record patients came before appointment. A whole year from January to December, 2011, a total of 528 patients did not come to access the services. Some of reasons they were not able to treatment including migration to work in Thailand, Moved to find new job at other provinces, their contact number not available or not contacted. Below is the chart to show the number of patients did not come after called. Some of them moved to receive treatment closed their community without informed and transferred by medical doctors and some patients abandoned their treatment with OI/ART clinic to get traditional/herbal treatment.

**The Number of Patients did not come to compare with the number of patients after called**



3- Organize and conduct group discussions with PLHIV at the OI/ART centers

This activity was conducted every day by group organizers at OI/ART places to patients who came to access the services at OI/ART clinics. There were two difference groups of education provided for old cases in order to followed up their drugs adherence, and new cases for patients who required to start ARV treatment as soon as. The topics covered for education on HIV/AIDS evolution, how about HIV/AIDS infection and prevention, the differences between HIV/AIDS and STD, Sexual Transmitted Diseases(STD), Opportunistic infection deceases treatment, condom use, advantage and disadvantage of ARV drug, ARV drug size affect, drug adherence. A total of 5190 patients (2374 of male patients, 2816 of female patients), were attended with 824 of group sessions.

4- Provide individual counseling sessions for OPD patients at KSFH

This activity was operated in one of seven OI/ART clinics covered by AUA only at KSFH and for other OI/ART clinics had been responsible by government nurses. From January to December, 2011, the total of 3961 patients met two counselors of AUA worked in KSFH. Most of issues of patients were included female patients got mental health problems it caused from domestic violent, did not follow to take a medicine to prescripts, living standard conditions problems (no jobs, health issues, no income). Otherwise, counselors met problems like difficult in facilitated with other OI/ART clinics to find new services for patients lost followed up especially the patients who used the second line of ARV and less OI/ART clinic available for.

5- Provide Social support at OPD and IPD patients of the OI/ART centers

AUA staff normally worked in both OPD and IPD in aimed to provide psychosocial support to the patients who came to consult with doctors, health medical checked up and hospitalized. 2339 patients (1205 male, 1134 female) were supported the consultation fee at OPD, 598 patients (296 male, 302 female) were supported lab test, 180 patients who received hygiene packaged (tooth brush, tooth paste, hand towel, detergent, shampoo, soap), 44 caregivers who found for taking care patients during their hospitalized. In 2011, a total of 103 patients 52 male patients and 51 female patients) died at hospitalize and their community and 20 death patients (6 male, 14 female) were supported by AUA. Beside of those social supported above, AUA has referred patients to access the appropriate health services did not available in placed and used such as echo, X-ray, Prevention of Mother To Child Transmission (PMTCT) , Voluntary and Confidential Counseling and Testing(VCCT), operation and gynecology for a total of 2521 cases ( 1201 male, 1320 female).

For additional, AUA has negotiated with other NGOs which have equity fund activity especially URC for provided the equity fund card to the poor PLHIV through interview was conducted by AUA to the PLHIV who treated only in Khmer Soviet Friendship Hospital cohort. The patients could be used this card for free of charge when they came to access the services for OPD and IPD. Among 807 PLHIV who attended interviewed, there were 704 patients received equity fund cards and 298 male, 406 female patients for the second phased conducted by AUA.



Social support activities

- 6- Provide social support and counseling to IPD patients at KSFH  
3103 visited to patients conducted by AUA counselor staff at IPD met a total of 7679 cases of patients during their hospitalized at IPD. This visit, AUA counselor has provided counseling in willing to encourage patients to take attention and consider about their health, assist them in taking a medicine, provided primary health care education and alert to lonely severed sickness patients and did not have relative to take a medicine. AUA counselor always contacted nurse or doctor came to treat patients when necessary needed.
- 7- Provide education on positive prevention  
Six pictures message cards (called Bomnong Card) used for education on positive prevention activity. These cards were used to discuss of six key points with PLHIV with self confidence to strengthen the information for patients who already received these information during they came to meet counselors after tested for HIV. These cards used for find out on their wishes and needs especially to determine the issues in urgent respond and follow up included unknown their partners, STD symptoms, pregnancy and so on. Each six Bomnong Cards have difference specific key information such as: 1)- OI/ARV drug use adherence 2)- Wedding and relationship 3)- Love and sexuality 4)- Pregnancy 5)- Self preventing and other and 6)- Support need. *Why this activity has been considered?* Some reasons have been raised for initiative to develop project comprises 1)- HIV has been infected by PLHIV 2)- PLHIV still have a sensitive sexuality with high risk behaviors and 3)- PLHIV have the rights to reach information if what they live comfortably with HIV. Total of 803 patients (356 male and 447 female) reached with a minimum packaged of positive prevention which were conducted by AUA counselors and group organizers.
- 8- Provide transportation assistance to patients at OI/ART centers, as well as Housing at the Patient House for patients in needs in KC

This activity was a part of assisted to reduce the poorest patients who did not able coming with appointment made by medical doctors for fallow up their health. This supported for financial transport assistance based on actual payment. Some patients were whole round trips supported and some for one way supported. The patient supported has fit to the criteria set by AUA such as many children in dependent, widow/widower don't have a job, disable people and so on. 827 patients(278 male and 549 female patients) received financial transport assistance. Beside of transportation supported, AUA has a patient house for patients did not able go back home on the same day because of they live far away from OI/ART clinic and slept in the patient house. The patients did not allow for over two nights stayed there. During they're stayed at patient house, they received two time of food for the evening and the morning before they leaved to access the services. There were 363 people (41 male, 173 female, 149 children) stayed in patient house included accompaniers. Due to they stayed at the patient house, only 290 patients received food support. In additional, patients who stayed in the patients house has been educated by patient house caretakers such as primary health care, HIV/AIDS evolution, drug adherence, share information encountered and also have new friends.

- 9- Organize regular meetings with OI/ART and health staff in KC and OI/ART centers in Phnom Penh

AUA staff were involved the meeting with OI/ART staff to discuss and share information encountered or problems raised by patients to the meeting. Some hospitals which AUA operated with at OI/ART clinics especially in Kampong province always attended 3time every month. The meeting called 1)- monthly meeting for all hospital staff and AUA staff. This meeting has aimed to push the implementation focused on relationship and communication, collaboration and unity, strengthen staff responsibility (time management), update achievement report by department, solve problems encountered and find strategies to avoid problems. 2)- Meeting for OI/ART medical doctor, counselor and AUA staff involved. The meeting focused on drug problems was happened with patients in aimed to find on how to make and push them to be considered on drug adherence and efficiency taking medicine, to glorify the collaboration between OI/ART doctor, counselor and AUA staff with strengthen the follow up action for patients did not regularly come and did not take medicine follow to prescription, solve the missed and lost follow up patients problem. 3)- Counseling team meeting for counselor and AUA staff in aimed to raise the issues met with patients and find the way to assist them especially those who missed appointment, did not regular take medicine... and 4)- Technical working group(TWG)meeting for only medical doctor but sometime invited AUA staff to attend on related issues. The meeting focused on the complexes infectious opportunistic disease symptoms solving. On the other hand, OI/ART doctor always requested AUA receptionist staff to assist the follow up to the patients who have to check viral load test, introduce to patients for other services such as radiotherapy, Echo, CD4 count, Transaminas... and also informed to patients who positive test coming for fast treatment.

- b. Objective 2: To build the network of PLHIV in Cambodia in order to encourage mutual support, adherence and advocacy for quality of care in treatment centres at Phnom Penh and Kampong Cham.

1- Organize and conduct Monthly Meetings for AUA members in Phnom Penh

The PLHIV monthly meeting took place only in Phnom Penh. Many patients those who received treatment from difference OI/ART clinics and from home base care's target group have been invited to participate. The meeting was aimed to provide the opportunity to patients to discuss and share their experiences and information on the best practices (drug adherence, success story...), issues encountered and included raise



the issues to request AUA for assistance. AUA was considered and determined the key issues has been raised by PLHIV during they participated the meeting for finding the way of intervention and find the resources to support. To respond to the needs of PLHIV's requested, AUA has invited key representative from government staff such as medical doctors to answer to the questions of PLHIV relevant their issues met as like drug side affected, types of side affected cause from drug, how to prevent or treatment to avoided problems cause from drug. Anyways, AUA has invited the representatives from NGO partners to present or respond to the needs of PLHIV. There were 4 NGO partners have operated the difference types of works invited to present their activities which has been assisting to PLHIV at their community. Family Health Development(FHD) has health equity fund project which support to the poor people in community who come to access the services in hospital has been invited to present about using and advantages of equity fund card also announced the continue interview for provide equity fund card of the second phase.

NGOs which have vocational training center and small credit loan project invited to present their activities for PLHIV during the monthly meeting conduct by AUA. Mardoc Chivan is NGO invited to present. The activity of Mardco Chivan is to support the children who have age from 3 to 16 years old for both children infected

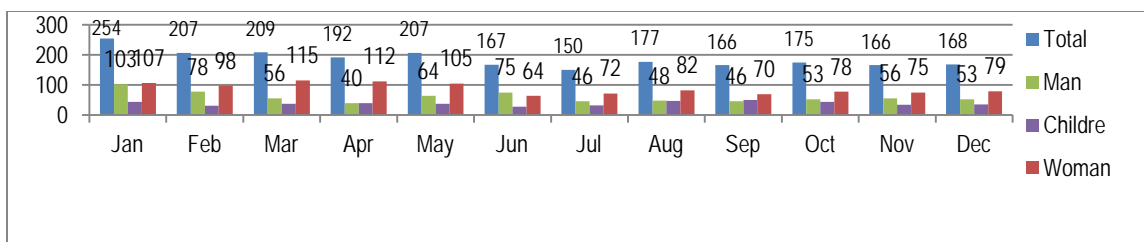


by HIV and affected by HIV/AIDS. The main activities presented are psychosocial support, social work, nutrition treatment and education, provide ARV to children, provide financial transport assistance to access OI/ARV at OI/ART clinic, have school program by teaching both Khmer and English with food supported, provide training skill on computer, provide counseling and educating to children who stay in the center and support children to pleasant sites for relax. Otherwise, Mardoc Chivan also taking care children when their

parent busy by provide transportation support during bring their children to centre.

2238 patients were attended the meeting from January to December, 2011 included their children. Among 2238 of 718 patients are men and 1057 are women 463 are children. Below is the chart to show on data of patients attended the meeting.





AUA has negotiated with URC to be responsible to interview and provide equity fund card to the poor patients. 807 patients attended the interview and 704 patients received equity cards.

## 2- Contribute to AUA staff capacity building

To strengthen the effective and efficiency works, AUA has sent its two management staff is Mrs. Han Sieng Horn, Executive director to attend the training on Logical Framework Approach (LFA). The training was held with 5-day training course of every weekend from 03 to 18 September, 2011 for the first



phased and Mr. Heng Chheang Kim, Project Manager, from 24th – 28th December 2011 for second phased at Cambodia-Japan Cooperation Center (CJCC) and organized by PLUS Cambodia. The training is aimed of enhancing knowledge of and skills of the Project Cycle Management – problem analysis, project planning, project implementation, and project monitoring and evaluation – to middle and top management working in NGOs and donor communities, in particular to those who play an active role in developing project proposals to potential donors.

Anyways, this training is special designed with much involvement in leading and managing projects on a daily basis such as Executive Directors, Program Managers, Grants Managers, Fundraising Managers, Monitoring and Evaluation Managers, as well as for those who have ambition to hold the above-mentioned positions in the near future is highly recommended to attend.

## 3-Annual Meetings for AUA members

The annual meeting took place in Provincial Health Department of Kampot province on December 22nd, 2011. 86 people were attended of AUA members annual meeting which came from 8 provinces of Phnom Penh, Kandal, Prey Veng, Kampong Speur, Battambang, Kampong Cham, Takeo, Kampot and also greeting from Provincial Health Department, Referral Hospital, Provincial AIDS Office, Operational Health District representatives and NGOs worked in Kampot province was a great honor chair of His Excellency Dr. Tia Phalla, Deputy Chief of National AIDS Authority. This meeting aimed at:

- To share and update information relevant to the evolution of AUA
- To show the progress of AUA activities, achievement, intervention and current membership movement.

- To provide the opportunity to members of AUA to raise the issues and discuss on future direction and their needs.
- To endorse the document relevant to members(membership policy)



*The meeting chair of His Excellency Dr. Tia Phalla, Deputy Chief of National AIDS Authority.*

As the result, all members revised and approved the new membership policy to effective apply at the beginning of 2012. Anymore, provincial health department, provincial AIDS office and NAA representatives supported and promised to solve the problems have been raised by the members learnt from study field visited to improve their relevant department of OI/ART services. H.E Dr. Tia Phalla, deputy chief of NAA has recommended next step AUA need improve the collaboration and connect to existed system of PAC<sup>1</sup>, MMM<sup>2</sup>, ProTWGH<sup>3</sup>, HBC<sup>4</sup>, LAC<sup>5</sup>, CEDAC<sup>6</sup>, HCMC<sup>7</sup>, Micro credit and others. The network of PLHIV like CPN+ promised to announce and disseminate AUA membership policy and mobilize patient to become a AUA member in future.

#### 4- Board Meeting

Only two times meeting were took place from January to December, 2011. In the plan set, four times meeting will be conducted every 3 months. The meeting appear with requested and proposed by the Executive Director of AUA has aim to solve problems or need board members to assist something such as proposal writing, report editing and or urgent tasks have to solve. The first meeting was conducted on January, 2011 at AUA's office to delegated tasks and reported to new board mandate of the achievement from the last year implemented and assisted and also determined the roles and job responsibilities of new board. 3 management staff involved and 14 board members both old and new members attended the meeting to introduced each other and also raised the issues remained and did not solve to discuss and find the way for solution. The old board members have suggested the new board to commit and continue to solve the problems remained. The AUA's board mandate, there have only two years per mandate. Two old board members from the first mandate were elected by AUA members for continue to works five new members of board for a new mandate of 2011-2012.

<sup>1</sup> PAC: Was structured by NAA worked to coordinate on HIV/AIDS issue at provincial level.

<sup>2</sup> MMM: is the center which invited patients to attend sharing meeting on issues/problems related to OI/ART treatment.

<sup>3</sup> ProTWGH: a group worked for solving problems related to health issues held every month led by PHD director

<sup>4</sup> HBC: The team who supported to patients in community.

<sup>5</sup> LAC: NGO worked in legal support to community people

<sup>6</sup> CEDAC: NGO worked for agriculture, capacity building and community development self group

<sup>7</sup> HCMC: Is government structure is role in solve problem and health issues in their community

The second meeting took place on February, 2011 at AUA's office for the purpose of clarification of TOR, Job responsibility and type of board. The agendas raised to discuss for the meeting comprises 1)- Memorandum of Understanding (MoU) between AUA and Ministry of Health(MoH), 2)- Term of Reference(ToR) for board and 3)-bylaw. The outputs from the meeting as follows:

- AUA director responsible for made the process of MoU with Ministry of Health included prepare a draft MoU for board comments
- ToR of board need to revise by AUA management team then sending to board members for review and comments.
- Bylaw need to revise to make clear responsibility and updated with comments from board members.
- AUA director responsible in take action for send all documents relevant to board members.

All members for the meeting were endorsed to the responsible tasks above and agreed on what have been discussed. Board members will reply back within constructive feedback when they got all documents required to edit or comments.

Never other meetings with board appeared and nothing called for meeting from director too. There have some reasons had been found that why the meeting could not happen because of some documents sent to board for comments such as by law, ToR of board, status did not reply back and MoU did not prepare yet and also did not take action from the responsible person.

Other thing, it's still hesitated about the type of board to be named for board of AUA. This issue had been raised and solved by AUA's management team during the discussion. Three different types of boards as advisory board, governing board and steering committee took for consideration to discuss for making a decision. The management team were decided by majority (3 of 4 people) was satisfied governing board for AUA board but Executive director was satisfied advisory board than governing board, therefore the type of board still hesitated.

- c. Objective 3: To provide administrative support for the leadership of the association in order that activities can be implemented effectively and efficiently and the network of PLHA continues to expand to new areas

**1- Meetings with NGO Partners**

AUA have some networks to closed working for assisting PLHIV, Most At Risk Population (MARP), Entertainment Worker (EW), Men who have Sex with Men(MSM) Drug Users/ Injection Drug Users(DU/IDU) and other NGOs which worked with HIV/AIDS areas and health section. Almost meetings happened every month by rotation organized of the NGO networks especially the Forum of PLHIV and MARPs Networks (FoPAMs). FoPAMs is HIV communities are those who have experience of living with HIV and are in the population groups, who are engaged in some behaviors that increase the risk of HIV transmission. Therefore, the HIV community refers to PLHIV and MARPs populations, including entertainment workers, men who have sex with men and transgender people, and drug users, who need to participate and voice their issues in the national policies and program. In the absence of a mechanism or a platform for the HIV communities to share

their issues and work in partnership within the different community groups, there has been a distinct lack of understanding of the interlinked and multiple issues that affect these communities. This has also affected the collaboration and has prevented these networks from adequately addressing those issues the members of the FoPAMs are CPN+, AUA, CCW, WNU, BC and Korsang. The purpose of this FoPAMs

- a) To promote greater partnership, collaboration and harmonization of strategies and activities between community network organizations and promote joint advocacy.
- b) To create participatory environment to understand and identify key interlinked issues, generate discussion on possible strategies and activities and to collectively take actions.
- c) To develop initiatives, concepts and ownership through a participatory approach.
- d) Represent a joint voice of PLHIV and MARPs at policy level.

Beside of this network, AUA has been nominated to be a member of National Strategic Technical Working Group (NSTWG) and Civil Society Organization (CSO) Technical Working Group for care, treatment and support. There were seven components of NSTWG such as NSTWG for prevention, NTWG for care, treatment and support, NSTWG for home base care and NSTWG for impact mitigation, NSTWG for Leadership and Management, NSTWG for Monitoring and Evaluation (M&E) and NSTWG on resource mobilization. This NSTWG meeting planned very quarterly conduct.

## 2- Project orientation meetings for AUA staff

The project orientation meeting to staff conducted at Preah Sihanuk province from 29 October to 02 November, 2011 at Golden Lion Hotel. There are 40 staff of AUA from Kampong Cham province and Phnom Penh attended. The aimed of the meeting comprises

- To orient the new project activities to staff for implementing on the direction of project goal and objectives.
- To review the implementation processes and challenges to improve next year implementation for 2012
- To set up plan to continue the implementation process for 2012.

The keys issues have been raised for the agendas to discuss during the meeting being implemented for the year of 2011 such as presented the project indicators, Guided the monitoring and evaluation (M&E) data collection form, presented and practiced on how to write case study, guided project staff to set up plan to response with indicators set in proposal, determined job responsible and updated information relevant to AUA project. This meeting led by Program Manager/Fundraiser accompanied facilitated by Project Manager and Financial Officer. At the end of the meeting, all staff cleared their job responsibilities, understood the project activities, had set up one year their own planned, divided core works and cleared on how to record and collect information for M&E for the project in 2012.

3- Organize special events celebration (World AIDS Day/Candle Light Day) for AUA members

Two special events organized and associated with NGOs partners and government institute and UN agency. The candle light day celebrated on May, 2011 by collaborated with HIV/AIDS Coordinating Committee (HACC), Cambodian People Living with HIV/AIDS (CPN+) to 500 of People living with HIV/AIDS (PLHIV) located in the pagoda by supported from monks. 15 AUA members were sent to attend the event.

Anyways, AUA has celebrated the event on world AIDS day in willing on to support the psychosocial to the patients and encourages them to understand their treatment. The events were conducted at the OI/ART clinics of one national hospital, five referral hospitals and one health center in Phnom Penh and Kampong Cham province that AUA worked with. 90 patients on hospitalized at Inpatient Department (IPD) visited from Provincial AIDS Committee(PAC) chief, Provincial AIDS Office (PAO) representative, Hospital director, OI/ART clinic doctors to provide some gifts such as soap, shampoo, detergent, toothpaste, tooth brush, craft, Sarong, cake, orange juice, fruit juice and noodle. The patients who those came to access treatment for OI/ART of 337 patients received cakes and fruit juices from AUA during the world AIDS day celebrated. The other events conducted by partners which AUA staff concerned, 5 AUA staff invited to attend a 16 days Campaign to reduce the violation against women and children organized by co-supporters of Civil Society Organization, INGOs, UN agency and Government institutes. This Campaign was held in Phnom Penh to accompany world celebrated has aimed to stop violent and support to women and children. 3000 people from difference institutes attended. A 16 messages were disseminated through participants who attended the campaign to enable these messages to population in their community to end the violent against women and children.

4- Study Tour for PLHIV

A study tour for AUA members conducted on 22<sup>nd</sup> December, 2011 for a total of 66 members attended to Kampot province in order to learn and to understand the situations not only experience and activity of services at OI/ART clinic but also have learnt the activities of Home Based Care and shared experiences on problems or issues or information among PLHIV and PLHIV relevant to their encountered. During this visited, AUA divided members into three difference groups to visit the difference activities. Two groups visited home based care program at the community and another one visited at OI/ART clinic in Kampot Referral Hospital. To visit at OI/ART clinic activity, H.E Dr. Tia Phalla, Deputy Chief of National AIDS Authority (NAA) accompanied us to visit there. The results of visited from all members learnt in community and hospital have been shared to H.E Dr. Tia Phalla, deputy director of Provincial Health Department (PHD), deputy director of



Provincial AIDS Office (PAO) and Referral Hospital director in aimed to show the issues encountered from field visit to them for consideration and take action for solving. The problems were raised during AUA membership annual meeting of the great honor of H.E Dr. Tia Phalla from NAA, deputy director of PHD, deputy director of PAO and board of AUA. All of chairs of the meeting very interested and promised to take action from these issues. The study tour was happened and operated to thanks a funder by Foundation Marc.

5- management team meeting

This activity took place every week and depended on urgent issues or problems need to solve. Some time the meeting happened two or three time a week to discuss and solve problems encountered and or sudden arisen. Most of regular meetings happened in Phnom Penh for updated information among management team. The key issues have been raised to discuss during the meeting it most relevant with project activities, patient problems, OI/ARV treatment at OI/ART clinics, administration tasks, organizational development, internal issues and keep tracked on the project implemented to make sure the process run smoothly. The component of management team from director, program manager, project manager, field coordinator (Kampong Cham) and administrative and finance officer.

III- Challenge/Problem and Solution

| Problems/challenges                                                                                                                                                                                                     | Solution                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Most of missed and lost followed-up patients were mental health problems, lost remembering issues and migrated.                                                                                                         | AUA staff worked closely with relatives to explain them to assist on take a medicine alerted, doctor's appointment, primary health care take attention and so on. AUA staff also assisted the patients lost followed up who came back by themselves for service treated when they were severed sickness for new services treatment. |
| Difficult contact to patients were missed appointment or lost followed up because of their contact number had been changed without informed to AUA staff or doctor.                                                     | AUA staff always updated when they came to access the services and traced by phone to NGOs partner, home base care team and local authority if necessary needed to inform to patients to come back for service on time.                                                                                                             |
| Many patients complained with the pharmacy at Kampong Cham did not decentness for patients getting medicine because of did not confidentially, waited outside the roof and soaked wet and closed toilet with bad smelt. | AUA raised the issue to discuss with OI/ART team and hospital management team to solve the problem through renovated pharmacy for patients inside the roof with got safes from other people viewed and bad smelled.                                                                                                                 |
| Most of OI/ART clinics at new sites, for both counselors and doctors are very new and didn't have experience on OI/ART treatment and always confused to give the medicine                                               | AUA social workers/ Receptionist met with patients again to make sure all ARV drugs correctly and provided more counseling before patients leaved to their home.                                                                                                                                                                    |

|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     |
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| especially ARV drug to patients.                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |
| A Field Coordinator in Kampong Cham was resigned from AUA since September 2011. The new one for replacing of the position was not match to donor requirement of the criteria as PLHIV. | AUA announced this position in early October, 2011 and interviewed at the end of October 2011 but no one passed. AUA has re-announced to screen the candidate match to requirement but still it was no one met the criteria for shortlist. AUA management team has discussed for finding the solution and informed to donor on the issues happened. |
| AUA strategic planning invalidated in this year 2011, and didn't have audit and evaluation reports to make the barriers for raising fund                                               | Contacted and discussed with donors for using old year budget balance remained to develop a 5 years strategic planning and finding new source for audit and evaluation.                                                                                                                                                                             |
| Memorandum of Understanding (MoU) with Ministry of Health (MoH) required from Province Health Department (PHD) is the concerned of project implementation.                             | AUA tried and discussed with HACC to solve this problem through signed agreement with National AIDS Authority (NAA) for transitional used.                                                                                                                                                                                                          |
| AUA board was not active because of AUA self vague in determined about the type of board and ToR                                                                                       | The management team (3 of 4) was decided as governing board but this issue still contrasted by executive director to be advisory board and now still did not clear.                                                                                                                                                                                 |

#### IV- Lesson learnt /Case study

##### ***Open the real situation of HIV/AIDs to partner***

Dara is a people living with HIV/AIDS who have treated on ARV in Khmer-Soviet Friendship hospital for many years. Nowadays, he is a soldier, 36 year-old. He married Thyda, is 30 year-old. She is a grocery seller. They live in their own house with two daughters in Sansom Kosal village, Boeung Tompon commune, Meanchey district, Phnom Penh city, Cambodia.

Before Dara gets OI/ARV service in KSFH, He had many sexual partners. He took Voluntary Counseling Confidential and Testing (VCCT) at Reproductive Health Association Clinic (RHAC) after his partner died with AIDS. He was very anxious when he knew that he has HIV positive.

Dara didn't dare to tell his wife and didn't know how to do? He went to Khmer Soviet Friendship Hospital (KSFH) for finding OI/ART services and met social worker to explain about HIV/AIDS issues and encouraged him to meet counselor for consultation. Dara understood well about HIV/AIDS and he had hope again after he met counselor.

Once day in the morning, Dara was very worry about his wife who has pregnant for 3 months, and she had never been to VCCT as well as checked up with doctor. As the result, he decided taking his wife to meet counselor for consultation because he could not face with his real situation on HIV.

Dara's wife had been received a consultation to build a confidence by counselor. after that Dara decided telling her about his HIV situation. In that time, Thyda was great

shocked since she has never thought that this bad story would be happened with her family. She cried loudly and blamed her husband after she heard this bad news. After wait for her calm down for a while, the counselor explained her about how to live with HIV/AIDS, OI/ARV treatment services, health care; and advantages of VCCT test, and how to prevent from mother to child transmission (PMTCT).

After she has been received the information and encouraged by counselor, Thyda stopped blaming her husband and made her mind up to do blood testing at VCCT. Her result was HIV positive then counselor sent her to PMTCT service.

Currently, they live with their three children in happiness family. Their all children are not HIV/AIDSs, as for Thida has reached OI/ARV service in KSFH till now.

#### V- Organizational development

In the previous program in 2010, AUA was recommended by stakeholders, patients, and government institutes which worked on HIV/AIDS area to scale up its target to new areas of OI/ART clinics. From January to December, 2011, AUA has scaled up its target areas to some OI/ART clinics for both sites in Phnom Penh and Kampong Cham. Two new OI/ART clinics covered in Kampong Cham at Chamkar Leu and Srei Santhor referral hospitals and four OI/ART clinics covered in Phnom Penh, for three referral hospitals and for one health centre. Based on feedback from donors to strengthen the organization, two positions of organizational development hired for one Project Manager and for one Information Technology Officer were recruited. The new staff of these positions based in head office in aim to strengthen the project monitoring and implementation, set up database system to control the data to make sure project implemented well and reached to AUA objective. Otherwise, some positions for the field such as social workers/group organizers, receptionists/triage, Patient House caretakers and cleaners were recruited to fulfill. Even though staff turned over were happened in this period. Three staff, one Field Coordinator in Kampong Cham, one communication officer and one receptionist in Phnom Penh resigned.

#### VI- Suggestion

For the current situations of AUA is still need the assistance and supporting from partners, stakeholders and donors to improve its works in the future. The kinds of support needed as follow:

- 1- Need funders find or send its volunteers to assist AUA for organizational development
- 2- Introduce about situation of AUA to new funders
- 3- Need donors still continue funding to AUA
- 4- Need donors to support and or conduct monitoring and evaluation and auditing to project (From started in 2002, AUA never done audit or evaluation yet)

#### VII- Future direction

AUA also committed in improving the AUA's activity implementation, organizational structure, management and leadership system and strengthen work environment and capacity building. To respond the above committed AUA needs:

- 1- Strengthen the existed activities and collaboration with stakeholders, partners and government
- 2- Scale up to other OI/ART clinics



- 3- Commit to find new funders more
- 4- Develop 5-year strategic planning (2012-2016) in 2012
- 5- Strengthen the internal organizational development.

VIII-Acronym

|         |                                                      |
|---------|------------------------------------------------------|
| AIDS    | Acquire Immune Deficiency Syndrome                   |
| ART     | Antiretroviral Treatment                             |
| AUA     | ARV Users Association                                |
| BC      | Bandanh Chatomuk (National MSM network)              |
| CCW     | Cambodian Community of Women living with HIV/AIDS    |
| CEDAC   | Centre D'Etute et de Development Agricole Cambodiene |
| CPN+    | Cambodian People Living with HIV/AIDS Network        |
| CSO     | Civil Society Organization                           |
| FHD     | Family Health Development                            |
| FoPAMs  | Forum of PLHIV and MARPs Networks                    |
| HBC     | Home Base Care                                       |
| HACC    | HIV/AIDS Coordinating Committee                      |
| HCM     | C Health Center Management Committee                 |
| HIV     | Human Immunodeficiency Virus                         |
| IPD     | Inpatient Department                                 |
| LAC     | Legal Aid of Cambodia                                |
| KSFH    | Khmer Soviet Friendship Hospital                     |
| M&E     | Monitoring and Evaluation                            |
| MoH     | Ministry of Health                                   |
| MoU     | Memorandum of Understanding                          |
| MSM     | Men who Sex with Men                                 |
| NAA     | National AIDS Authority                              |
| NSTWG   | National Strategy Technical Working Group            |
| OI      | Opportunistic Infection diseases                     |
| PAC     | Provincial AIDS Committee                            |
| PAO     | Provincial AIDS Office                               |
| PHD     | Provincial Health Department                         |
| PLUS    | People Living in Unified Society                     |
| PMTCT   | Prevention of Mother to Child Transmission           |
| ProTWGH | Provincial Technical Working Group On Health         |
| STD     | Sexual Transmitted Diseases                          |
| URC     | University Research Co. Ltd                          |
| VCCT    | Voluntary and Confidential Counseling and Testing    |
| WNU     | Woman Network for Unity                              |