Livelihood Report

Of Cambodian people living with HIV and accessing antiretroviral treatment

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Introduction

Cambodia has the highest prevalence of HIV in Southeast Asia with about 0.5 percent of the population infected with HIV/AIDS (KHANA, 2012). The most vulnerable populations for the transmission and impact of HIV include mobile workers such as soldiers, policemen and farmers; women; children; sex workers; men who have sex with men; injecting drug users; people from rural areas; and older persons (Knodel, 2011; Mills et al, 2005; Saphonn et al, 2004, Sok et al, 2007). As AIDS is the leading cause of death, the Cambodian government has identified HIV as a national health priority (Kerr & Phanuphak, 2009) and supported an upscale in access to antiretroviral therapy (ART) as part of the continuum of care for treatment of HIV (Saphonn et al, 2004). This increase in access to antiretroviral treatment has resulted in an increased life expectancy, yet little is known about the quality of life, including the livelihood of Cambodian people living with HIV (O'Çonnell & Skevington, 2012).

Despite access to antiretroviral treatment and the desire to participate in income generation activities, people living with HIV in Cambodia still face many difficulties related to their treatment and care, which further impacts on their livelihood. The issues of universal access to care and treatment and sustainability of services for people living with HIV is further compounded by a lack of financial and human resource support provided by the Royal Government of Cambodia. This creates a need for extensive support from non government organizations to assist patients across the continuum of care services including: access and adherence to treatment; awareness and education; counseling for HIV testing, clinic and referral services, home care, hospital visitation and care, hospice, social support (food, shelter, transportation), income generation activities and socioeconomic/community reintegration services for people living with HIV and accessing ART (CRS, 2007).

The Antiretroviral Users Association (AUA) is one Cambodian non government association which receives funding from international donors to run its programs focusing on empowering people living with HIV/AIDS, particularly those receiving ART, to understand their illness, to access quality treatment and care and to support them with the challenges in their lives. Through its activities and membership base AUA has identified the need for increased income and livelihood opportunities as one of the major challenges for a growing number of PLHIV accessing ART. AUA has stated an intention to improve the livelihood of PLHIV as a priority focus area in its 2013-17 strategic plans.

Aim

The main aim of the study was to find out the economic situation (work, livelihood and income generation) of Cambodian people living with HIV and accessing antiretroviral treatment. Specifically, the questionnaire aimed to better understand: the sociodemographic information of participating PLHIV; the biggest issues for PLHIV; the current work situation and occupations of PLHIV; the main sources of

household family income, the impact of HIV on household family income, support and assistance and the strategies being used to cope with the impact of having HIV; sources of assistance and support before and after living with HIV and accessing ART; the barriers to work and income generation experienced by PLHIV; and how to improve the employment opportunities and income generation for Cambodian PLHIV.

Method

Sample Selection

Three hundred people living with HIV and accessing antiretroviral treatment were randomly recruited from five provinces including Phnom Penh (140 participants from Khmer Soviet Friendship Hospital, Meanchey RH, Samdach Euv RH, Chamkardoung HC, Pochentong RH; and the community); Kandal (45 participants from Kien Svay RH and the community); Kampong Cham (100 participants from Kampong Cham RH, Chamkarleur RH, Srey Santhor RH; and the community) and Battambang (15 participants from the community). Participants were interviewed at the hospitals or health centres or in their place of residence for the community interviews. Those participants from the community were located through the help of NGO partners such as: WOMEN, World Vision, Khoser, PHWO, BSDA, NAS, BFD, SCC and CPN+.

To be able to take part in the interview, potential participants had to meet the criteria of eligibility including: being 18 years or older; HIV positive; currently accessing antiretroviral treatment; and being able to give informed consent to answer the questionnaire.

Materials

The structured questionnaire was developed in English, translated into Khmer and translated back into English to ensure the content and meaning of the questions. The questionnaire explored the socio demographic and economic (work, livelihood and income generation) of PLHIV and accessing ARV (see Appendix A).

Procedure

Data collection took place over a six week period in September to October 2012. AUA staff assisted with the survey by participating in the development of the questionnaire and survey plan, delivering and participating in training on how to administer the questionnaire and by interviewing the participants. Support staff from partner NGOs assisted during the interview process by tracking down PLHIV for the field interviews and introducing the field participants to the interviewers.

Data was translated from Khmer into English and entered into a Microsoft Excel spreadsheet by a former AUA staff member who was employed as a research assistant for the data collection and entry stages.

Results

Sociodemographic Information

Of the 296 respondents included in this analysis, 197 (67%) were female, and 99 (33%) were male. The majority of participants were between the ages of 31 and 40 with 48% of clients falling into this age range at the time of the survey whilst 28% of participants were aged 41 to 50 years old (see Figure 1).

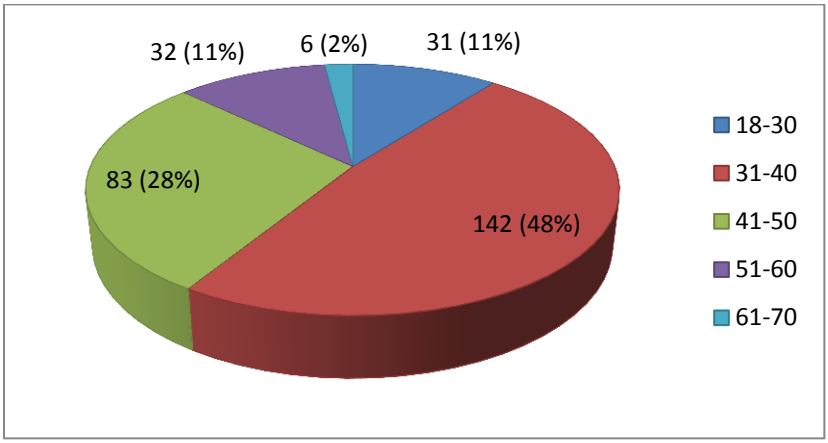

Figure 1. Age of participants (general information question 2)

Thirty four per cent of participants had been living with HIV for 5 to 10 years and almost one quarter (21%) of people interviewed had been living with HIV from 1 month to one year (see Figure 2). The length of time participants had been accessing ART was similar to the length of time they had been living with HIV, with over one third (35%) of participants accessing ARV for 5 to 10 years and 28% accessing ARV from one month to one year (see Figure 2).

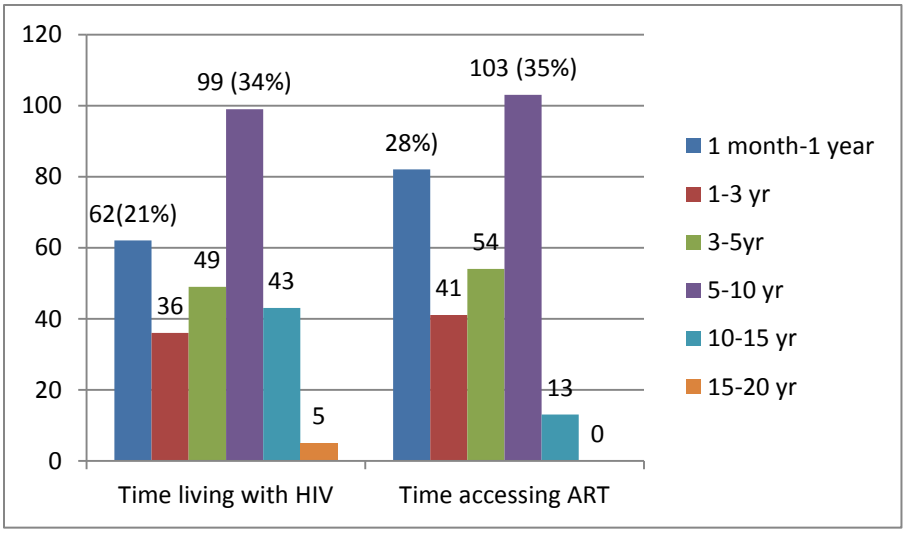

Figure 2. Length of time living with HIV and accessing ART (general information question 5 & 6)

Nearly two thirds of respondents (63%) were married, whilst a small percentage (3%) had never been married; only 6% of participants were divorced or separated and 28% of participants were widowed.

In terms of living arrangements, half of the PLHIV interviewed were living in their own house, whilst 23% were living in a rental house. Just over one quarter of participants (26%) were living in another form of accommodation, predominately in a family members house (see Figure 3). Two hundred and six (70%) participants reported living with one to five people, whereas 86 (29%) of participants lived with six to ten people. Two hundred and sixty (88%) participants reported having children. Of those interviewees with children, 16% of their children were living with HIV and 70% attended school.

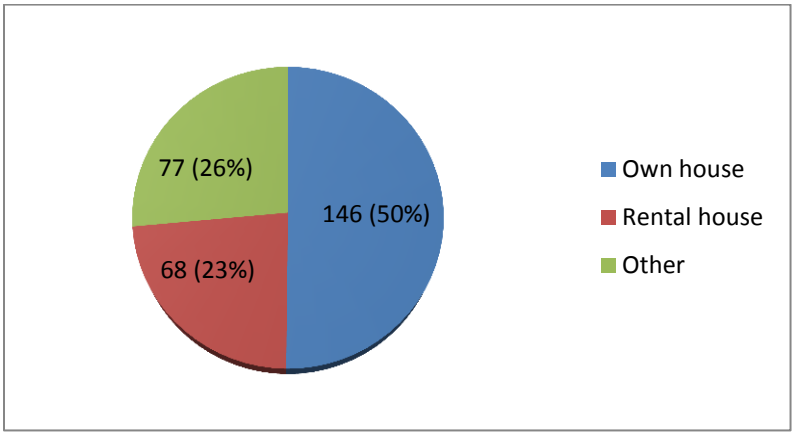

Figure 3. Participants Living Arrangements (general information question 8)

More than 89% of the surveyed participants had attended some level of formal schooling. Over one half (58%) reported attending some primary school, while 21% reported completing secondary school and 7 % percent reported completing high school. 2% percent of participants had attended university.

The most common problems reported by the participants included: financial (29%); health (26%); and emotional (21%) (see Figure 4).

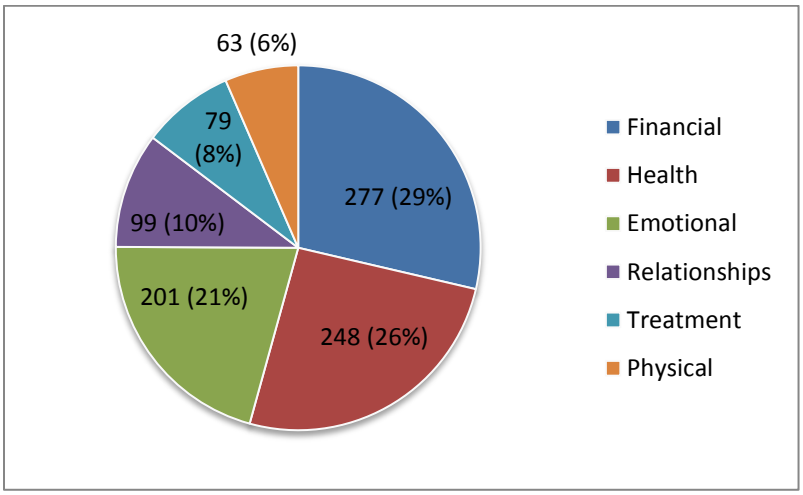

Figure 4. Common problems reported by participants (Question 1)

Household Economic Information

Seventy two percent of participants currently worked or had a source of income (see Figure 5). The main forms of work and income generation included: farming, seller and salaried employee. Sixty six percent of interviewees reported they were satisfied with their work and income generation activities.

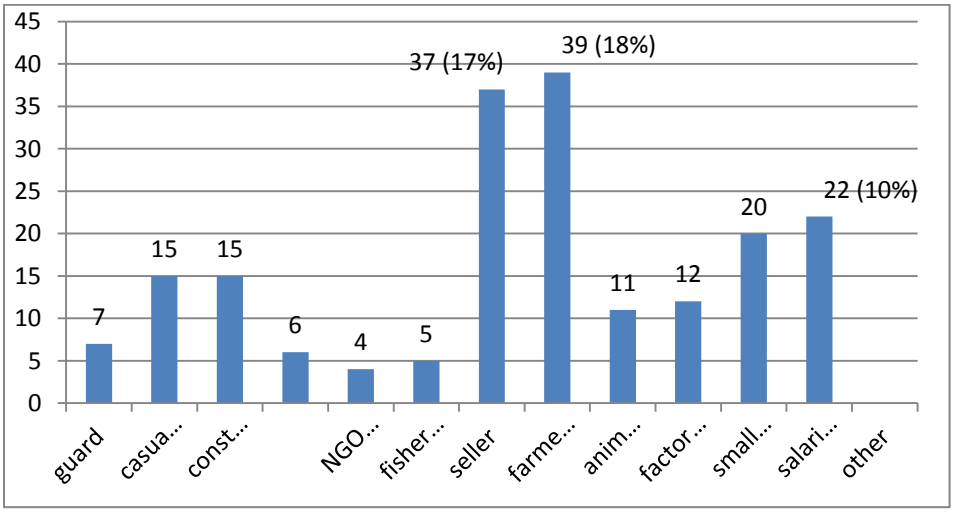

Figure 5. Work or source of income (Question 2)

For those participants not currently employed, the main forms of income generation they suggested they would like to do included: seller (almost half the respondents); animal raising and husbandry (one quarter of respondents); salaried employee (10%); small business (8%) and farming (6%).

The main sources of household family income reported were casual labor (31%), small business (22%) and salaried employment (15%). Other sources of family income generation are illustrated in Figure 6.

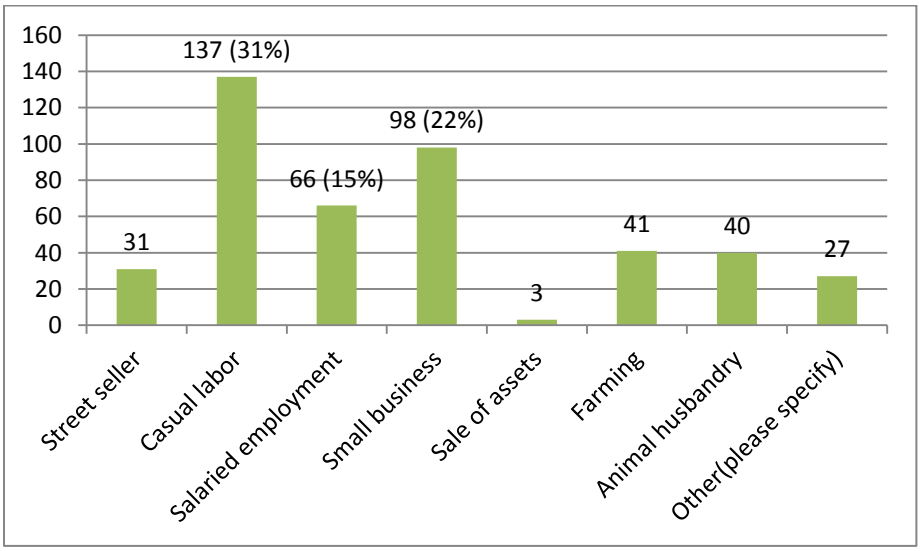

Figure 6. Main sources of household income (Question 3)

The main impact of having HIV on the ability to maintain livelihood was that income was reduced (31% of participants); employment (19%) and business was lost (19%); and key assets were lost (16%).

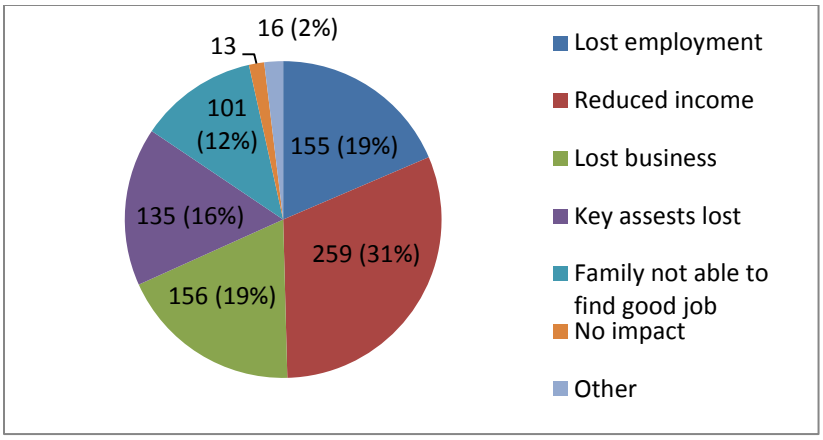

Figure 7. Main impact of HIV on participants ability to maintain livelihood (Question 5)

The strategies being used to cope with the impact of having HIV on household income included: borrowing money (36%); selling assets (26%); reducing consumption (26%); more family members working (10%) and other (3%), of which the main response was that no strategies were being utilized.

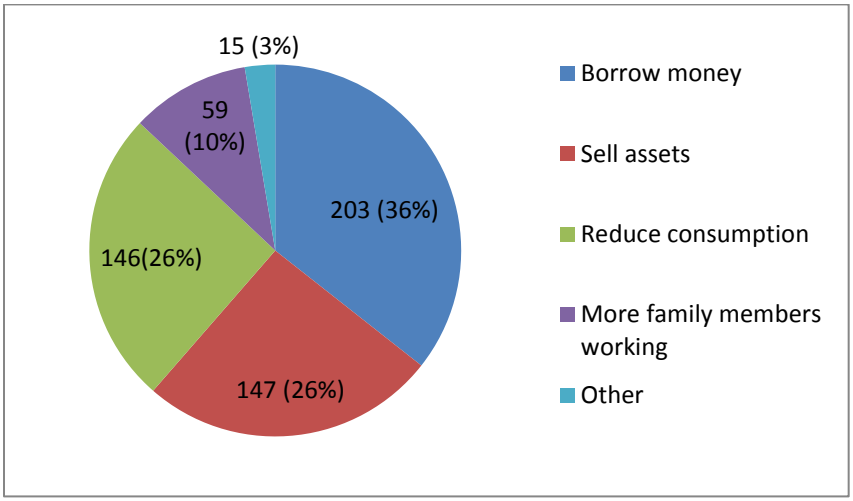

Figure 8. Strategies being used to cope with the impact of HIV on household income (Q. 7)

Fourty one (41%) percent of participants reported they received no support before living with HIV. Other forms of support participants received before living with HIV were from their personal network (27%); NGO (9%); government (7%); credit and savings group (6%); community leader (6%) and religious (5%). This contrasts with the sources of support accessed since having HIV including: NGO (45%); personal network (19%); government (10%); credit and saving group (9%); community leader (7%); religious group (2%); and other (8%) (see Figure 9).

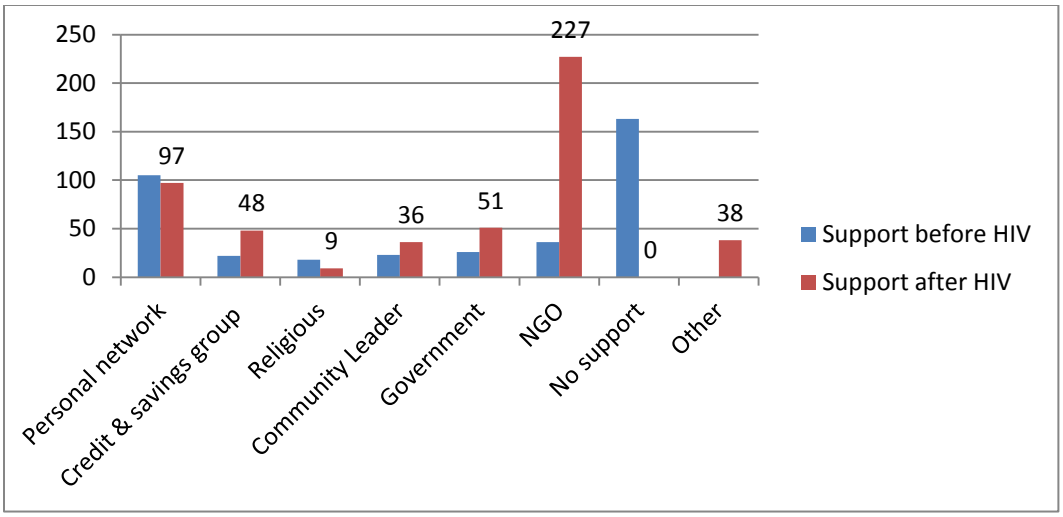

Figure 9. Sources of support and assistance before and after HIV (Question 8 & 9)

In terms of the support provided by NGOs, twenty five different NGOs were listed by the participants which provided a variety of assistance (see Table 1 in Appendix B) with 17% of participants reporting they were a member of AUA. For support provided by the personal network, the main sources of assistance were from family and relatives, neighbors and monks. Personal networks provided support by: lending money; encouraging PLHIV to access treatment; and with physical necessities such as food, housing and transportation.

Furthermore Government representatives provided support to PLHIV by: providing a health equity fund card; educating and promoting information on HIV prevention, discrimination and the HIV law; locating NGO assistance; and providing OI/ART services. For credit and saving groups, assistance was provided through loans and the creation of a savings group or cooperative. Participants also reported that the community or village leader provided support through home based care; encouragement to join a cooperative; and food and emergency relief. Moreover some religious groups provided monthly support by giving rice and money.

Thirty one percent of participants had a health equity fund card, which they received from the local authority and NGOs (predominately AUA, URC and MSF).

The most common barriers to work and income generation experienced by participants included: poor health, no money or capital and discrimination. Thus when participants were asked how the employment opportunities and income generation for Cambodian PLHIV could be improved the main themes included: reducing stigma and discrimination; support with vocational skills such as creating small businesses; assistance with finding jobs; creating support groups (such as savings groups and animal raising groups); supporting regular and quality treatment; and continued support through NGOs.

Participants were also asked to provide suggestions as to how AUA can improve current activities. Participants suggestions included: continuing the current activities such as providing psychosocial

support, education, information, health equity fund cards, transportation assistance and accommodation at the patient house ; provide loans to PLHIV with the possibility of assisting AUA members to establish a savings group; assisting and supporting PLHIV to find a job through providing vocational skills; and increased advocacy with the Ministry of Health and collaboration with other NGOs for improved quality of treatment and care issues.

Discussion

In summary, the almost two thirds of participants in this study were women, with the majority in the 31-40 year old age group, married and with children. One third of research participants had been living with HIV and accessing ARV for 5 to 10 years. Half of the participants were living in their own house with up to five other people and many had attended some formal schooling, mostly primary and secondary school. The most common problems cited by participants included: financial (over one quarter of participants), emotional and health issues.

For participants household economic situation findings suggest that almost three quarters of participants work or have a source of income. The main form of individual income generation activities included: farming, selling, salaried employment and small business. Whereas the main sources of household family income was varied and mainly came from casual labor, small business and salaried employment.

The main impact of HIV on the livelihood of PLHIV was a reduction in income (for almost one third of participants) and the major strategies used to cope with this impact of HIV included: borrowing money (one third of participants), selling assets (one quarter of participants) and reducing consumption (one quarter of participants).

Almost half of the participants received no assistance before having HIV however after living with HIV almost half of the participants accessed support, predominately from NGOs, with 17% of participants being members of AUA and almost one third of participants utilizing a health equity fund card. Participants personal network was another important source of support.

Two thirds of participants were satisfied with their current work activities and for those not satisfied they suggested they would like to participate in: selling, animal raising/husbandry and small business activities.

The most common barriers to work and income generation reported by participants were: poor health, no money or capital and discrimination. Participants suggested that reducing stigma and discrimination, assisting PLHIV with their livelihoods (for example supporting them to set up a small

business, to find a job and to create a support group) as well as support of regular and quality treatment would all help to improve the livelihood of PLHIV.

Participants suggested that AUA can improve its work by: continuing the current activities; providing loans with the possibility of assisting AUA members to create a savings group); providing vocational skills and strengthening advocacy and collaboration with the Ministry of Health and other NGOs.
Some limitations of the current research include a short time frame to complete the data collection, data entry and analysis as well as the difficulty with the translation of some of the answers from the open ended questions, which has compromised the quality of the data.

Conclusion

One of the outcomes of the research is a better understanding of the factors which impact on the livelihood and income generation activities of Cambodian people living with HIV and accessing ARV. This includes gaining more information about the specific income generation activities available to people living with HIV and their impact group (eg. family) and the barriers and opportunities to income generation for people living with HIV. This information can further be used by AUA to inform their future service delivery model of livelihood and income generation programs for PLHIV.

Recommendations

- Participants gave positive feedback on AUA's current activities of supporting quality treatment and care and providing psychosocial support for PLHIV in OI/ART clinics which highlights the importance of continuing these activities. Ideas participants suggested to improve AUAs activities included: providing other support in areas such as food, transportation, during hospitalization, assisting with materials such as school fees and equipment, assisting elderly and poor patients; providing a loan through a sustainable means such as a savings group; supporting PLHIV to find a job through providing vocational skills; and increasing advocacy and collaboration with the MoH and other NGOs.
- There is a need for active recruitment of PLHIV to become members of AUA as only 17% of people interviewed were AUA members. AUA staff may require training on the different types of membership and upskilling on how to recruit people for membership, including how to raise awareness of AUAs current activities.
- As almost one quarter of participants had been living with HIV from one month to one year it is important that support and assistance for livelihood and income generation activities begin as early as possible when PLHIV start accessing ART.

- To encourage PLHIV to get income from diverse sources and to create a complementary livelihood. For example a complementary livelihood may include having a small business such as a grocery shop as well as growing mushrooms or animal raising at home.
- To plan for activities to improve the work and employment skills of PLHIV. These activities may include providing vocational training on topics such as starting and running a small business, selling and animal raising, all areas in which PLHIV expressed an interest in their responses to the questionnaire.
- For AUA to continue to strengthen partnerships with KHANA, SEAD (Phnom Penh); BSDA, NAS, Phnom Srey (Kampong Cham); BFD, SCC (Battambang); REDA (Svay Rieng) and other NGOs working in the livelihood area (see Appendix B, Table 1 for a more extensive list of NGOs currently providing support to the PLHIV who participated in this study). A thorough audit of NGOs currently working with PLHIV and the support, assistance and activities provided is recommended to ensure AUAs future livelihood and income generation activities complement and do not overlap with programs already available through other NGOs.
- Since a substantial number of participants reported being discriminated against due to their HIV status, which further impacts on their livelihood activities, AUA should consider continuing to develop strategies for reducing HIV-related stigma and discrimination in the workplace and community. This might include more education for PLHIV/AUA members and the general community about the AIDS law.
- In order to encourage community support and involvement AUA could assist PLHIV to create self help groups (eg. saving groups) and participate in groups such as the AUA monthly meeting. Community support and involvement should be actively encouraged to promote greater community acceptance and less discrimination which will further impact and improve the mental health, quality of life and livelihood of PLHIV in Cambodia.
- The recommendations from the discussions at the dissemination meeting mirrored many of the recommendations suggested by the PLHIV and also included: the importance of reviewing AUAs current activities; the need to promote AUAs activities to find NGO partners and sustainable funding to support AUAs activities, including creating local fundraising activities; using AUAs membership budget to provide capital for income generation activities or to support an activity such as a savings group; identifying sustainable income generation activities for AUA members and finding a market for their products; and promoting the importance of education to the poor and vulnerable children (OVC) to strengthen their opportunities for employment, work and income generation activities for their future.

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Appendix A

បញ្ជីសំណួរសំភាសន៍ពីការរកប្រាក់ចំណូលរបស់
អ្នករស់នៅជាមួយមេរោគអេដស៍/ជំងឺអេដស៍ និងអ្នកទទួលសេវាOI/ART
Livelihood questionnaire for people living with HIV/AIDS and accessing OI/ART

ព័ត៌មានទូទៅ/General Information

១- អ្នកសំភាសន៍_____ កាលបរិច្ឆេទសំភាសន៍_____

1- Interviewer _____ Date of interview _____

២- អាយុអ្នកចូលរួម _____ ភេទ ☐ ស្រី ☐ ប្រុស

2- Participants age _____ Gender ☐ Female ☐ Male

៣- ទីកន្លែងសំភាសន៍_____លេខកូដ OI _____លេខកូដ ARV _____

3- Location_____Code OI _____ Code ARV _____

៤- ជាសមាជិកអេយូអេ ☐ មែន ☐ មិនមែន

4- Member of AUA ☐ Yes ☐ No

៥- តើអ្នករស់នៅជាមួយមេរោគអេដស៍ប៉ុន្មានឆ្នាំហើយ?_____

5- How long have you been living with HIV? _____

៦- តើអ្នកទទួលសេវាព្យាបាល OI/ART ប៉ុន្មានឆ្នាំហើយ? _____

6- How long have you been having OI/ART? _____

៧- ស្ថានភាពគ្រួសារ? ☐ នៅលីវ ☐ រៀបការ ☐ លែងលះ ☐ មេម៉ាយ/ពោះម៉ាយ

7- What is your marital status? ☐ Single ☐ Married ☐ Divorced ☐ Widowed

៨- តើអ្នកកំពុងរស់នៅក្នុង : ☐ ផ្ទះខ្លួនឯង ☐ ផ្ទះជួល ☐ ផ្សេងៗ _____

8- Are you living in: ☐ Own house ☐ Rental house ☐ other _____

៩- តើមានសមាជិកគ្រួសារប៉ុន្មាននាក់កំពុងរស់នៅជាមួយអ្នក?_____ តើអ្នកមានកូនប៉ុន្មាននាក់?_____

9- How many people are living in your household _____How many children do you have? _____

១០- តើកូនប៉ុន្មាននាក់ដែលបានទៅរៀន?_____

10- How many of your children go to school? _____

១១- តើកូនប៉ុន្មាននាក់ដែលរស់នៅមេរោគអេដស៍/ជំងឺអេដស៍? _____

11- How many of your children are living with HIV/AIDS? _____

១២- តើអ្នកបានរៀនសូត្រដល់កម្រិតណា? ☐ បឋមសិក្សា ☐ អនុវិទ្យាល័យ ☐ វិទ្យាល័យ ☐ សកលវិទ្យាល័យ

12- What is your level of education? ☐ Primary School ☐ Secondary School ☐ High School ☐ University

សំនួរ/Question

១- តើអ្វីជាបញ្ហាធំបំផុតសម្រាប់អ្នកនាពេលបច្ចុប្បន្ននេះ?(សូមជ្រើសចម្លើយច្រើនជាង០១ និងសូមចាត់ថ្នាក់)

1- What are the biggest problems for you at the moment? (Please *rank* them, Choose more than one)

☐ រូបរាងកាយ Physical

☐ សុខភាព Health

☐ ផ្លូវចិត្ត Emotional

☐ ទំនាក់ទំនងមិត្តភាព(រួមបញ្ចូលការម៉ាក់ងាយ និងរើសអើង Relationships (including stigma and discrimination)

☐ ហិរញ្ញវត្ថុ (ការប្រកបរបររកប្រាក់ចំណូល និងជីវភាព) Financial (income generation and livelihood)

☐ ការព្យាបាល (ការទទួលសេវា OI/ARV,ការប្រើប្រាស់ថ្នាំ OI/ARV)
Treatment (access to OI/ARV medication, adherence to medication)

☐ ផ្សេងៗ (សូមបញ្ជាក់) Other (please specify)_____

២- តើបច្ចុប្បន្នអ្នកមានមុខរបរ ឬមានប្រភពចំណូលដៃរឬទេ?☐ មាន ☐ មិនមាន

បើមាន, តើអ្នកធ្វើអ្វី?_____

បើមិនមាន, តើអ្នកចង់ធ្វើអ្វី?_____

2- Do you currently work or have a source of income? ☐ Yes ☐ No

If yes, what do you do? _____

If no, what would you like do? _____

៣- តើប្រភពចំណូលសំខាន់ៗសម្រាប់ក្រុមគ្រួសាររបស់អ្នកមានអ្វីខ្លះ?(ចម្លើយអាចច្រើនជាង០១)

3- What are the main sources of your household family income? (you can choose more than one answer)

☐ អ្នកលក់តាមផ្លូវ street seller ☐ លក់កម្លាំងម្តងម្កាលcasual labor ☐ ប្រាក់បៀវត្សបុគ្គលិក salaried employment

☐ មុខរបរតូច small business ☐ មុខរបរធំ large business ☐ លក់អចលនទ្រព្យsale of assets

☐ ធ្វើស្រែចំការ farming ☐ ចិញ្ចឹមសត្វanimal husbandry

☐ ផ្សេងៗ (សូមបញ្ជាក់) other (please specify) _____

៤- មុននឹងអ្នកមានផ្ទុកមេរោគអេដស៍ តើអ្នកធ្វើការអ្វី ឬមានប្រភពរកប្រាក់ចំណូលអ្វីខ្លះ?

_____

4- What work or source of income generation did you have before you became HIV positive

_____

៥- សូមគូសនូវអ្វី ដែលប៉ះពាល់លើការជីវភាពរបស់អ្នក នៅពេលអ្នកផ្ទុកមេរោគអេដស៍ (សូមជ្រើសរើស ឲ្យបានច្រើនដែលមាន)

5- Please tick what impact having HIV has on your ability to maintain your livelihood (please choose as many that apply).

☐ មិនប៉ះពាល់(No effect) ☐បាត់បង់ការងារ (lost my job) ☐ បាត់បង់មុខរបរ (lost my business)

☐ បាត់បង់ទ្រព្យសម្បត្តិសំខាន់ៗ (Lost key assets) ☐ ប្រាក់ចំណូលធ្លាក់ចុះ(Income reduced)

☐ សមាជិកគ្រួសារពុំសូវមានឱកាសធ្វើការងារ (Family members are not able to find a good job)

☐ ផ្សេងៗ (សូមបញ្ជាក់) - Other (please specify) _____

៦- តាមបទពិសោធន៍របស់អ្នក តើអ្វីខ្លះជា ឧបសគ្គរាំងស្ទះដល់ការងារ និងការប្រកបរបររបស់អ្នកនៅពេលអ្នកមានជំងឺ?

_____

_____

6- What are some of the barriers to work and income generation you have experienced because of your illness?

_____

_____

៧- នៅពេលអ្នកមានមេរោគអេដស៍ តើអ្នកធ្លាប់បានដោះស្រាយបញ្ហាដោយរបៀបណា ដើម្បីរក្សាចំណូលគ្រួសាររបស់អ្នក?

7- Please tick the strategies being used to cope with the impact of having HIV on the family's income.

☐ លក់ទ្រព្យសម្បត្តិ Sell assets ☐ ខ្ចីលុយគេ borrow money

☐ កាត់បន្ថយសំភារៈប្រើប្រាស់និងការចំណាយប្រចាំថ្ងៃ Reduce consumption

☐ បង្កើនសមាជិកគ្រួសារច្រើននាក់ចេញទៅធ្វើការ More family members working

☐ ផ្សេងៗ (សូមបញ្ជាក់) _ Other (please specify) _____

៨- មុនពេលអ្នកមានមេរោគអេដស៍ តើអ្នកបានជំនួយគាំទ្រពីណាខ្លះ? សូមជ្រើសរើស

8- If you received assistance before having HIV, please tick what type of support you received.

☐ បណ្តាញការងារបុគ្គលPersonal network ☐ ក្រុមសន្សំ និងឥណទានcredit and savings group

☐ ក្រុមសាសនាReligious groups ☐ អ្នកដឹកនាំសហគមន៍community leaders

☐ រដ្ឋាភិបាលGovernment ☐ អង្គការមិនមែនរដ្ឋាភិបាលNGO

☐ ផ្សេងៗ (សូមបញ្ជាក់)___other (please specify) _____

៩- តើអ្នកបានទទួលជំនួយ និងការគាំទ្រពីណាខ្លះ ចាប់ពីពេលអ្នកមានមេរោគអេដស៍ និងពេល ទទួលសេវា OI/ART?

9- Please list your sources of assistance and support since having HIV and accessing OI/ART?

ទទួលមកពីណា? Where did you get it from? **ប្រភេទនៃជំនួយ Type of assistance**

☐ បណ្តាញការងារបុគ្គលPersonal network _____

☐ ក្រុមសន្សំ និងឥណទានCredit and savings group_____

☐ ក្រុមសាសនាReligious groups _____

☐ អ្នកដឹកនាំសហគមន៍ Community leaders _____

☐ រដ្ឋាភិបាលGovernment _____

☐ អង្គការមិនមែនរដ្ឋាភិបាលNGO _____

☐ ផ្សេងៗ (សូមបញ្ជាក់) Other (please specify) _____

១០- តើអ្នកមានប័ណ្ណមូលនិធិសមធម៌ដែរឬទេ? ☐ មាន ☐ មិនមាន
ប្រសិនមាន, តើអ្នកបានទទួលមកពីណា? _____

10- Do you have a health equity fund card? ☐ Yes ☐ No
If yes, where did you get it from? _____

១១- តើអ្នកពេញចិត្តការងារ និងសកម្មភាពរកប្រាក់ចំណូលរបស់អ្នកដែរឬទេ? ☐ ពេញចិត្ត ☐ មិនពេញចិត្ត
បើមិនពេញចិត្ត តើអ្នកចង់ធ្វើអ្វី? _____

11- Are you satisfied with your work and income generation activities? ☐ Yes ☐ No
If no, what would you like to happen? _____

១២- តើអ្នកគិតថា ឱកាសរកការងារធ្វើ និងការរកប្រាក់ចំណូលរបស់អ្នករស់នៅជាមួយមេរោគអេដស៍ក្នុងប្រទេសកម្ពុជាអាចនឹងមានភាពល្អប្រសើរដោយរបៀបណា? _____

12- How do you think the employment opportunities and income generation for Cambodian people living with HIV can be improved? _____

១៣- តើអ្នកមានមតិយោបល់ឬសំណូមពរអ្វី ដើម្បីឲ្យសកម្មភាពអេយូអេ មានប្រសើរឡើងសម្រាប់ ជួយដល់ អ្នកដែលរស់នៅជាមួយមេរោគអេដស៍ទទួលសេវា OI/ART? _____

13-Do you have any comments or suggestions for AUA to improve their activities for PLHIV accessing OI/ART? _____

អរគុណសម្រាប់ការចូលរួមឆ្លើយសំណួរទាំងអស់នេះ☺

Thank you for participating in this questionnaire ☺

Appendix B

Table 1. NGO support and assistance provided to PLHIV.

Name of NGO	Support/assistance provided
Antiretroviral Users Association (AUA)	Encourage to get regular treatment support; psychosocial; transportation; patient house.
BRIDGE	Support with Home based care.
Brother Centre	Support with accommodation; transportation.
BTS	Training on the law and rights of PLHIV.
Buddhism for Development (BFD)	Support with food; transportation; loans.
Buddhism for Social Development Action (BSDA)	Support with food; transportation; education.
Cambodian Community of Women living with HIV (CCW)	Provide education; transportation; monthly money.
Cambodian HIV/AIDS Education and Care(CHEC)	Provide rice; grants for animal raising.
FHI	Provide encouragement.
KHEMARA	Provide food; rice; give school material; build houses.
KHOSER (KEY OF SOCIAL HEALTH EDUCATIONAL ROAD)	Support transportation to access service and provide rice; education material; loan.
KODA	Provide food.
Korsang	Provide transportation.
Maddox Chivan	Support children to go to school.
Maryknoll	Support with food; money; transportation to services; assistance to get the service; during hospitalization; help pay house rent.
Mith Samlanh	Provide loan.
NAS	Provide transportation; access service; provide food hygiene materials.
Phnom Srey Organisation for Development (PSOD)	Provide food.
Positive Women of Hope Organisation (PWHO)	Provide food, loan and training
SCC	Provide rice; transportation; build house.
SEAD	Provide loan.
WFP	Provide rice.
WOMEN	Support with transportation and food.
World Vision	Provide loan and vocational training to PLHIV
WVC	Provide food; hygiene materials; transportation; cow; training; craft.

Appendix C

Table 2. Themes from participants responses as to how to improve the employment opportunities for PLHIV.

Theme	Examples of participants responses
Reduce stigma and discrimination	Promote equal rights to live and work; do not request HIV testing before a person starts working.
Support to create a small business	Provide capital; assist with setting up home gardening and animal raising.
Assist with finding jobs	Assist with vocational skills; promote skill sharing and education; provide more job opportunities; increase the local job market; focus on finding work that does not require too much energy eg. mushroom growing.
Create support groups	Create savings groups; animal raising/farming.
Support regular treatment	Support treatment for better health to help with getting a job.
Improve quality of life	Support through giving hope, motivation and commitment.
NGO support	Establish or combine an organization for PLHIV who can provide jobs and sell or export products.

Appendix D

Table 3. Main themes from participants suggestions on how to improve AUAs activities

Theme	Example of participants responses
Continue current activities in OI/ART clinic	The current activities mentioned included: encouragement, motivation and psychosocial support for patients; free treatment; education and information; counseling; expand services; patient house;
Provide other support	Support with food; transportation; during hospitalization, for example supporting more caretakers for patients; school fees and material for children; increase appointments and study tours; provide fishing equipment; provide food and vegetable seeds; promote information and education; provide social support for older people; support rental house fee; provide additional support for the poorest patients to assist them in making money.
Provide loan (a more sustainable option may be to assist in starting up a savings group)	To make a business or expand a current business.
Support and assist PLHIV to find a job through providing vocational skills	For example train PLHIV in mushroom growing.
Advocacy and collaboration with the MoH and other NGOs	Advocate with the government for better treatment for PLHIV (eg. to get services such as lab tests free of charge, to provide more effective ART). Collaborate with other NGOs to assist PLHIV to get good treatment and income generation opportunities.

Appendix E

Table 4. Dissemination Meeting Discussions

Question 1a. What are the biggest challenges for PLHIV when accessing OI/ART services? What are some possible solutions?

Problems	Solutions
Some factory workers have limited time to get to the OI/ART service. If they go back to work late their salary will be cut.	Patients could tell the factory owner they need to go to get OI/ART service and AUA staff could facilitate this discussion the first time patients get treatment.
Some poor people have no transportation to access services.	Provide transportation. Find NGO partner to support finance or transportation. Provide vocational training for job and employment. Provide training related to financial management.
Some of the service providers show discriminatory behaviour towards PLHIV.	AUA staff could facilitate between the patient and the service provider. Conduct a meeting to raise the problem and discuss a solution amongst OI/ART staff.
Some hospitals do not have enough OI medicines so PLHIV have to go to the pharmacy to buy the medicine. PLHIV have to pay extra money to be treated for some serious OI disease eg. cancer.	Contact the relevant Government department to provide OI medicine or treatment. Educate patients about how to take care of their primary healthcare. Encourage patients to go the health centre to check their health (eg. STI screening).
Some patients have to go to another clinic and pay more money because some hospitals/clinics do not have enough materials.	Provide vocational training and skills towards getting a job (eg. vegetable growing or animal raising).
Immigration- patients move to another place to work but have problems getting services.	AUA staff to facilitate for the patients documents to be transferred to the patients new OI/ART clinic and identify the patients to the new OI/ART clinic.
Lost follow up (patients give up their treatment when they are better) but they come back for treatment when they are seriously sick.	Discuss with the doctor about the patients lost follow up and identify them the new OI/ART clinic. Educate and raise awareness of the disadvantage of lost follow up.

Question 1b. What are the biggest challenges for PLHIV for income generation? What are some possible solutions?

Problems	Solutions
Some PLHIV have poor health.	Educate PLHIV to come to access the services regularly. Help PLHIV to better understand drug adherence.
Some PLHIV have a lack of education.	Provide vocational training skills and capital. Find a market for the products.
Some PLHIV experience discrimination.	Increase community awareness about HIV/AIDS situation. Promote Human Rights. Promote HIV/AIDS law through the community and strengthen the HIV/AID law enforcement. Promote gender equality.
Some PLHIV have no capital.	AUA could assist with starting up a savings group.
Some PLHIV have emotional issues.	Encourage PLHIV to participate in special events and meetings eg. AUAs monthly meeting, MMM etc. Provide counseling to PLHIV related to their issues.
Some PLHIV have a lot of children.	Promote family planning.

Question 2. What are your recommendations and suggestions to improve AUAs current and future activities to support PLHIV with livelihood and income generation activities?

- Increase AUA membership
- Review AUAs current activities
- AUA to continue current activities
- Find NGO partners/donors to support AUAs current activities
- Use the membership budget for income generation activities
- Increase new activities for AUA
- Promote AUAs activities in order to get more support from other agencies and organisations
- Identify sustainable income generation activities for AUA members
- Create local fundraising activities
- Provide vocational training and capital for income generation activities
- Find a market for members products
- Promote OVC to go to school
- Continue to provide transportation to PLHIV to access healthcare services