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ARV Users Association

AUA
ANNUAL REPORT
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Author's name: Heng Chheangkim, Program Manager & Fundraiser

Grantee's name: Mrs. Han Sienghorn, Executive Director

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti- Retroviral Therapy
ARV	Anti- Retroviral Drugs
AUA	ARV Users Association
BC	Bandanh Chatomuk (National MSM network)
CCW	Cambodian Community of Women living with HIV/AIDS
CENAT	National Center for Tuberculosis and Leprosy Control
CoC	Continuum of Care
CoPCT	Continuum of Prevention to Care and Treatment
CBPCS	Community Based Prevention Care and Support
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
HCMC	Health Center Management Committee
HIV	Human Immunodeficiency Virus
IACM	Integrated Active Case Management
IPD	Inpatient Department
LAC	Legal Aid of Cambodia
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSM	Men who Sex with Men
NAA	National AIDS Authority
NCHADS	National Center for HIV/AIDS, Dermatology and STDs
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

EXECUTIVE SUMMARY / OVERVIEW

Project rationale and objectives:

AUA's goal is to assist PLHIV on Pre-ART/ART to understand the importance of accessing health services and adhering to treatment. AUA achieves this by providing patients with education, emotional and social support. AUA fosters communication and feedback mechanisms between PLHIV, NGOs and the government health sector in order to encourage an exchange of experiences, problem solving and maintenance of quality healthcare.

AUA promotes treatment literacy for PLHIV through group discussion sessions, counseling and social work. These activities have formed a crucial part of the treatment process for PLHIV, as well as providing encouragement and peer support. Patients learn about HIV/AIDS transmission, how HIV affects the body, how ART works, managing opportunistic infections, promoting good health, family planning, tuberculosis, and HIV/AIDS Law. AUA also facilitates exchange visits each year to regional treatment centers. This activity allows PLHIV to exchange experiences in a regional setting, and also allows AUA to know more about the quality of care and services provided to PLHIV in regional areas. AUA works to create an active community of PLHIV using OI/ARV through advocating for PLHIV and supporting them to promote quality of care and treatment within OI/ART facilities in Cambodia. Through this project and its 16 supported sites, AUA served **8,445 active PLHIV in 2015**.

AUA's main objectives are:

- To improve access to comprehensive care, treatment and social support in Pre-ART/ART clinics with direct support provided for the most vulnerable PLHIV.
- To establish a more enabling environment to reduce stigma and discrimination within the HIV/AIDS community.
- To strengthen AUA staff capacity to provide quality and cost-effective services.

Outline of major activities:

AUA staff work in both OPDs and IPDs to provide psychosocial support to patients who come to consult with doctors, receive medical checkups and for those patients who are hospitalized. AUA staff support patients to attend their appointments and use phone tracing for OI/ART patients who miss their appointments to rearrange for the patient to see a doctor. AUA staff also refer patients to access appropriate health services such as echo and X-ray, Prevention of Mother to Child Transmission (PMTCT), Voluntary and Confidential Counseling and Testing (VCCT), surgery, gynecology, STI treatment, and referrals to new OI/ART clinics. AUA staff provide education on positive prevention to patients and conduct advocacy work for PLHIV through quarterly meeting with healthcare providers and PLHIV rights group discussions that involve health care providers, local authorities, NGO partners and other stakeholders.

AUA's target areas for implementation:

1. Khmer Soviet Friendship Hospital- Phnom Penh
2. Meanchey Referral Hospital- Phnom Penh
3. Samdach Ev Referral Hospital- Phnom Penh
4. Pochentong Referral Hospital- Phnom Penh
5. Chamkar Daung-Health Center- Phnom Penh
6. Correction Center One and Center Two (CC1&CC2)- Phnom Penh
7. Kean Svay Referral Hospital- Kandal province
8. Srey Santhor Referral Hospital- Kampong Cham

9. Chamkar Lue Referral Hospital- Kampong Cham province
10. Kampong Cham Referral Hospital- Kampong Cham province
11. Rokar Health Center- Battambang Province
12. Kep Referral Hospital- Kep Province
13. Choeung Prey Referral Hospital – Kampong Cham Province
14. Memot Referral Hospital – Kampong Cham Province
15. Rattanakiri Provincial Hospital - Rattanakiri Province
16. Sen Monorom Referral Hospital – Mondulakiri Province

Implementation strategy:

AUA has developed a management structure so that staff can manage and carry out projects with clear roles and responsibilities.

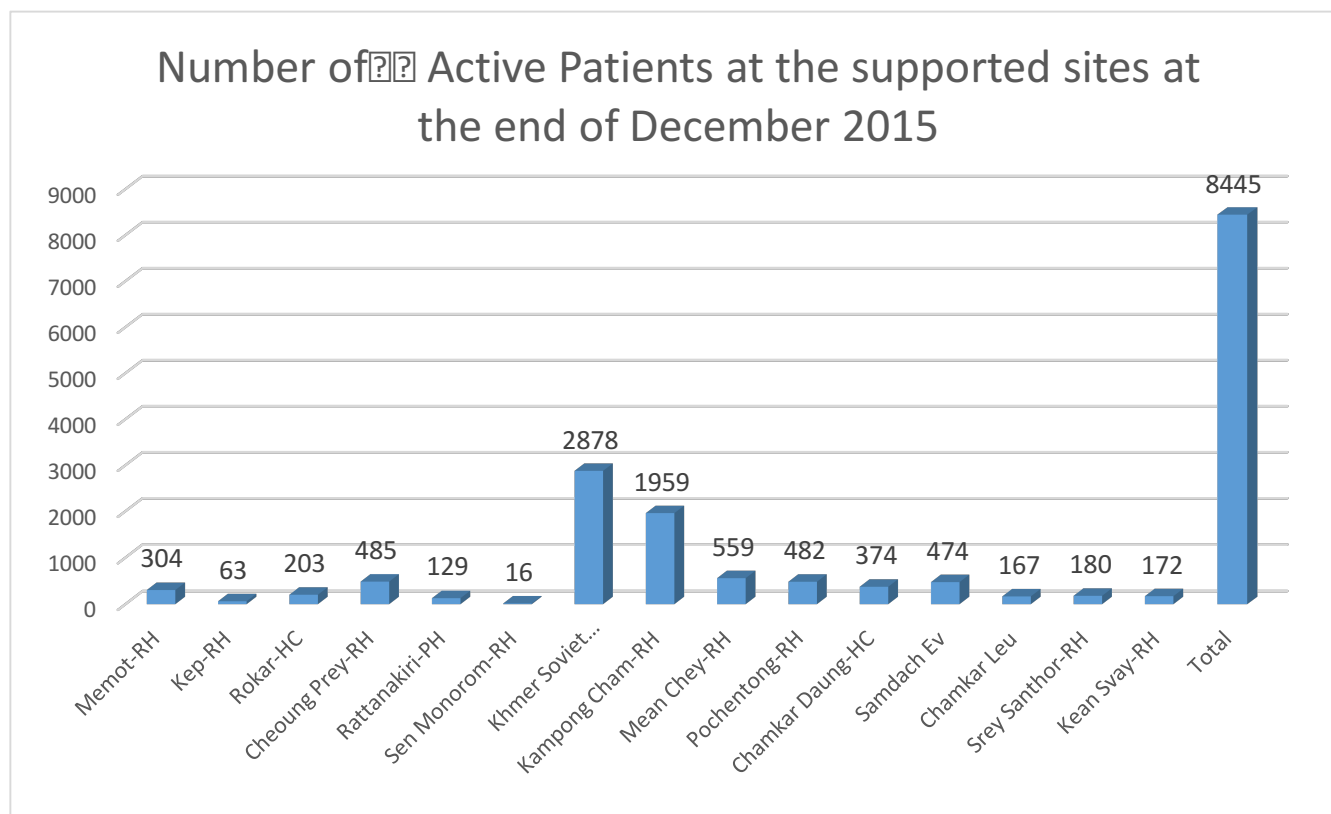
- **Executive Director (ED):** Directly manages and oversees all staff in the association. Provides overall direction and vision for the organization to ensure the strategic plan is kept current and that annual activities and budget plans align with the strategic plan.
- **Program Manager/Fundraiser (PMF):** Provides managerial support and structure to AUA projects, improves reporting systems and achieves greater financial sustainability through long-term funding.
- **Project Manager (PM)/ Project Coordinator (PC):** Collaborates with NGO partners and government institutes to ensure successful project implementation. Works closely with the Field Coordinator and field staff to ensure project activities run well. Facilitates and builds capacity by providing technical support to field staff. Monitors the project activities against the attainment of indicators and the overall project objectives.
- **Project Assistant (PA):** Provides assistant to Project Manager in providing leadership for project coordination, planning, implementation, monitoring and evaluation; liaising with project stakeholders at the implementation level; reporting of the project progresses from field to project manager, and ensuring that all project services provided to target clinic OI/ART including the prison project.
- **M&E Officers:** Design M&E system that include creating program indicators, identifying and developing data sources, and developing and maintaining systems for data collection, oversee the collection, analysis, consolidate and reporting of baseline M&E data and ongoing M&E data collection, analysis and reporting according to project M&E plan, under the supervision of the Project Manager, assist in the preparation of project quarterly and annual reports and ensure the timely submission of all M&E reports as specified by the donor, build the monitoring and evaluation capacity of all Project Staff, undertakes regular visits to the field to support implementation of M&E, data validation and to identify where adaptations might be needed, participates in meetings, trainings, events and other AUA related activities.
- **Communication Officer (CO):** Designs and maintains the database used to track members and all patient activities at the OI/ART clinics where AUA works. Maintains and updates AUA's website, adding new information as requested by the management team. Provides technical support and troubleshoots IT problems. Designs and maintains internal data/file management and cataloging systems.
- **Admin and Finance Officer (AFO):** Develops the budget control system for following up and keeping track of separate donors. Ensures that proper financial procedures and systems are

implemented and maintained at individual sites. Prepares financial reports in-line with donor reporting requirements.

- **Admin and Finance Assistant:** Works as an assistant to prepare correspondence in and out, greets guests, and follows up telephone usage, staff attendance and inventories. Provides assistance to the Admin and Finance Officer to manage cash accounts, prepare cash registers and cash reconciliations, prepare cheque payments as well as cash payments including coding in accordance with a chart of accounts, and manage all bank activities (withdrawals, deposits and collection of bank information).
- **Field staff:** Field staff include social workers, receptionists and patient assistants. Field staff work closely with PLHIV and report back to the Project Coordinator about achievements and problems encountered during project implementation.

PROJECT IMPLEMENTATION AND ACHIEVEMENTS

Manage the reception/triage of PLHIV in all AUA OI/ART clinics:



In the period January to December 2015, AUA actively fulfilled its role to assist PLHIV in 16 pre-ART/ART clinics. The reception/triage at all Pre-ART/ART clinics was managed by AUA staff. Triage activities involved facilitating patients who came to access OI/ART services, including registering the patients for both new and old cases, managing and organizing patient files for doctors, facilitating patients to meet doctors when they experienced severe sickness, referring patients to meet counselors, referring patients to the pharmacist, sending patients to attend education sessions, and managing all patient documents for data entry. AUA also worked closely with home-based care organizations to keep a record of patients who did not attend their appointment.

For the period January to December 2015, **457 new patients** registered for Pre-ART/ART services at the 16 AUA sites. As of December 2016, the total number of active patients was **8,445** with **244** patients receiving Pre-ART and **8,201** patients receiving ART. **178 out of 8,445 patients were pregnant women**, and all were referred to PMTCT services. **72,184 cases received regular health consultations** twice per month or monthly based on doctors' appointments and their health



Pre-ART/ ART clinic in Rokar Health Center, Sangke district, Battambang province. (Taken in May 2015).

condition. All patients accessed Pre-ART/ART services regularly, facilitated and managed by AUA triage staff.

Provide initial counselling and encourage PLHIV partners to receive counselling and undergo HIV testing:

AUA Counselors, Social Workers and Triage staff provided counselling to patients on the day of their appointment for consultation with doctors to encourage their partner, family members and friends to undergo VCCT. A total of **727 sero-discordant couples (F: 323; M: 404)** were identified. **210** of 727 were referred to HTC and **21 of 210 tested positive. All positive tests were referred to enroll at the Pre-ART/ART clinic.**

Identify and refer exposed infants for DNA-PCR testing:

82 exposed infants received a DNA-PCR test and 74 were followed-up and referred to do DNA-PCR testing. **6 of 82 exposed infants tested positive** and were referred to Paediatric AIDS Care (PAC).

Trace missed appointments and lost patients:

There are many issues that influence PLHIV's access to services at OI/ART clinics, especially the high cost of transportation and a lack of transport means, illness, and a lack of nutritious food and migration. There were a total of **10,034** cases of missed appointments and of these, **4,234 cases were traced**. Of these, **3,600 (85%) cases returned to treatment** and **another 634 cases returned by themselves**.

Patient tracing was conducted by AUA Social Workers and Triage staff. The three intervention methods used to trace patients who missed their appointment and encourage them to return were: 1) Direct phone call to patient or patient relatives; 2) Contact with home-based care team in the community for assistance; and 3) Direct visit to the community to track patients. (This activity involved tracing only the patients who did not come after one day of their missed appointment with doctors but did not record patients who came before the appointment.)

The reasons patients were not able to attend treatment included: Migration to work in Thailand; moving to find new job in another province; no available contact number/could not be contacted. Some patients moved to receive treatment closer to their community without informing AUA and some patients abandoned their treatment altogether.

Organize and conduct group discussions with PLHIV at Pre-ART/ART centers:

Group discussions were held once or twice daily in the consultation area for new patients on ART (less than 24 months). Group discussions were conducted on the day of appointment. AUA Social Workers asked the patients who were waiting to meet the doctor for consultation to participate. Group discussions take between 15 and 20 minutes. These sessions provided an opportunity for patients to discuss issues related to their treatment, quality of care, personal and social issues. Topics covered included: Education on HIV/AIDS evolution; information about HIV/AIDS infection and prevention; the difference between HIV/AIDS and STDs; Sexually Transmitted Diseases (STD); opportunistic infections and their impact on treatment; condom use; the advantages and disadvantages of ARV drugs; ARV drug side effect; and drug adherence. Sessions included participatory question-and-answer components and used educational posters. **3,209 patients** participated in a group discussion in 2015, including discussions on positive prevention. Some patients participated in a group discussion two or three times per year.

Provide social support to out-patients and in-patients at pre-ART/ART clinics:

AUA provided continuous social support at both OPDs and IPDs. This included holding informal discussions with patients, and also discussions that linked patients with social needs to other services such as home-based care, transportation assistance and other medical services.



As a result, of 8,445 active patients, a total of **669 patients** (F: 469; M: 200) received **consultation fee support**, **603 patients** received **lab test support**; **4,695 patients** (F: 3,065; M: 1,630) received **transportation support**; and **393 patients** who could not be contacted by telephone **including sick patients** were visited and provided with counseling in their community. AUA supported **106 instances of blood transportation** from

AUA and staff and a medical doctor visit a sick and lonely patient in the community. (Taken in December 2015 at Rokar commune, Battambang province).

the six supported Pre-ART/ART clinics to NCHADS Phnom Penh for testing. **845 patients** were registered at IPD for hospitalization, and **163 female patients** were identified for family planning services (COC, POP, injectable, IUD, sterilization, condoms).

Health Equity Funds Cards in Khmer Soviet Friendship Hospital

AUA has worked as collaboration with URC and FHD to interview new patients and re-interview previous patients with expired Health Equity Fund Cards. This activity started in March 2012 and continues today. A patient's eligibility for a Health Equity Fund Card is determined through an interview with AUA staff. The patients can use this card to access OPD and IPD services free of charge. From January to December 2015 a total of 350 patients received Health Equity Fund Cards. This service is only available to PLHIV who are treated in the Khmer Soviet Friendship Hospital cohort.

HIV/AIDS prison project activity in Correction center 1 and 2 (CC1&CC2)

The Prison Project, which has been implemented successfully since 2012, focuses on providing support to vulnerable people living with HIV and TB. From January to December 2015, AUA's prison project staff provided pre and post-tests to **132 prisoners for VCCT**. 23 prisoners were identified as HIV-positive as a result. **832 blood tests, including VCCT tests, were transported to the Health Center and CD4** to NCHADS. In coordination with the health post staff and prison staff, individual and group counseling sessions were conducted through **monthly group discussions** at both CC1 and CC2 for PLHIV to discuss medical treatment, medicine education, and nutritional advice as well as ongoing support. Group discussion session was conducted monthly to allow patients to discuss challenges relating to ARV and TB drug adherence, primary health care, treatment and services as well as stigma and discrimination. **The total number of active HIV prisoner patients was 83.**

OTHER ACTIVITIES

A. AUA staff capacity building:

25-26 May 2015: All AUA staff at the new and old sites were referred to participate in Positive Prevention training in Sihanoukville. The training was organized and supported by FHI360 and KHANA. The objective of this training was to provide knowledge and skills to new staff who now work directly with PLHIV in the community, and to help them to communicate the Positive Prevention message to PLHIV who attend Pre-ART/ART clinics.

16-19 June 2015: AUA conducted project orientation for new staff involved in the USAID project who came from the different sites (Kompong Cham, Thbong Khmom, Kep, Rattanakiri, Monduliri and Battambang), including two new staff from AUA's head office. Information about project activities, project administration and the basics of HIV/AIDS treatment (including work flow at Pre-ART/ART clinic) was provided in order to develop the knowledge and skills of new staff. Staff were trained to understand and be able to implement all recording/reporting systems and meet the documentation requirements of AUA and USAID. A kit containing equipment, stationery and consumables was provided for each clinic.

April-June 2015: The Admin and Finance Officer, Admin and Finance Assistant and IT/Communication Officer were referred to attend training on Effective International Skills (7 April 2015) and Administrative Management (11-12 June 2015), organized by Capacity Building of Cambodia's Local Organizations (CBCLO)/IESC. CBCLO/IESC provided pre-award assessment to AUA in 2014 and provided capacity building to AUA and other organizations after pre-award assessment.

14-15 & 16-17 July 2015: All staff at all sites were referred to participate in HIV/AIDS cascade training in Sihanoukville. The training was organized and supported by FHI360 and NCHADS. The objective of the training was to provide knowledge, updated information about HIV/AIDS clinical practice and the new policies of national and UNAIDS agencies including 'Cambodia 3.0' and '90-90-90'.

21-25 August 2015: Two AUA management staff participated in a workshop on combating stigma and discrimination in healthcare settings. There were eight organizations from four different countries represented (Cambodia, Vietnam, Myanmar and China). Each organization presented its advocacy activities for PLHIV and key populations. The workshop was organized and supported by Asia Catalyst.

15-18 September 2015: USAID and NCHADS visited AUA sites at Rattankiri-PH, Rattanakiri province and Sen Monorom-RH, Monduliri province. They checked patient file management, the registration book and AUA's finance documents, and facilitated a small group meeting with AUA staff, Pre-ART/ART staff and involved partners to discuss project activities, project achievements, problems/challenges and solutions.

27-30 September 2015: Two AUA staff from this project were referred to attend training on viral load testing. The aim of the training was to improve the capacity of Pre-ART/ART teams, clinicians, counselors, nurses and lab technicians.

B. Meetings with NGO and government partners:

Organize regular meetings with OI/ART and health staff: AUA conducted quarterly meetings with Pre-ART/ART and health staff in all sites in order to exchange information regarding patients, working systems and issues in the hospital. This activity encouraged good relationships between AUA and health staff so that they could work cooperatively together to provide quality care to PLHIV. During this period, meetings were held four times in each site.

Organize quarterly meetings with NGO partners: AUA organized quarterly meetings with NGOs and other partners working with PLHIV to discuss the current problems facing OI/ART cohorts and find ways to collaborate on solutions. This was an opportunity to discuss issues, gather ideas, share information and determine the key points for improving the functioning of HIV care and treatment services.

Hold coordination meetings to bring PLHIV and service providers together:

PLHIV quarterly meetings at AUA Head office in Phnom Penh

PLHIV quarterly meetings took place only in Phnom Penh. **195 (Male: 90, Female: 105)** PLHIV patients who received treatment from different OI/ART clinics and from home base care's target group were invited to participate. The meetings aimed to provide the opportunity for patients to discuss and share their experiences and information on best practice (drug adherence and success stories), issues encountered and raise issues to AUA for assistance. AUA documents the key challenges raised by PLHIV during the meetings to assist patients with support networks. To respond to the needs of PLHIV, AUA invited key representatives from government and medical practitioners to respond to PLHIV queries including medication side effects, prevention as well as treatment. AUA has invited representatives from NGO partners to present or respond to the needs of PLHIV.

Organize coordination meeting between PLHIV and Service providers in Battambang province

On the 1st and 2nd of December 2015, AUA organized a coordination meeting between PLHIV and Pre-ART/ART staff at Roka Health Center. Patients were provided with an opportunity to meet and discuss issues related to their treatment (including their experience of ART drug use, drug adherence and primary health care), positive prevention and quality of care, as well as personal and social issues. Activities included question-and-answer sessions and educational sessions. In response to the needs of PLHIV, AUA invited Roka Health Center's Pre-ART/ART staff, PHD-Battambang, Dr. Chel Sarim (FHI360), Dr. Gnov Bora (NCHADS), CPN+ and BFD to make presentations and respond to patients' questions. Two meetings were conducted with different patient groups over two days. As a result of these meetings, AUA discovered that some patients, especially elderly patients, are hesitant to receive ART due to fear of the side effects. Many other questions arose about HIV evolution, treatment, prevention and the side effects of medication. A total of 143 patients attended the coordination meetings.



Facilitate PLHIV rights group discussion meetings:

In cooperation with the Department of Prevention, Care and Support of the National AIDS Authority and six provincial departments of Cambodia's Ministry of Health, AUA conducted PLHIV rights group discussions in six different provinces: Battambang, Kampong Cham, Thbong Khmum, Rattanakiri, Mondulkiri and Kep. In attendance were representatives of PHD, OD, RH and HC, Pre-ART/ART teams, VCCT, the Provincial Department of Women's Affairs, the Provincial Department of Education, commune leaders, police, NGO partners, PLHIV, KP and NAA. Topics discussed included PLHIV and KP opportunities, HIV/AIDS care and treatment, HIV/AIDS law, general rights, what to do if an issue arises, and how to empower patients to speak out constructively about issues related to quality of care and treatment. The following points emerged from the meetings:

- Many health service providers, local authorities, PLHIV and KP have no knowledge of Cambodia's HIV/AIDS Law.
- Some doctors exhibit a low level of commitment to their profession, arriving very late to work and leaving earlier than official closing hours. Patients wait for long times to access services.
- Hospitals lack the financial support and human resources required for Pre-ART/ART services. Some doctors perform two or three different roles.
- The stigma and discrimination associated with being infected with HIV still persists at the family and community level. As a result, a large number of PLHIV keep their status a secret.
- Commune leaders/local authorities in Rattanakiri and Mondulkiri often do not know the number of PLHIV in their communes or villages because many PLHIV keep their status a secret.
- PLHIV face many issues, including unavailability of OI medicines in OI/ART clinics, lack of medical doctors, lack of support for transportation and accommodation when travelling to clinics, lack of access to social services, and discrimination by some health care providers.
- PLHIV lack employment opportunities.
- Some PLHIV and KP participants have a soft voice (little voice) in the meeting, or they did not contribute many ideas. PLHIV or KP who have been involved in other previous meetings tend to participate more fully.



PLHIVs and KP's right group discussion meeting at Memot-OD. (Taken in October 27th, 2015 at Memot-OD, Thbong Khom province).

C. Special celebrations for World AIDS Day:

In December 2015, under support of Solidarité-Sida France and USAID, AUA joined in celebrating World AIDS Day in Phnom Penh, Battambang, Kep, Modulkiri, Kampong Cham and Rattanakiri alongside our partners including NAA, MoH, PHD and other departments. AUA made a small contribution to the overall celebration and referred PLHIV to attend these events. On 3rd December 2015, representatives of PLHIV and AUA staff in Choeung Prey-RH conducted advocacy on combating stigma and discrimination against PLHIV in healthcare settings and in the community to promote the rights of PLHIV, human rights, HIV/AIDS Law and HIV evolution to every participant, especially local authorities and service providers.

D. Exchange visit to Sihanouk Vill province and organize membership meeting:

From 17-20 November 2015, AUA organized an exchange visit to the Pre-ART/ART clinic in Sihanoukville Referral Hospital and the Self Help Group of Cambodian Networking for People Living with HIV (CPN+), an NGO in Sihanoukville. This activity was organized so that AUA members from the provinces could share experiences and exchange information. Attendees also observed the income generation activities of CPN+. 62 AUA members including AUA staff were brought to discuss quality of care and offered mutual support in addressing issues while also sharing experiences related to daily life, health care, drug adherence, storing medicines properly and primary health care. PLHIV learned about



Picture of exchange visit at Sihanoukville referral hospital



Visit PLHIV income generation activity in Community (Chicken and duck raising)

the income generation activities of CPN+ and were motivated to start their own small businesses. AUA found that all participants gained valuable knowledge from this experience.

After the exchange visit, AUA also organized its own membership meeting at the provincial health department in Sihanoukville. The aim of the meeting was to report on AUA's achievements for 2015, get feedback from AUA members relevant to care and treatment at different service locations, give AUA future direction and review membership policies. This activity was supported by Solidarite-Sida France and Membership fund.

E. Project review meeting:

From 15-17 August 2015, AUA organized its Project Review Meeting at the Siem Reap Town Hotel, Siem Reap province. 41 staff from different supported sites were in attendance. The aim of the meeting was to provide technical support and additional orientation, and to offer feedback on some of the challenging activities unmet during the project duration. A representative from each site presented their activities, achievements, problems/challenges, lessons learned, solutions and recommendations. This meeting was supported by Flagship-USAID through KHANA.

OTHER POINTS

➤ CHALLENGES

- Project implementation started late in the first quarter due to the new location and lack of human resources.
- Project implementation was only over a short period of time; service providers, relevant departments and HIV patients need more time for coaching, mentoring and support.
- Two of the new sites (at Mondulkiri and Rattanakiri) were established in April 2015 by NCHADS with a limited number of doctors, limited workspace and limited drug supplies. Some doctors were required to work part-time in providing HIV services. The structure of Pre-ART/ART teams is not clear due to some doctors having two or three roles within the hospital.
- Some patients change their contact number, which makes it difficult for AUA staff to contact them if they miss an appointment. This leads to lost to follow-up.
- Some medical doctors arrive late to work and leave early, which affects their consultation times. Many consultations are restricted to a short duration and patients do not have an opportunity to ask questions or tell the doctor about their issues.
- Some sites do not have data entry systems and data collection is based on hand recording.
- There is still a large number of PLHIV who migrate to another country for work, and many of these PLHIV stop using ARV treatment. It is extremely difficult for AUA and home-based carers alike to follow up with these patients.
- Elderly patients at Roka Health Center are often hesitant to receive ART due to fear of the medication's side effects. For the same reason, some of them have dropped ARV treatment.
- NCHADS complained about CD4 transportation by taxi from distant sites in Rattanakiri and Mondulkiri to NCHADS in Phnom Penh. The taxi always takes the CD4 to the taxi station and calls NCHADS lab to collect it.
- Some project staff left their sites before the end of the project cycle, choosing to take their annual leave or moving on to find a new job before the project was complete. This put pressure on other AUA staff to fulfill their outstanding duties.

➤ LESSONS LEARNED

- Some PLHIV have psychological afflictions and, as a result, are unable to remember their doctor's recommendations and appointment dates, or recall AUA's education and advice on HIV/AIDS.
- External migration is a major factor in some PLHIV being unable to attend follow-up sessions at OI/ART clinics.
- OI/ART services are free in Cambodia; the cost of living is not. Most patients are still in a poverty trap - they lack the money required for healthy food and their living depends on farming and external migration.
- Many health service providers, local authorities and PLHIV have no knowledge of the HIV/AIDS Law. AUA's PLHIV rights group discussion and seminar on HIV/AIDS Law in Cambodia provided much enlightenment on these topics.
- Some OI/ART staff are unprofessional and have a bad attitude towards PLHIV, often speaking roughly and rudely to them.
- The stigma of being infected with HIV still persists at the family and community level and, as a result, a large number of PLHIV keep their status a secret
- PLHIV in good health miss a lot of doctor's appointments because they see no need for treatment yet. Therefore, following AUA's phase out of the project, Pre-ART/ART teams should provide more education to patients about the importance of treatment adherence.
- Some OI/ART staff are poorly paid and have no motivation to serve patients.

➤ **RECOMMENDATIONS**

Currently, AUA does not have sustainable funding and is seeking long-term support to carry on with its Five-Year Strategic Plan (2013-2017). The success and sustainability of AUA's projects will require long-term donor support because AUA, as an organization still in its infancy, is not yet in a position to develop income generation activities that will offset the expenditure needed to sustain a national structure and strategy aimed at empowering PLHIV. AUA is committed to improving its activity implementation, organizational structure, management and leadership system, and strengthening its work environment and capacity building. To respond to the above commitments, AUA needs to:

- Strengthen its existing activities and collaborations with stakeholders, partners and government.
- Commit to finding new donors to secure those phased-out of the six sites and to scale up to other OI/ART clinics.
- Revise its Five-Year Strategic Plan (2013-2017).
- Strengthen its internal organizational development.
- Be willing to visit annual events on how to conduct fundraising and capacity building to improve current and future organizational development.

Approved by:

Prepared by:

Han Sienghorn

Executive Director

Heng Chheangkim

Program Manager and Fundraiser

AUA would like to thank our donors and partners for their support in 2015:

