



CAMBODIAN HIV/AIDS EDUCATION AND CARE (CHEC)

# CHEC

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Workshop at SOA\*AIDS\*SEX Congress  
1 December, Amsterdam

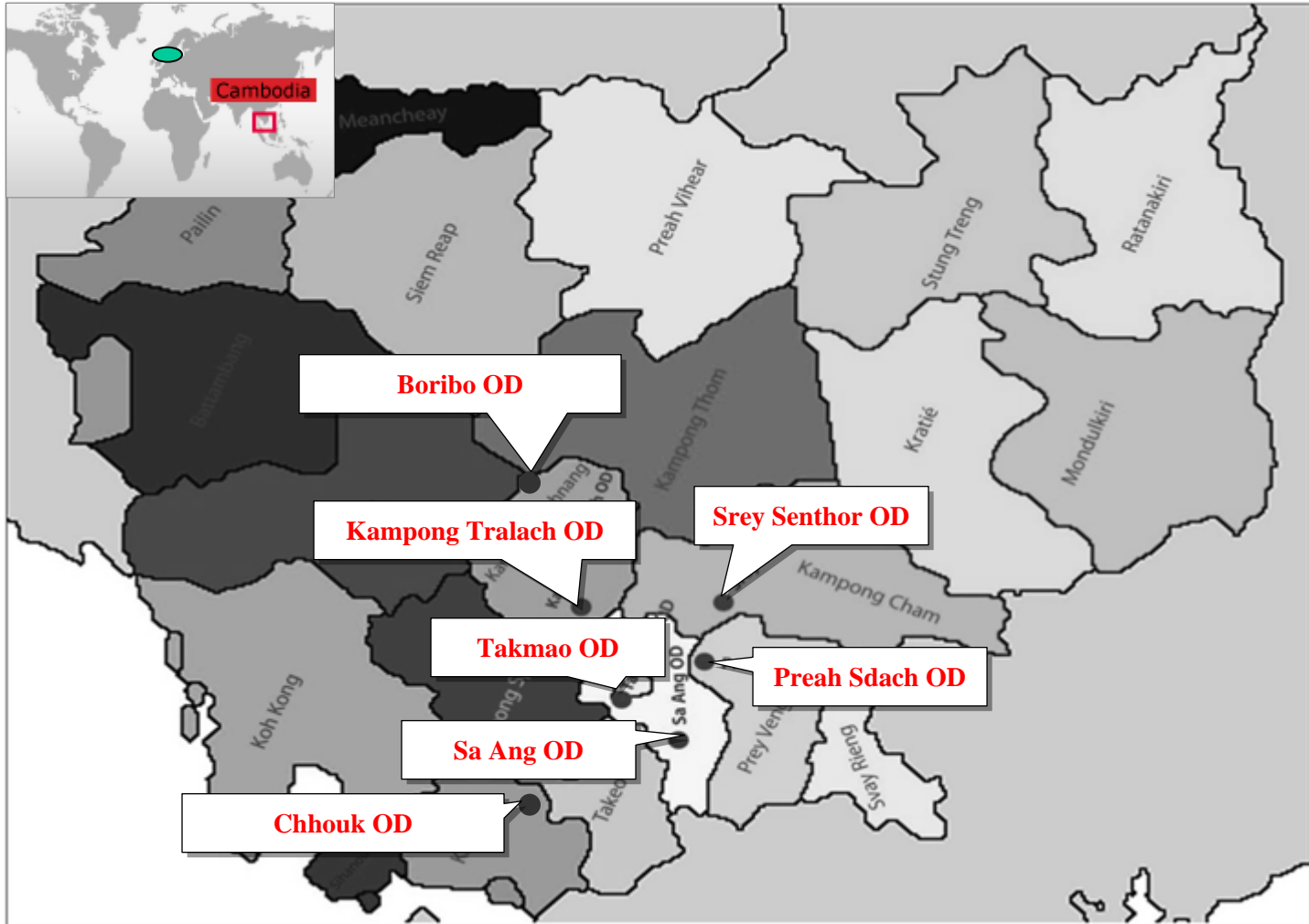


## History and goal

- Faith based and community-based organisation, formerly Quaker Service Australia
- Operating since 1994, became a Cambodian local organisation in 2001
- **Our Goal:** To mobilize an effective and sustainable community response to HIV/ AIDS, TB and STIs, and to provide care and support to people infected and affected by HIV/AIDS.



# Target Areas

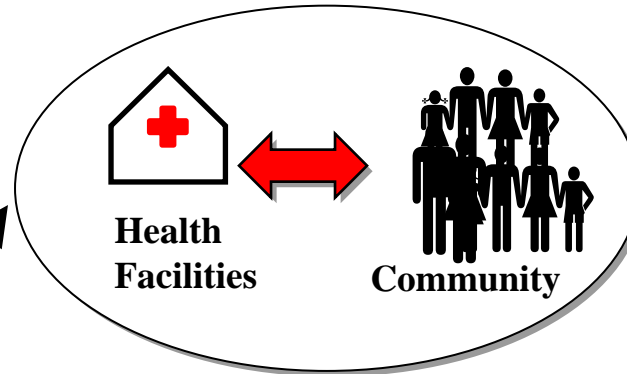




## The 3 “S” Linking Strategy

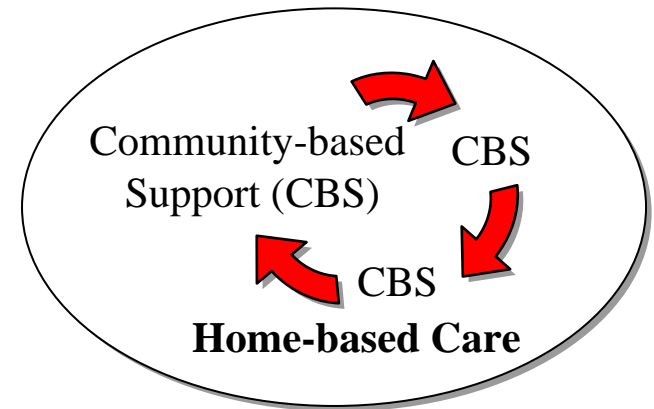
### “S” No. 1

*Strengthening linkages between facilities and communities*



### “S” No. 2

*Strengthening linkages between and within facility based services*

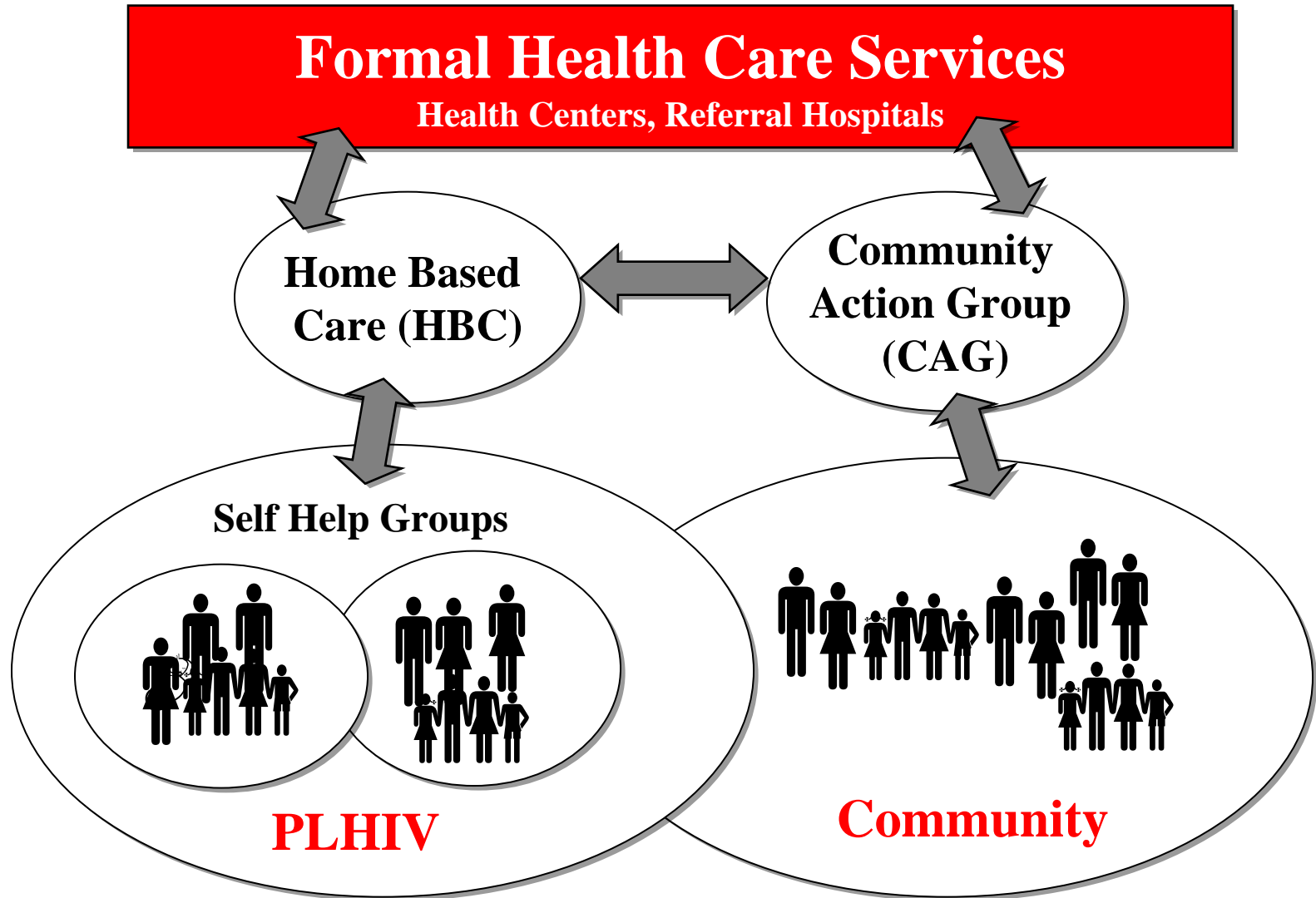


### “S” No. 3

*Strengthening linkages within communities*



# CHEC network at community level





## Home Based Care (HBC) Teams

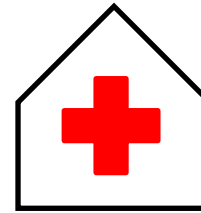
- HBC teams consist of leaders, members and community volunteers. At least one person on each HBC team is HIV positive
- HBC teams provide psycho-social, spiritual, nutritional and economic support for PLHIV and orphaned and vulnerable children during monthly home visits.
- HBC teams also provide transport subsidies to PLHIV to access ART and treatment at the health centers, and provide counseling on adherence to treatment.



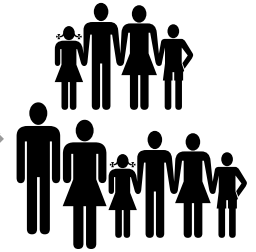


## Community Action Groups (CAG)

- The Health Department has a Primary Health Center (HC) for approximately every 10,000 people. There are around 10-15 HC in each District.
- CHEC bases a CAG in each HC, which gives them a distinct coverage area.
- Every village in this area includes at least one CAG member. Each CAG has 20-30 members.
- CAGs work with the health centers to provide community education, refer people to VCCT, reduce stigma and discrimination, and setup HBC teams.



**Health  
Centre**



**Community**



## Linking with community - SHG

- HBC teams and CAGs have worked to set up 39 Self Help Groups (SHG) comprised of 720 PLHIV and CIA/OVC carers.
- These groups have monthly meetings where members provide social support to each other.
- They also save money collectively which can then be used to give loans to individual group members to cover emergency expenses or expand livelihood activities.





## Linking with formal care - TWG

- HBC teams and CAGs participate in technical working group (TWG) meetings at Provincial and Operational District level so that all concerns of PLHIV will be raised during the meeting and feedback about functioning of health system is provided.
- HBC teams and CAGs also participate in District AIDS network meetings to provide feedback on challenges encountered





## Key Results (07/2009-06/2010)

### **Increased access to services:**

- 84% of trained CAGs applied their skills by providing counseling and referrals.
- 3,710 people in 7 districts were referred to VCCT.
- 1,340 pregnant women were referred to VCCT.
- 1,387 PLHIV referred times for OI/ARV treatment services.

### **Increased access and adherence to treatment:**

- 95% PLHIV/OVC report receiving drugs (ART/OIs) regularly through HBC support.
- 8,239 people received counselling on adherence to medication and appointments.

### **More PLHIV receive support (spiritual, psychological and material):**

- 88% of PLHIV said that they received spiritual counseling and care during home visits.
- 76% of orphaned and vulnerable children reported that they go to school regularly.
- 93% of PLHIV supported by the program said they are currently in good health.
- 97% of PLHIV said that their economic status improved moderately.



## Challenges

- Over 80% of the PLHIV are poor. Income generation and food provision limited to support healthy living and daily consumption for most PLHIVs and OVC.
- Limited funds to support monthly stakeholders meetings  
Participants need support for travel costs and other things.
- Health Centres do not provide sufficient health education.
- HBC teams have excellent ability to reach PLHIV, but lack the skills to provide comprehensive livelihood support.



## Award will be utilised for

- Strengthen the network meeting at the Operational District level from quarterly to monthly basis during the first 6 months of 2012.
- Strengthen the CAGs, HBC teams and Self Help Groups to work closely with the formal health centres and local authorities.
- Help the health centre staff to run the health education session with self help group members.
- Support and build capacity of the Self Help Groups for PLHIV so that they could manage the programme by themselves.



# THANK YOU



Website: [www.checcambodia.org](http://www.checcambodia.org)