



**STANDARD PACKAGE
OF ACTIVITIES**

**PEOPLE
LIVING WITH
HIV (PLHIV)**

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USAID
FROM THE AMERICAN PEOPLE



Khana is a linking organisation of the global partnership
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Acronyms

AIDS	ACQUIRED IMMUNODEFICIENCY SYNDROME
ARV	ANTIRETROVIRAL
ART	ANTIRETROVIRAL THERAPY
BCC	BEHAVIOR CHANGE COMMUNICATION
CBO	COMMUNITY-BASED ORGANISATION
COC	CONTINUUM OF CARE
GBV	GENDER-BASED VIOLENCE
HCT	HOME CARE TEAMS
HIV	HUMAN IMMUNODEFICIENCY VIRUS
I/DU	INJECTING/DRUG USER
DU	DRUG USER
IDU	INJECTING DRUG USER
IEC	INFORMATION, EDUCATION AND COMMUNICATION
IGA	INCOME GENERATION ACTIVITIES
KHANA	KHMER HIV/AIDS NGO ALLIANCE
MARP	MOST AT RISK POPULATIONS
MOSVY	MINISTRY OF SOCIAL AFFAIRS, VETERANS AND YOUTH REHABILITATION
MSM	MEN WHO HAVE SEX WITH MEN
NACD	NATIONAL AUTHORITY FOR COMBATING DRUGS
NCHADS	NATIONAL CENTER FOR HIV, AIDS, DERMATOLOGY AND STDS
NGO	NON-GOVERNMENTAL ORGANISATION
OI	OPPORTUNISTIC INFECTIONS
OVC	ORPHANS AND VULNERABLE CHILDREN
PF/PE	PEER FACILITATOR/PEER EDUCATOR
PLHIV	PEOPLE LIVING WITH HIV
PMTCT	PREVENTION OF MOTHER-TO-CHILD TRANSMISSION
S&D	STIGMA AND DISCRIMINATION
SHG	SELF-HELP GROUP
SPA	STANDARD PACKAGE OF ACTIVITIES
SRH	SEXUAL AND REPRODUCTIVE HEALTH
STI	SEXUALLY TRANSMITTED INFECTION
SW	SEX WORKER
TB	TUBERCULOSIS
VCCT	VOLUNTARY AND CONFIDENTIAL COUNSELLING AND TESTING

THE STANDARD PACKAGE OF ACTIVITIES

The Khmer HIV/AIDS NGO Alliance (KHANA) is a leading national NGO contributing to the response to HIV AND AIDS in Cambodia. KHANA does not implement prevention, care and treatment activities itself. Instead, it supports more than 60 local NGOs and community-based organisation (CBO) partners to implement focused prevention and integrated care and prevention packages to people living with HIV (PLHIV), orphans and vulnerable children (OVC) and key populations such as in-school and out-of-school youth, men who have sex with men (MSM), sex workers (SW), and drug users (DU). These populations require specific services that best serve their needs in terms of information, care and support, and access to services.

It is clear that the HIV/AIDS epidemic in Cambodia is changing. While prevention campaigns amongst selected high-risk populations have proven highly effective, the current pattern of infection points to a generalised epidemic, with women representing a greater proportion of those currently infected with HIV (NCHADS, 2007). However, most at risk populations (MARP) such as MSM, SW and DU require sustained prevention efforts to continue the reduction in HIV infections. Furthermore, risk factors associated with these MARPs are not limited to separate target groups. Recent surveys suggest that there is significant overlap among these populations. Recent studies of sex workers in Cambodia found high levels of both injecting and non-injecting drug use among both direct and indirect sex workers, as well as drug use by their clients, regular and casual partners (USAID/POLICY Project, 2006; PSI, 2002). The latest round of sexually transmitted infection (STI) sentinel surveillance found that the majority of MSM surveyed had between two and five female sex partners in the last year. This evidence clearly indicates that it is vital that KHANA is aware of, and responds to, the cross-over potential between the groups of HIV transmission and infection.

KHANA has worked with most of these populations for several years and has a growing number of non-governmental organisation (NGO) partners dedicated to providing the services required. In 2008, KHANA will begin its new strategic and operational plans 2008-2010. These plans respond to the changing face of the epidemic and, therefore, the shifting priorities of the response. KHANA is already a leader in national NGO efforts in preventing new infections and offering health-orientated care and support to those already infected. It must now adjust its programs to prioritise other, but no less important, issues affected by the epidemic, such as access to education and vocational training, income-generation opportunities and creating an enabling environment.

Therefore, in light of an evolving epidemic, changing funding trends, the growth and cross-over potential of key populations and their constantly evolving needs and priorities, it is necessary to design a standard package of activities (SPA) that can help guide KHANA's NGO partners in developing the most effective, efficient and cost-effective programs and activities.

These SPAs outline comprehensive packages of what we at KHANA see as the priorities for the populations at risk of, affected by, or already infected by HIV. The contents of the SPAs have been directly informed by KHANA partners, the beneficiaries of our programs, government initiatives and the programs of other stakeholders. As such, they reflect the current needs of PLHIV and other at-risk groups.

The primary goal of the SPA is to assist our partners in appropriately and effectively developing, adapting, costing and implementing their activities targeting MARP. KHANA has developed a separate SPA for each MARP, which represent a total package of services that should be offered to those populations. Each SPA is divided into four sections: prevention, impact mitigation and health, capacity building, and supporting environment. Each section is further divided into key areas of focus and, for each area there is a list of activities and objectives. Key messages delivered as part of the activity are also included where applicable. Through this package-based approach, our partners will implement activities under each section in order to provide the most comprehensive and complete response possible.

While the aim is to conduct all of the activities listed in each section, we recognize that many of our partners currently lack the capacity to implement every intervention. In the beginning, partners will update current activities to reflect the updated information contained in the SPA, and develop new activities as feasible. Over time, through technical support from KHANA, our partners will be able to expand their interventions and fulfil all objectives of the SPA.

In the SPA, it is common for similar activities to feature in more than one section and even in more than one SPA. This is plausible for many activities such as training, prevention messages and capacity building exercises. Moreover, the majority of KHANA's partners will be implementing multiple SPAs at a time. For example, if a partner works with MSM adults, MSM youth and MSM PLHIV, they would refer to the SPAs for MSM, Youth and PLHIV to inform their interventions. The overlap of activities throughout the SPAs will make it easier for partners to implement multiple SPAs.

Finally, in separate tables, details are given on the estimated costs of these activities. These costs should be treated as guidelines only but will help partners plan their budgets and work plans.

Following are brief descriptions of each section of the SPA:

Prevention

Although transmission in commercial brothel-based sex settings has decreased over the years, sexual networking is shifting towards casual sex with sweethearts and with indirect sex workers in entertainment venues, with whom condom use is much lower. MSM and drug users have high levels of risk behavior and rapidly increasing HIV prevalence. Mobile and migrant populations are also at increased risk of HIV infection. An increasing proportion of new infections take place between couples and from mothers to children, (NAA, 2005).

This section focuses on the specific prevention interventions and approaches appropriate for each target group. While not all partners working with each group may be able to implement all these activities, partners should be able to implement at least some of them.

Impact mitigation and health

It is estimated that 67,200 adults are infected by HIV (NCHADS 2007) and many more are affected through the loss of family members and livelihoods. The need for care, treatment, support and impact mitigation remains enormous (NCHADS, 2007).

This section focuses on the recommended activities to help alleviate the impact of HIV and AIDS on health, economic and social wellbeing. This highlights the activities undertaken with members of the key populations who are HIV positive. It also focuses on their caregivers, the families of PLHIV (people living with HIV) and also those who may not be HIV positive but who are still profoundly affected by the virus, particularly orphans and vulnerable children (OVC).

We know that HIV and AIDS have devastating effects, not only on the health of individuals and families, but also on their economic and social wellbeing. We also know that improvement in access to antiretroviral therapy (ART) and treatment adherence are helping PLHIV to remain healthier and therefore economically active for longer so that income generation activities (IGA) are becoming an increasingly important part of the care and prevention package for PLHIV and their families. Access to IGA is therefore a dominant feature of this section¹

¹ In addition to the SPAs for key populations, there is also a separate SPA for income-generation activities (IGA).

Capacity building

A vital part of all community-based programs is the opportunity for the key populations to become involved in the planning, implementation, monitoring and evaluation of the programs. This section therefore includes activities that build the capacity of the key populations themselves to be an active part of the response and in so doing, to reduce their vulnerability to HIV.

Many people lack the independence and ability to make behavioral choices, including safe sexual health and treatment seeking behaviors. This section therefore will also include activities that will help to empower people, especially women and young people, to increase and strengthen control over their behavioral choices as a crucial aspect of preventing HIV (NAA, 2005). Connected to this is the importance of addressing gender inequalities.

Finally, this section includes activities that should help KHANA's partners themselves, including their home care teams, their peer educators and their outreach workers to deliver a more effective program. As such, it includes training options, curriculum development and BCC suggestions all aimed at building the capacity of the individuals working in the programs.

Supporting environment

Besides supporting activities at community level, KHANA and its partners advocate for the rights of key populations, and ensure that these rights find their way into policy at provincial and national level. Ensuring that key populations can play a part in influencing policy themselves and advocate for their own needs and rights in broader arenas is a key component of KHANA partners' activities, as is advocating on behalf of key groups in Technical Working Groups and other policy arenas.

KHANA and its partners will also work in other legal arenas, such as promoting child protection laws and inheritance rights, which will help to benefit the legal status of the key populations. Advocating for legal rights can sometimes require the coordinated efforts of agencies and institutions other than KHANA partners. Collaboration with other agencies is therefore a vital part of promoting a supporting environment.

Finally, it is important that key populations are given the opportunity to remain, or become, active members of their communities and to live without fear of exploitation, abuse, or stigma and discrimination. KHANA partners will work closely with communities and community leaders to promote solidarity, compassion and respect for each of these groups.



STANDARD PACKAGE OF ACTIVITIES:

PEOPLE LIVING WITH HIV (PLHIV)

Situational Background

Overall HIV prevalence in Cambodia has dropped significantly from a high of 2% in 1998 to an estimated 0.9% in 2006. There are an estimated 67,200 people aged 0-49 years living with HIV in Cambodia today (NCHADS, 2007). Of those, about 38,000 have access to ART services.

The government's Continuum of Care (CoC) package, developed in 2003, has undoubtedly had a positive effect on the medical and other health-related needs of PLHIV. Now however, as more PLHIV have access to antiretrovirals (ARV) and live longer, healthier lives, it is becoming increasingly important to provide other services to PLHIV; services that respond to their needs in terms of income, education, succession planning and psychological support.

Understanding of prevention of mother to child transmission (PMTCT) remains low, particularly among pregnant women. Moreover, the percentage of women who receive HIV counseling during prenatal care visits, are offered a test and receive the results is very low indeed (NIS/ORC Macro, 2005). In 2006, only 6.4% of the total annual number of pregnant women received an HIV test result (UNAIDS, 1 June 2007). Additionally, fewer than 10% of HIV positive women giving birth in 2006 received a PMTCT intervention (UNAIDS, 16 June 2007). Moreover, among pregnant women seeking antenatal care, HIV prevalence is 1.1%, with an estimated 1,045 mother to child HIV infections occurring in 2006 (NCHADS, 2007). This indicates an urgent need to strengthen the PMTCT system, to provide specific information for pregnant women and their families, to encourage more women to receive antenatal care and trained assistance in delivery, and to ensure that those who provide these services are better equipped to deliver PMTCT services. Stronger linkages must be developed between VCCT, PMTCT and HIV care and treatment services, in order to provide the highest quality response possible.

Effective programs implemented by the Royal Government of Cambodia and its partners have facilitated a dramatic fall in prevalence. However, new HIV infections, as well as deaths from AIDS among people with HIV infection, will continue to occur, with tragic consequences for families and communities. Therefore, the response to HIV and AIDS, including comprehensive efforts to mitigate the impact of the disease, must be sustained. Prevention measures are also vital in order to prevent a second wave of infections, especially among most at risk populations.

KHANA's Work with PLHIV

KHANA aims to provide a comprehensive package of services to its PLHIV beneficiaries through the activities of its partners and Home Care Teams (HCT). This package includes basic medical care, counseling, positive prevention support, referrals to medical services including ARV, access to income-generation and vocational training opportunities and assistance with other social concerns such as succession planning.

By the end of 2007, 32 KHANA partners will be providing a comprehensive package of services to nearly 11,000 PLHIV in 17 provinces². Of those, nearly 6,000 will be on ARV treatment with the support of their Home Care Team. HCTs will also help to establish an estimated 350 self-help groups by the end of 2007.

The following documents were consulted in development of this SPA to ensure that activities align with and complement current research and policies:

- Standard Operating Procedure for Implementing Home-Based Care Activities in Cambodia; April 2006 NCHADS.
- Amendment to Standard Operating Procedures for Implementing Home-Based Care Activities and Happy Youth Center. NCHADS.
- Standard Operating Procedures for Expanding the Continuum of Care – Satellite Sites; January 2006. NCHADS.
- Continuum of Care Operational Framework; 2003. NCHADS.
- National Strategic Plan 2008-2015, Prevention of Mother-to-Child Transmission of HIV. Draft 2007. NAA.
- Mid-Term Review: Home and Community Based Care for PLHIV & OVC; 2005. KHANA
- Second National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS, 2006-2010 (Revised November 2007). NAA.
- A Situation and Response Analysis of HIV and AIDS in Cambodia, 2007 Update; Consultation Draft, October 2007. NAA.
- Report of a Consensus Workshop, HIV Estimates and Projections for Cambodia, 2006-2012; June 2007. NCHADS.
- Cambodia Demographic and Health Survey 2005; 2006. National Institute of Public Health, National Institute of Statistics and ORC Macro.
- UNAIDS Country Office Cambodia Briefing Note; 1 June 2007. UNAIDS.
- UNAIDS Country Office Cambodia Brief: Resource Issues for the National Response; 16 June 2007. UNAIDS.

² Each HCT cares for between 80-100 PLHIV.

Prevention

Key Areas	Activities	Objectives	Key Messages
<p>Education on HIV prevention and lifestyle issues</p>	<ul style="list-style-type: none"> • HCT provide HIV prevention and sexual health education for PLHIV and their partners, particularly prevention of further transmission, PMTCT and family planning³ • Provide positive prevention information 	<ul style="list-style-type: none"> • To provide regular positive prevention education to all infected households so that they can make informed choices about their sexual health and family planning • To provide regular HIV education to all infected households to help them stay healthy and reduce likelihood of opportunistic infections (OI). 	<p>HIV prevention</p> <ul style="list-style-type: none"> • Preventing sexual transmission of HIV • Condoms and other methods to promote safer sex • Prevention and treatment for STI • Encouraging treatment- seeking behavior • Protecting yourself and your partner from HIV. <p>Positive Prevention</p> <ul style="list-style-type: none"> • Disclosing HIV status • Preventing HIV through sexual transmission • Negotiating safe sex and adopting and maintaining safe behavior • Role of HIV positive people in promoting HIV/ STI prevention • Sexual and reproductive health and STI prevention • Avoiding unwanted pregnancy • Accessing PMTCT • Living as part of a sero-discordant couple

³ NCHADS SOPs suggest 5 educational sessions per month for 5 families

Key Areas	Activities	Objectives	Key Messages
<p>VCCT</p>	<ul style="list-style-type: none"> Facilitate access to voluntary confidential counselling and testing (VCCT) including results collection Offer pre and post test counselling 	<ul style="list-style-type: none"> To enable access to VCCT services for PLHIV partners and families, including pre and post test counselling 	<ul style="list-style-type: none"> Promoting VCCT through raising awareness of benefits of knowing HIV status <p>Pre-test counselling :</p> <ul style="list-style-type: none"> Determine the reasons why a client has come to seek an HIV Test. Give information about the advantages and disadvantages of getting an HIV test and results with the partner Explore the difficulty and possible consequences of disclosing the test result to partner. Give information that can help the client Encourage the client to bring their partner to pre-test counselling. Discuss fears <p>Post test counselling :</p> <ul style="list-style-type: none"> Help clients to express their feelings Address the clients needs and concerns Support clients to grieve Discuss survival skills and strategies for positive living⁴ Give information about other services Help clients to identify a support person Encourage clients to return for further counselling Help clients to make long term future plans

⁴ including risk reduction, nutrition, health, treatment issues and stress management.

Key Areas	Activities	Objectives	Key Messages
Community prevention education	<ul style="list-style-type: none"> Train and support outreach educators within the community to provide education on HIV/STI prevention, safer sex, family planning and reducing stigma and discrimination for PLHIV and their families Train monks, stakeholders, and local authorities on delivering HIV prevention messages at community meetings or events Enable community members, particularly from the target group, to participate in HIV and AIDS public-awareness raising events 	<ul style="list-style-type: none"> To ensure that outreach educators regularly offer education through one-to-one, group discussion, or community meetings⁵. To ensure that outreach educators and other stakeholders are appropriately trained to provide information that helps to reduce stigma and discrimination towards PLHIV 	<p>HIV prevention</p> <ul style="list-style-type: none"> HIV prevention Preventing sexual transmission of HIV Condoms and other methods to promote safer sex Prevention and treatment for sexually transmitted infection Encouraging treatment-seeking behavior Protecting yourself and your partner from HIV.
Self-help and Support groups	<ul style="list-style-type: none"> Establish and maintain support for self-help and support groups and refer PLHIV to MMM6 centers Ensure that self-help groups (SHG) and MMM centers provide accurate positive prevention education to PLHIV by training group leaders in HIV prevention education 	<ul style="list-style-type: none"> To ensure that all self-help group leaders are fully trained and that all SHG receive support from HCT in their prevention activities 	
PMTCT	<ul style="list-style-type: none"> Provide timely and accurate information to pregnant women and their families about PMTCT Improve access to antenatal care, VCCT and PMTCT services by enabling referrals, building relations with service providers, facilitating transportation and distributing appropriate IEC/BCC materials. 	<ul style="list-style-type: none"> To provide all pregnant women under HCT care with accurate information about the PMTCT process and the importance of accessing antenatal care and being tested for HIV To ensure that all women testing positive for HIV have access to all PMTCT services. 	<p>Primary Prevention</p> <ul style="list-style-type: none"> Primary Prevention Avoid unwanted pregnancy Encourage condom use Facts about HIV and AIDS: transmission during pregnancy, ways of reducing the transmission, impact of HIV and AIDS on pregnant women, new born and family HIV testing <p>Secondary Prevention</p> <ul style="list-style-type: none"> ARV Safe birthing at health center with PMTCT services Safe feeding practices: breast feeding or formula feeding, not both at the same time Availability of PMTCT services

⁵ NCHADS SOP suggest 2 educational meetings for community members per month

⁶ Mondol Mith Chhuy Mith (MMMM) Friend Help Friend Center

Impact Mitigation and Health

Key Areas	Activities	Objectives	Key Messages
Basic medical care and treatment	<ul style="list-style-type: none"> • Improve and ensure access to CoC for PLHIV in terms of transportation, service awareness, and access to services • Provide symptomatic treatment for common OI • Provide referrals through CoC mechanisms for PLHIV and their families to access HIV-related services, including: ART, CD4, OI, VCCT, TB, PEP, PMTCT, family planning and other non-HIV related health services • Provide transport to health services (offset costs) • Guarantee PLHIV receive adequate palliative care and end of life support 	<ul style="list-style-type: none"> • To ensure that all eligible PLHIV can access ART services • To ensure that all PLHIV have regular access to CD4 counts to determine ART eligibility • To ensure that all HCT have understanding of available services, referral mechanisms and good relationships with service providers • To ensure that PLHIV and family members have access to all necessary medical services 	
Treatment education	<ul style="list-style-type: none"> • HCT provide training for PLHIV and their families on HIV management, treatment adherence, hygiene and diet. • Support PLHIV with adherence to ART and OI treatment, as well as management of side effects • Enable participation in PMTCT services, especially prophylaxis, for HIV positive pregnant mothers in terms of information, transportation and treatment adherence. 	<ul style="list-style-type: none"> • To provide regular HIV management education to all infected households to help them stay healthy and reduce likelihood of OI. • Encourage health seeking behavior • Encourage family or friends to give support in treatment adherence 	<ul style="list-style-type: none"> • Take ARV at the right time, in the right quantity every day as per doctor's instructions • Take sufficient amount of water • Avoid alcohol and illegal drugs • Inform clients how ARV drugs act on HIV (virus) • Discuss the possible barriers that might impede treatment adherence • Respect appointments with doctor • Coping with side effects of ARV • Stay healthy and live life fully • Join MMM to learn more about ART • Gain support from friends family and self help groups for ART adherence

Key Areas	Activities	Objectives	Key Messages
Home visits	<ul style="list-style-type: none"> • Ensure that all HCT effectively provide the following through regular home visits: <ul style="list-style-type: none"> ○ basic health care; ○ referrals to health services; ○ health education and counselling; ○ access to support groups; ○ welfare support to PLHIV and their families; ○ referral and access to other socio-economic and development services • Train PLHIV and caregivers in symptom recognition, basic nursing care and general hygiene. 	<ul style="list-style-type: none"> • To conduct regular home visits to PLHIV and their families • To guarantee all HCT teams are operating effectively, efficiently and cost-effectively. 	
Support for socioeconomic situation of the family	<ul style="list-style-type: none"> • Provide access to income generation activities for PLHIV, such as grants and loans for starting businesses and/or vocational training • Make links with other local initiatives offering income-generation or vocational training opportunities • Refer PLHIV and their families to income generation and vocational training opportunities provided by other development agencies. 	<ul style="list-style-type: none"> • To increase the economic security of PLHIV households • To ensure that IGA programs are efficient and cost-effective. • To expand and diversify IGA programs where appropriate 	

Key Areas	Activities	Objectives	Key Messages
<p>Nutritional Support</p>	<ul style="list-style-type: none"> • Ensure efficient distribution of emergency food support to PLHIV and their families through collaboration with other relevant agency • Provide information regarding HIV, OI and nutrition to PLHIV and their carers • Provide welfare food support to those most in need • Establish linkages with other agencies who promote food security such as farming cooperatives, home gardening, etc. • Establish links with income generation activities • Provide information on the importance of clean water, and develop linkages with agencies providing clean water 	<ul style="list-style-type: none"> • To ensure that PLHIV have access to a balanced diet 	<p>Nutrition</p> <ul style="list-style-type: none"> • Good nutrition/food groups • Nutrition for pregnant woman • Nutrition for infants and children • Malnutrition of children <p>Nutrition and HIV and AIDS</p> <ul style="list-style-type: none"> • Good nutrition/food safety for PLHIV • Malnourished children infected by HIV and AIDS • Food and Antiretroviral interaction • How to manage ARV side effects by using food <p>Food security</p> <ul style="list-style-type: none"> • Food insecurity for PLHIV households • Ways to alleviate food insecurity • Home gardening • Animal husbandry raising e.g. poultry, pig , fish , frogs or other <p>Water</p> <ul style="list-style-type: none"> • Importance of safe drinking water • Water-borne diseases • Sources of water and how to keep water safe • Safe drinking water

Key Areas	Activities	Objectives	Key Messages
Psychosocial support	<ul style="list-style-type: none"> • Provide effective psychological support and counselling to PLHIV and their families • Support establishment and activities of PLHIV self-help groups • Facilitate monks and religious groups to provide emotional support • Establish links with other agencies offering specialised psychological care • Household and community awareness to reduce stigma and discrimination 	<ul style="list-style-type: none"> • To increase provision of regular and effective psychosocial services to all PLHIV under care of HCT 	<ul style="list-style-type: none"> • Coping with living life fully as a PLHIV • Coping with a diagnosis • Coping with death, grief and mourning (including support to family members where appropriate) • Managing stress • Enabling behavior change, building self-esteem, assertiveness, and self-confidence • Identifying support people and social support networks • Exploring beliefs, attitudes, and values related to sexual practices, safer sex, and reducing or avoiding high-risk behavior • Reach out to support groups and others around you.
Inheritance protection	<ul style="list-style-type: none"> • Inform PLHIV and their families on the importance of creating wills, succession plans and documenting family property and valuables • Help PLHIV and their families with the preparation of these documents 	<ul style="list-style-type: none"> • To ensure that all PLHIV under care of HCT have information and opportunity to prepare succession plans, etc 	
Welfare support	<ul style="list-style-type: none"> • Provide financial or in kind support to PLHIV and their families in greatest need, for funerals, clothes, shelter and food. • Establish system to effectively determine “need”. 	<ul style="list-style-type: none"> • To provide all PLHIV with the greatest need with appropriate assistance as and when required. 	

Capacity Building

Key Areas	Activities	Objectives	Key Messages
Peer educator training and skills building	<ul style="list-style-type: none"> Offer regular trainings and skills building opportunities for PLHIV peer facilitators (PF) and peer educators (PE) to improve outreach efforts, maintain interest and keep information up to date and accurate Ensure that training for all peer educators is provided regularly (e.g. once a year) 	<ul style="list-style-type: none"> To increase overall number of peer facilitators and peer educators To ensure that PE have accurate information and skills to deliver education to their peer group. 	
General skills building	<ul style="list-style-type: none"> Ensure that HCT staff and volunteers are appropriately trained to give counselling and psychological support and training in these skills Provide care and coping skills training for PLHIV through self-help groups and MMM centers Provide vocational training and IGA opportunities to PLHIV Ensure that HCT receive regular and appropriate training to enable them to deliver package of services effectively 	<ul style="list-style-type: none"> To ensure that all HCT have appropriate and sufficient counselling skills To ensure that all PLHIV self-help groups have received skills-building training 	<p>Capacity building of counsellor:</p> <ul style="list-style-type: none"> Building relationship, empathy and trust Understanding counsellor roles and responsibilities Developing counselling skills and increasing quality of counselling Giving appropriate and accurate information and addressing misconceptions Assessing the risks to the client of abuse, exploitation, drug use, violence Helping clients find solutions to their problems
Leadership and advocacy training	<ul style="list-style-type: none"> Train community stakeholders, including monks and spiritual leaders, on the needs of PLHIV and the importance of advocating for their needs and reducing stigma and discrimination 	<ul style="list-style-type: none"> To sensitise community stakeholders about PLHIVs' issues and needs 	

Supporting Environment

Key Areas	Activities	Objectives	Key Messages
Collaborate with other organizations focusing on PLHIV issues	<ul style="list-style-type: none"> Participate in technical working groups on needs and services for PLHIV Participate in national, provincial and community-level meetings that bring together diverse agencies focusing on PLHIV issues, particularly on non-health related matters. Cooperate with other agencies to participate in national advocacy activities for PLHIV 	<ul style="list-style-type: none"> To address the comprehensive needs of PLHIV in terms of their income-generation, their rights, training, education for their families etc 	
Inheritance protection	<ul style="list-style-type: none"> Encourage PLHIV to establish succession plans and living wills to ensure their families receive inheritance Establish/maintain community-based (local government) documentation of inheritance, and ensure PLHIV wills are filed 	<ul style="list-style-type: none"> To increase numbers of PLHIV with wills and succession plans in place by 60% in each coverage area. 	
Community support	<ul style="list-style-type: none"> Train community stakeholders, including monks and spiritual leaders, on the needs of PLHIV and the importance of advocating for their needs and reducing stigma and discrimination Lobby pagoda, community leaders, and NGOs to provide socio-welfare support to PLHIV and their families (through HCT) 	<ul style="list-style-type: none"> To ensure that at least one community representative and one monk from each target community has attended advocacy training To guarantee that at least 50% of communities can report community mobilisation to offer welfare support to PLHIV, e.g. shelter repair 	Changing community norms and attitudes towards PLHIV, their families and OVC especially HIV positive women
Advocacy	<ul style="list-style-type: none"> Advocate for equal access to health care and education Advocate for effective and affordable treatment for PLHIV 	<ul style="list-style-type: none"> To include advocacy efforts in all partner workplans and that partners are able to demonstrate some attempt at advocacy with service providers 	
Stigma and discrimination	<ul style="list-style-type: none"> Reduce stigma and discrimination (S&D) against PLHIV in communities by training community members such as peer educators, teachers, shop keepers and other stakeholders 	<ul style="list-style-type: none"> To provide at least one annual training which involves S&D reduction To demonstrate S&D reduction through documentation 	
Inclusion of PLHIV	<ul style="list-style-type: none"> Include PLHIV in the design, implementation and evaluation of interventions Ensure PLHIV are involved in advocacy campaigns and activities Promote inclusion of PLHIV in community response to PLHIV needs 	<ul style="list-style-type: none"> To encourage all partners to employ PLHIV, either as staff, HCT members, peer educators or volunteers. To expect all partners to include PLHIV in the planning and implementation of community advocacy campaigns and activities every year 	<ul style="list-style-type: none"> Involvement and empowerment of HIV positive people in peer education and advocacy
Support groups	<ul style="list-style-type: none"> Work within the community to establish/support self-help groups which provide psychological, ART and welfare support to PLHIV 	<ul style="list-style-type: none"> To establish and maintain support for at least four SHG in each target area 	
Documentation	<ul style="list-style-type: none"> Collect case studies, best practices and success stories to inform national and international community of the needs of PLHIV 	<ul style="list-style-type: none"> To share best practices and lessons learned with other KHANA partners and stakeholders working with PLHIV 	

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