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QUITTING SMOKING CAN SIGNIFICANTLY REDUCE HIV-RELATED SYMPTOMS - STUDY

Although previous studies have found that cigarette smoking appears to decrease the effectiveness of anti-HIV therapy, and increase the mortality rate, and public health interventions strongly support the efforts of HIV-positive individuals to quit smoking, few studies have reported on the benefits in terms of symptoms and other quality of life measures of smoking cessation interventions, according a report.

The report posted on the UK-based NAM's website on October 11, 2007 said consequently, investigators from Houston, Texas conducted a randomised trial of a smoking cessation intervention, the secondary endpoint of which evaluated the effects of quitting smoking on both HIV-related symptoms and health-related quality of life (HRQL).

The study -- limited by a single three-month follow-up period and the relatively small sample size -- assessed smoking abstinence in two ways and point prevalence abstinence was defined as a self-report of not having had even one puff of a cigarette in the previous 24 hours, said the report. This was verified via measuring levels of carbon monoxide in the breath: below seven parts per million were

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BACK TO HAPPY LIFE WITH FAMILY AND COMMUNITY



Ms. H.M braids thatched sheets while her son is sitting next to her.

Sitting with a son next to her hut located about several hundreds meters from the Cambodian border checkpoint with Thailand, Ms. H.M is busy with braiding thatched sheets for her customers. Braiding thatched sheets is her daily business besides raising pigs in her community to support the family. After her husband who was a government soldier died of a disease related to AIDS a few years ago, she has been responsible for looking after her five kids while she is also living with HIV.

"As a widow and living with HIV, it is really hard with life by looking after five small children. But with support from an NGO here in Pailin, my life becomes better," she said.

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ASEAN DRUG SPECIALISTS MEET IN JAKARTA

In order to cope the regional crisis on drug abuses, drug experts and specialists from the Association of Southeast Asian Nations (ASEAN) have recently gathered together to discuss "How to Improve the Programme Quality" in a two-day workshop on the 3rd ASEAN Inter City Workshop on Managing Drug Abuse Problem in Jakarta, Indonesia. About 200 participants from both national police institutions, authorities, and civil society of ASEAN attended the workshop.

Two Cambodians -- Choub Sok Chamreun, KHANA Technical Support Team Leader, and Dr. Thong Sokunthea, Deputy Director of Prevention and Care of General Secretariat of National Authority for Combating Drugs -- also participated in the meeting held in September. As the Cambodian government and civil society

have worked together to responses to both drug abuse and HIV prevention, the Cambodians were invited to be speakers focusing on Prevention, Care and Treatment as part of Demand Reduction Strategy which are coping drug abuse and HIV/ AIDS.

The meeting aimed at getting have inputs in improving the regional drug abuse management program, particularly in the area of drug prevention, drug treatment and rehabilitation and supply reduction. It is expected that the meeting will also produce intercity network in managing



Choub Sok Chamreun (middle), KHANA Technical Support Team Leader, joined with other ASEAN participants at conference.

drug abuse problems.

ASEAN consists: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam.

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Because of support from Battambang Women's AIDS Project (BWAP), a local NGO based in Battambang province in north-western country, Ms. H.M. gets ARV regularly. After her health becomes better, BWAP helps her find income by providing a small loan for the capital. The loan - part of Income Generation Activity (IGA) - helped her start buying thatch from the villagers to braid roof sheets. She can make 20 sheets per day and earn about 6,000 riels (about US\$ 1.5).

"I am really happy that I have a chance to get back to work again. Before having

blood test, I fell sick and my energy was completely weak. Now I feel normal after taking ARV regularly. Because of the organization, I can have my small business to get income to support my family's daily life," said the 43 year-old widow with a big smile.

Besides getting IGA, Ms. H.M also joins her community, self-help group, to raise pigs provided by BWAP which she can get additional income from selling pigs every three-month. "The incomes from both braiding thatched sheets and selling pigs are similarly important for me and other People Living with HIV in the village," she said.

Like some other People Living with HIV (PLHA), H.M's family also gets food support from the World Food Programme. She gets 30 kg of rice, one kilo of cooking oil and half-kilo of salt per month. "The food absolutely helps me a lot while the profit I am getting from braiding is for supporting my children to school such as buying books, and clothes," she said.

H.M's family is one of the 197 PLHA and Orphans and Vulnerable Children (OVC) who received IGA from KHANA through BWAP operating Battambang. IGA funds provided by USAID and the Global Fund through KHANA have reached 2,261 PLHA and OVC in communities in nationwide since 2003. Ms. Ing Siv Heng, director of BWAP which is one of the KHANA's 63 partners, said if there is no support from KHANA through her organization, it is really hard for not only Ms. H.M's family but also many other families of PLHA and OVC.

"I really appreciate both national and international organizations that kindly help provide everything such as free ARV, loan, and other supports to us who are living with HIV and vulnerability otherwise we do not know what and where we are," Ms. H.M. said. "I would like to appeal all men, especially those who are the husbands and the fathers, please do not bring AIDS home otherwise your wives and children will become widows and orphans like us."



Ms. H.M offers food to pigs belonging to her community, self-help group, in the village of Tapuk Krom in Pailin.

LOCAL NGOS DISCUSS TECHNICAL ASSISTANCE AND EFFECTIVE CONSULTANTS

In order to strengthen capacity building to select qualified short-term consultants with helpful technical assistance (TA) for NGOs working in the field related to HIV/AIDS, the Malaysian-based Technical Support Facility (TSF) in coordination with KHANA has recently organised a one-day workshop in Phnom Penh. The topic "Managing Technical Assistance and Orientation to Technical Support Facility Southeast Asia and Pacific" mainly focused on how NGOs can hire qualified consultants when they need TA.

Speaking in his opening remarks, Dr. Oum Sopheap, KHANA Executive Director, said the workshop is very important for those who are involved with HIV/AIDS and needing TA and consultants. Cambodia's capacity building and human resource, he said, are still limited which is not equivalent to the increasing fund from donors. "Today, we are lucky to discuss and monitor



Dr. Oum Sopheap (second from right), KHANA Executive Director, gives his opening remarks at the workshop. Sunita Varlamos (right), TSF Advisor for Capacity Building.

technical assistance and consultants because we need them to help do our new strategic plans. I believe that through the workshop we can learn more skills and knowledge regarding the selection of consultants and technical assistance so that we can effectively implement our practical work and to stop the epidemic successfully," he added.

Sunita Varlamos, TSF Advisor for Capacity Building, said that TSF's role is to help provide partners knowledge and skills to prioritise work of Planning, Communications, Resources Mobilisation and Tracking, Monitoring and Evaluation, Management, and Vulnerable Groups.

Continued from p. 1: Quitting smoking can significantly reduce HIV-related symptoms - Study



This is part of HIV-related symptoms appearing on a HIV-positive person's body. According to a study, quitting smoking can reduce HIV-related symptoms and improve health-related quality of life.

considered to be abstinent. Length of smoking abstinence was based on self-report, and was defined as the longest period of time that a study participant was able to go without smoking during the study.

The most striking finding of the investigator's multivariate analysis was that a longer length of smoking abstinence was significantly associated with a reduced symptom burden after three months of follow-up ($p = 0.02$). As noted above, the average abstinence period was just three weeks.

However, no significant associations were seen with point prevalent abstinence (i.e. after a minimum of 24 hours not smoking). They point to a recent study (Erickson), which found that most participants experienced a

decline in HRQOL one week after quitting "This indicates", write the investigators, "that the benefits of cessation, in terms of reduced HIV-related symptom burden, may take some time to be realised."

The report citing their study indicated that "length of time of smoking cessation is associated with a reduction in HIV-related symptom burden" and that "along with the decreased risk of numerous adverse health outcomes associated with smoking, cessation may represent an effective way to reduce the daily impact of HIV disease and treatment side-effects."

A total of 95 cigarette smokers attending an inner city HIV clinic were enrolled into the smoking cessation study and randomised to two arms, the report said by adding that both arms received the standard care of an initial doctor's consultation, nicotine patches and written self-help materials, with one arm receiving additional smoking cessation counselling via mobile phone as well as access to a telephone hotline. The average age of study participants, said the report, was 43.5 years; three-quarters were African American; and one in five were women. Just over one third were exposed to HIV via sex between men; another third were exposed to HIV via sex between men and women;

and one in five were exposed to HIV via injecting drugs.

Continued from p. 4: MSM Network...

central to the advocacy work of Bandanh Chaktomuk which is based on principles of empowerment, human rights, social justice, and positive approach to sexuality," she said.

The one-day meeting on 5 October reviewed Bandanh Chaktomuk's work in 2006-2007, especially focused on SWOT (Strengths, Weakness, Opportunity, Threat) so that it can improve its workplan in 2007-2008.

Bandanh Chaktomuk was officially established 30 June 2006 after there had been a series of meetings of a group of MSM with a core initiative from KHANA. The network aims at reducing discrimination and stigmatization against MSM so that they can have equal rights and equal access to health service, including VCCT and ART, in the society. There is no exact number of MSM in Cambodia but so far KHANA has been covered more than 4,000 of them in the provinces of Siem Reap and Battambang, Prey Veng, Kampong Chhnang, Kampong Speu, and Sihanouk Ville.

MSM NETWORK HOLDS FIRST ANNUAL DISCUSSION FOR NEW STRATEGY



Jonathan Ross (second from left) -- Deputy Director of Office Public Health of USAID-Cambodia, gives his open remark at the meeting. Silja Rajander (up left), HIV & Gender Coordinator of UNESCO in Cambodia, and Choub Sok Chamreun (third from left), KHANA Technical Support Team Leader.

After one-year operation, men who have sex with men (MSM) network or Bandanh Chaktamuk organised its first annual meeting to review its weakness and the strength in the past year in order to improve its workplan for the upcoming year.

The meeting was supported by USAID in cooperation with a few NGOs, including KHANA.

Speaking in his open remark, Jonathan Ross -- Deputy Director of Office Public

Health of USAID-Cambodia -- said USAID is committed to helping Bandanh Chaktomuk develop capacity through support provided by KHANA, FHI, and PACT. He said there are two important roles for Bandanh Chaktomuk over the coming year -- taking a leadership role on the National MSM Technical Working Group to ensure it strengthens coordination among organizations working on MSM issues, and the role to ensure that the National MSM Strategic Framework is implemented.

Sharing her view at the meeting, Silja Rajander, HIV & Gender Coordinator of UNESCO in Cambodia, said Bandanh Chaktomuk plays a special part with the National AIDS Authority and civil society, including KHANA, in the process of increasing engagement with MSM issue in successful response to HIV in Cambodia. "Dialogue with the community, straight haired, long haired, self-identified and hidden, is

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KHANA'S STAFF CORNER

KHANA welcomes a new staff member and three volunteers who joined KHANA family in October, 2007



So Kimhai

Position: HIV & Drug Specialist
Started work early October, 2007. Before working with KHANA, Kimhai worked for World Vision Cambodia for 8 years with difference roles and responsibilities. With BA of Psychology, he has experience in facilitating and conducting training on Domestic Violence, Peace and Gender, HIV/AIDS, and Consequences of drug abuse for poor community and vulnerable children.

"I'm very happy to work with KHANA to keep learning and sharing my knowledge and skill to assist and support KHANA Vision and Mission."



Eng Makara

Started work on 22 October, 2007 as a vulnerary assistant to Technical Support Team. Makara is a fresh graduate from Royal University of Phnom Penh, majoring in Information Technology. Currently, he has been a senior at Norton University in department of English Communication.

"I decided to work for KHANA because I want to get more working experience and also want to help PLHA and OVC. This is a good opportunity for me to contribute to the community development through my voluntary work with the dynamic team in KHANA."



Theng Chan Ratana

Started work on 22 October, 2007. Ratana works as a voluntary assistant to the South Eastern Region unit of Programme Management Department. He has obtained BA in Economics.

"My decision to work as a volunteer at KHANA is my wish to work for an NGO. I believe that I will be able to adapt myself to any new workload and hope that I will perform well with the help from KHANA's staff. I also believe that I will gain more new knowledge, skills and work experience from KHANA and hope that I could become one of the KHANA's staff members in the future."



Sreng Kimiean

Started work on October 22, 2007 as a voluntary assistant to the Strategic Information Department. Kimiean has freshly ended BA in Computer Science and Engineering and BA in Education.

"I love to work for KHANA since I want to update my skill and knowledge in the field. I hope that I will get great experience from my voluntary work with KHANA and I also wish to become one of the KHANA staff members in the future."

KHANA also wishes all the best to a foreign technical supporter and a volunteer who left KHANA in October for their new positions.



Naomi Walston

worked for KHANA as a technical support officer for one years and half. She left KHANA in late October to go back home in Britain.



Miss Lok Malin

worked for KHANA as a voluntary assistant to corporate finance unit in the Finance and Admin Department for more than a year. She left KHANA in mid October to get a new job.



Chap Vithur

worked for KHANA as a voluntary assistant to the Programme Director for a year. He left KHANA on 31 October, 2007.



Khana is a linking organisation of the global partnership
International HIV/AIDS Alliance
Supporting community action on AIDS in developing countries

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