

Mobilizing community support for orphans and vulnerable children in Cambodia



Mr. Va Sopheak, HIV Programme manager for CRC, visiting with OVC in Kampot Province, 2010. Credit: Cambodia Red Cross

Background

Cambodia is a developing country, located in the southern part of the Indochina peninsula in South-East Asia. According to the 2008 census, the population of Cambodia in 2008 was 13.4 million, of whom 51.5 per cent were females and 48.5 per cent males. Around 80.5 per cent of the total population lives in rural areas. The country saw a decline in HIV prevalence among the general population in 2011, with 0.6 per cent of 15 to 49 year-olds living with HIV compared with 0.9 per cent in 2006.

The Cambodian Red Cross Society's HIV and AIDS programme was established in 1995. The National Society carries out its HIV and AIDS interventions through Red Cross branches in 12 provinces and municipalities. It is committed to building the capacities of HIV-positive people, as well as Red Cross networks and communities, in order to respond effectively to the epidemic. However, many people living outside the towns and cities have a limited understanding of health issues – a particular challenge for preventing the spread of infectious diseases – and have little knowledge about the impact of HIV and AIDS on vulnerable people.

In Cambodia, there are between 25,000 and 69,000 children aged 0 to 17 years who have been orphaned as a result of HIV and AIDS.² Mobilizing community support for orphans and vulnerable children (OVCs) was one of several initiatives undertaken by the Cambodian Red Cross Society, as part of its larger HIV/AIDS programme, in order to reduce the impact of HIV and AIDS on vulnerable people.

The intervention

The main aim of the programme was to improve the quality of life for orphans and vulnerable children, and people living with HIV (PLHIV) and their families.

The programme was implemented in 18 districts in the four provinces of Siem Reap, Svay Rieng, Prey Veng and Kampot. The programme targeted 6,917 OVCs as the primary beneficiaries, while 3,423 OVC households were selected as secondary beneficiaries among 282,129 households in these provinces. A number of objectives were established at the start of the project including:

- › Reduce stigma and discrimination against children infected and affected by HIV and AIDS
- › Facilitate access to healthcare and treatment for children infected and affected by HIV
- › Provide social and socio-economic support to orphans and vulnerable children, and to their families and extended families
- › Enhance the capacity of OVCs and PLHIV for future self-management and sustainability

1 Ministry of Health, National Center for HIV/AIDS, Dermatology and STD, June 2007, HIV estimates and projections for Cambodia 2006–2012. Available at http://www.unaids.org/en/dataanalysis/knowyourepidemic/countryreports/onhivestimates/cambodia_hiv_estimation_report_2006_en.pdf

2 UNAIDS Fact sheet, Cambodia <http://www.unaids.org/en/regionscountries/countries/cambodia/>

Health and livelihoods

- › HIV-positive OVCs in the target areas have been assisted by some 276 Red Cross volunteers. Infected children were referred to health centres on the advice of a doctor, with 333 HIV-infected orphans also identified and referred to by Red Cross volunteers.
- › Livelihoods support was one of the programme's key elements, with some people receiving 50 US dollars to help establish a small business. When implementing this element of the programme, it was crucial to identify people who are committed to overcoming the challenges of the disease, whether it is social, economic or medical. As well as commitment, people have become encouraged by the Red Cross to resist social pressures that could result in time and money being wasted, such as gambling and alcohol. To ensure sustainability and to maximize the funding provided, the programme also provided vocational training to recipients.
- › Nutritional support was additionally extended to OVC families. The Red Cross provided nutrition kits, and carers of OVCs were given basic training in nutrition to enable OVCs to support their physical development.

Stigma and discrimination

During the implementation period, Red Cross Volunteers conducted a series of sessions addressing stigma and discrimination towards OVCs and PLHIV through community education, public education and school activities. Information, education and communication materials were distributed to the target populations during these sessions.

In one of the key interviews, the councillor of Boeung Nimol commune, Chhouk district in Kampot province, said, "Nowadays, I feel that the stigma and discrimination of people living with HIV and orphans and vulnerable children has been significantly reduced. Local people understand the rights of people affected by HIV and AIDS. Their businesses are not boycotted now. They are well supported by the community."

However, cases of stigma and discrimination do still exist. One child in the same district explains that in place of his name, some pupils refer to him as "A AIDS." "I'm not sure whether they are jealous, or whether they think I am too poor or too skinny," he explains with a puzzled but hurt look on his face.

After joining the agricultural skill capacity-building programme, Chheang Nai Y decided to start growing mushrooms. Her living conditions improved compare to her time working in the rice fields.

Chheang Nai Y's family has improved its economic status. Chheang Nai Y says, "My last hope is to support my daughter to study at university and become a good doctor, if possible."

Chheang Nai Y is now willing to pass on the knowledge she gained from the programme to help others. She insists that without the Cambodian Red Cross Society's HIV programme, she could never have improved her economic situation.



Challenges

- › The Cambodia Red Cross programme for orphans and vulnerable children is facing a number of challenges that are common to other programmes in the field of HIV and AIDS including:
- › Minimizing stigma and discrimination and providing support to children affected by AIDS can be done only within the scope of OVCs. In the community, there are many vulnerable groups of children, such as disabled children with HIV and AIDS, who also need care and support.
- › Comprehensive support for OVCs is outside the scope of HIV and AIDS programming. It is difficult to convince donors to allocate funding, which is then extended into providing large-scale social support.
- › Poverty among OVC families is very high. Most have sold their land and other income-earning assets to pay for the treatment of illnesses associated with HIV. These families struggle to meet their basic daily needs of clean water, food etc.
- › When OVC families migrate to the city for employment, the programme is not in a position to provide the same services. As a result, some OVCs are deprived of basic healthcare and the initial investment or progress is not maintained.
- › The support provided by different actors remains isolated, fragmented or even overlaps. At a local level, there is no mechanism to collect data in order to assess if the national plan of action for OVCs is being achieved or is effective.

Lessons learnt

- › In most cases, stigma and discrimination does not occur in isolation; it is generally associated with other common social problems that lead to marginalization, such as, extreme poverty, physical appearance, unemployment and landlessness.
- › There was no clear direction on who should decide whether an OVC should or should not undergo HIV testing.
- › The referral of OVC and HIV-infected children has been facilitated by the interactions of Red Cross volunteers with carers, through informal meetings with relatives and meetings with self-help groups. Transport support from the programme allows Red Cross volunteers to reach OVCs through community visits.
- › It is unrealistic to expect that a start-up capital of 50 US dollars will result in successful income generation. It is a challenge to find committed people who are willing or able to overcome the serious impacts of the disease. It requires significant capacity and skill to run a business and generate income with such a small amount of start-up capital.
- › While some small businesses and enterprises are willing to contribute vocational training for OVCs who are referred by Red Cross volunteers, it is hard for OVCs to use these skills to start their own business or to collaborate with others in order to earn an income and build their own livelihood.



Conclusion

The Cambodian Red Cross Society's programme for mobilizing community support for orphans and vulnerable children has had a positive impact on targeted communities. The programme's success is largely due to the efforts, commitment and dedication of the Red Cross volunteers who work directly with OVCs and their families at a grass-roots level.

The output data has only been achieved with the hard work of volunteers, with facilitation and training provided by provincial staff, and with strong leadership from senior project officers and headquarters staff. However, the programme encountered some difficulties when working with other stakeholders due to limited coordination and collaboration.



Credit: Cambodia Red Cross

What next?

- › A systematic approach needs to be developed for OVCs. Working more closely with the home-based care team (on HIV and AIDS) may yield better results.
- › Red Cross volunteers and the home-based care team need to systematically join forces and make use of their members and volunteers to support each other in creating an active referral network in order to increase the take-up of health services.
- › The Cambodian Red Cross hopes to further enhance the capacity of communities to understand their vulnerability to HIV. Information is a form of aid and communities need to be informed on the risks and solutions to HIV/AIDS in order to achieve “zero new HIV infections. Zero discrimination. Zero AIDS related deaths.”
- › Partnerships with private business need to be improved in order to support vulnerable people as part of their corporate social responsibility.
- › Collaboration with key stakeholders needs to be harmonized and aligned at all levels.

“I love being a Red Cross volunteer in this programme. I have learned a lot about HIV/AIDS, but more importantly, I am very satisfied with the help I can provide. I do not do it for money. It is enough to know I am improving the lives of those in my community.” – Cambodia Red Cross volunteer, Kampot province



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