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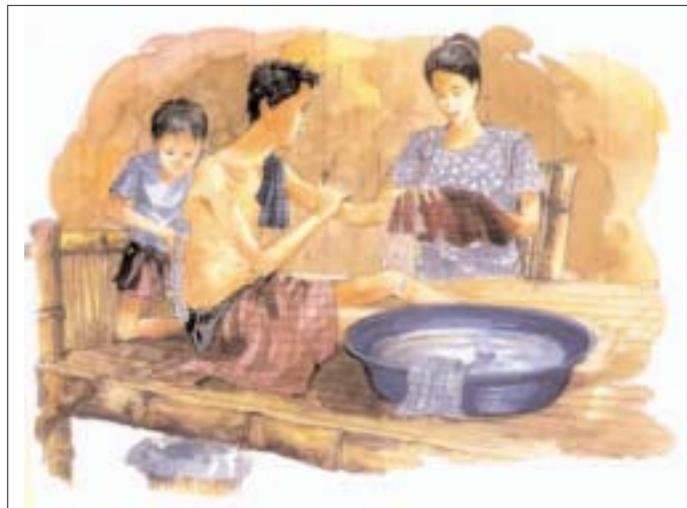
Cover photo: A Kien Kes monk helps a Cambodian girl with her schoolwork. Photo: Karl Grobl

Twenty-year-old Choen, the oldest of six children, has lost both parents to AIDS. As he recalls his mother's final battle with AIDS, tears roll down his cheeks. "She became sick, very sick. She was very sad every day that there would be no one to take care of my young brothers and sisters," he says. "We went everywhere to get treatment for my mother. We stopped going when we ran out of money."

In addition to the emotional trauma of this loss, Choen and his siblings now face a constant struggle to survive. Choen and others like him have found comfort from the Kien Kes Health and Education Network (KKHEN), which operates out of a Buddhist temple in Battambang, Cambodia. KKHEN provides help and opportunity to children affected by AIDS, like Choen, and to people living with HIV/AIDS (PLHA).

Despite many obstacles—a shoestring budget, no medical or mental health personnel or equipment, and not a single paid employee—KKHEN has made inroads in Battambang, a western province along the Thai border. Through a volunteer network and community mobilization, it provides care and support to PLHA and trainings to the community. The Network helps destigmatize the disease, raise awareness and stir compassion. And it has institutionalized these interventions, replicating them in nearby temples. Its efforts have been supported by USAID's IMPACT (Implementing AIDS Prevention and Care) Project, which is managed by Family Health International (FHI).

At 2.6 percent in 2002, Cambodia's HIV prevalence rate is the highest in Asia. In a population of 13 million, 169,000 adults are infected with the virus and 52,000 children have lost one or both parents. The number of orphans is expected to reach 142,000 by the end of the decade, up from only 6,000 in 1995, according to *Children on the Brink* (UNICEF 2002).



IMPACT's Self Care Series of books helps family members in Cambodia learn how to care for PLHA.

Illustration: Rint Ho euth

Although Cambodia's prevalence rate has declined in the last few years, the epidemic is generalized, reaching beyond high-risk groups and tearing at the fabric of the family. Of the 24 Cambodians who contract HIV each day, 10 are women who contract it from their husbands, and six are children born to HIV-positive mothers. This puts families in precarious positions. Children, like Choen, must care for their parents when they fall ill and take care of siblings after the parents die. According to the USAID-funded Country AIDS Policy and Analysis Project at the University of California San Francisco, "Cambodian households will bear the largest share of the HIV/AIDS burden. The additional cost of illness associated with AIDS is likely to be overwhelming for already impoverished Cambodian families. AIDS may force non-poor households into poverty, and the poor into absolute destitution."

In Cambodia, economic opportunities are few and health resources nearly nonexistent. The average Cambodian income is \$260 per year, while the annual cost of caring for an HIV-positive person, not including antiretroviral therapy, is \$291. Nonetheless, the Cambodia government's per capita health expenditure is a mere \$3.06. Cambodia has a weak health infrastructure that



Volunteers distribute the Self Care Series as they teach children about HIV/AIDS.

Photo: Karl Grobl

affords PLHA little in the way of treatment, palliative care or psychosocial support. Because there are few services for children orphaned by AIDS, many enter a vicious cycle of poverty, sex work and infection. "There is a traditional sense of communal responsibility for children's well-being in Cambodia," the Country AIDS Policy Analysis Project notes. "However, given years of genocide, civil war and famine, the ability of Cambodian families to cope with AIDS orphans is severely strained."

KKHEN has assumed that communal responsibility in the context of the compassion of Buddhist teachings. While financial and medical resources are scarce, volunteerism and concern are plentiful. KKHEN is effectively cultivating and harvesting this spirit.

SMART SYMPATHY

Reaching out to people through the Buddhist faith is strategic. "Monks are highly respected among Cambodian Buddhists. When monks show compassion toward PLHA and demonstrate that HIV cannot be transmitted by caring for PLHA, people believe them," explains Pratin Dharmarak, deputy director of FHI's work in Cambodia. The monks themselves have always led by example. They have tended to the sick and practiced nondiscrimination. They conduct funerals free of charge for those who die of AIDS and offer donations to their families. But IMPACT skills-trainings helped the monks go beyond these gestures; it gave them the capacity to enact their larger vision. The temple's spiritual figurehead, the Abbot Khut Ung, says, "We have recognized the difficulties of people affected by AIDS since 1997. In 1999, IMPACT started helping us to understand more about HIV and AIDS and the needs of the communities. IMPACT helped us to train volunteers and to work with the communities, in particular helping people to understand HIV transmission to reduce stigma and discrimination in the community."

FHI has held numerous trainings to help the monks better understand HIV/AIDS and learn to mobilize a community response. FHI and other organizations have taught them about the natural history of the disease, self-care, behavior change communication, problem-solving and project management. With these skills, the monks have transformed their good will into strong programs.

After receiving training, the monks have in turn trained teams of volunteers. Volunteers work 10 days per month teaching the community about HIV prevention and assisting with home-based care. Volunteers are reimbursed for transportation and the other material costs of their work. Prospective volunteers must explain why they are interested before being selected for the role. There are 33 volunteers at any given time. A large part of their training consists of “shadowing” an existing volunteer to learn how to replicate their work. This model provides for an effective transfer of skills. Before leaving the Network, a volunteer must provide a month’s notice to give the Network time to recruit someone new.

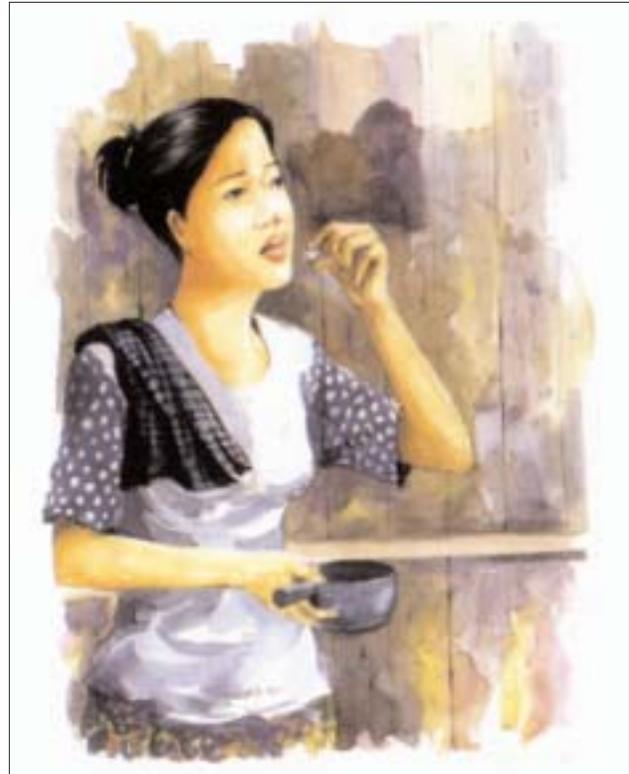
But the Network’s scope reaches beyond the work of its volunteers. Care and support for families affected by HIV/AIDS has been institutionalized through a multisectoral advisory committee charged with identifying problems as they arise and developing creative solutions. This committee includes the district

social department, the police, the commune leader, the HIV/AIDS provincial health office, the education department and others. They meet quarterly, or as needed, and troubleshoot problems that surface. For example, if children have no land, the advisory committee could attempt to persuade a landowner to lend the group a plot to plant vegetables or build shelter. Or if a child’s foster family is forcing a child to do heavy labor in the fields, the committee could step in to mediate a solution. This advisory committee ensures a forum for addressing larger problems. Since there are so many important stakeholders, the committee has clout.

Once the Network was up and running, the Kien Kes monks sought to replicate their approach, making it a model for others. They have helped create a network of monks at 30 temples in 23 villages who help others identify ways to impart HIV/AIDS knowledge and skills in their communities.

A COMMUNITY-BASED CONTINUUM OF CARE

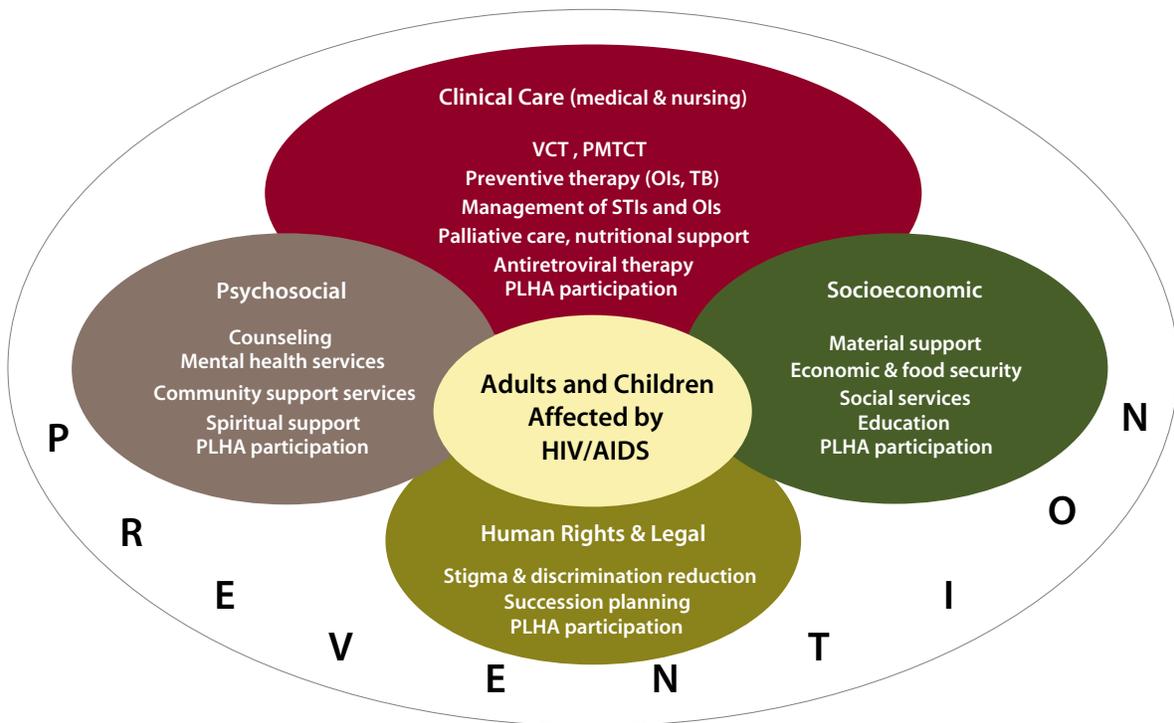
People affected by HIV/AIDS can benefit from at least four types of services, as depicted in the diagram on the next page: clinical care, socioeconomic support, human rights and legal support, and psychosocial support. In one form or another, KKHEN has managed to address all four of these needs in its programs. It provides these services with a community-based, rather than institution-based, approach. Services are largely administered by volunteers and monks, rather than professionals.



The Self Care Series teaches PLHA about safe ways to relieve pain, among other things.

Illustration: Rint Ho euth

COMPREHENSIVE HIV/AIDS CARE AND SUPPORT



Clinical care: Because KKHEN does not have its own health facility, doctors or nurses, the volunteers serve as caregivers and educators. Four teams of home care volunteers provide self-care knowledge and skills to PLHA and their families, discussing issues such as universal precautions to protect caregivers from infection, nutrition and tuberculosis. Volunteers have trained 200 family members on how to provide palliative care; these persons have since provided direct palliative care to 50 patients.

To help communicate their messages, volunteers use a resource called “Self Care,” a series of four colorfully illustrated books designed to help PLHA maintain their well-being in resource-constrained settings. These books, produced in Cambodia in 2003 by IMPACT, explore themes ranging from prevention to voluntary counseling and testing (VCT) to living with HIV to preparing for death. The books reflect both Western bio-medical practices and traditional cultural wisdom. For example, dietary recommendations are accompanied by pictures of nutritious foods and statements about the importance of meditating.

Supplementing the Network, IMPACT has helped to build the capacity of local hospitals. These local facilities now offer a variety of services: voluntary counseling and testing, prophylaxis for opportunistic infections, prevention of mother-to-child transmission, tuberculosis treatment and, most recently, antiretroviral therapy (ART). This has given KKHEN a much stronger referral outlet.

Socioeconomic support: The crux of KKHEN's efforts has been providing socioeconomic support to children. When people are sick, medical needs often force them to sell their property before they die, leaving children with no inheritance or place to live. These children often must drop out of school to find work. KKHEN provides orphaned children with a variety of assistance, including individual donations, vocational training and foster family placements.



The Kien Kes Network helps children access small plots of land to grow subsistence crops.

Photo: Karl Grobl

To help children stay in school, KKHEN negotiated exemptions from school fees for orphans. Rather than just paying the fees of a few children, KKHEN has enabled all of the children in 22 villages in four sub-districts to go to school. Thanks to KKHEN's negotiations, over 600 children have returned to school. KKHEN has provided 490 children with economic support for books and uniforms.

KKHEN teaches vocational skills to children like Choen, who must care for younger siblings. These skills include how to garden, sew, care for pigs and carve wood. The monks have taught children to play traditional

musical instruments, which they are paid to play at community gatherings. The Network refers children to other vocational schools for skill-training it cannot provide; one of Choen's younger sisters, Saphea, is learning to sew. She says, "When I know how to sew or become a seamstress I can help my younger brothers and sister. I can help my brother who drives the horse cart."

While skills trainings produce long-term benefits, KKHEN also helps children in the short term through direct donations. Monks and volunteers provide spiritual and material support to 530 children, helping them remain with extended families in the community. The temple also provides shelter for 15 orphans while it tries to identify foster families. The community often makes offerings and alms to the monks, and the monks share these gifts with families affected by AIDS. They give children seeds to plant gardens. And the monks mobilize others to do similar things, such as give children food or land to grow crops

Human rights and legal support: Treating people affected by AIDS with kindness has been central to KKHEN's work, which is rooted in the Buddhist faith. "The involvement of monks and religious leaders helps to de-stigmatize PLHA by showing that all deserve compassion," says Dharmarak. Volunteers help, as well, by hosting community discussions promoting increased contact with PLHA.

Prang Chanthly, the project officer who monitors FHI's program for orphans and vulnerable children in Cambodia, has observed changes in attitudes and behaviors toward families affected by

HIV. At times, stigma has been so great that “people in the community stop talking to them and stop buying their products.” Now communities that once shunned children orphaned by AIDS are learning to embrace them. Relatives are letting orphaned children use a small piece of their land to grow food, raise animals or build shelter. People are more comfortable letting their own children play with orphans and appear less inclined to abandon a family member who develops AIDS symptoms. And many people attend the funerals. These changes have led to more good will towards PLHA, expressed in a variety of ways.

Psychosocial support: KKHEN has no psychiatrists, psychologists or social workers, but it coordinates two support groups to assist PLHA with a variety of psychosocial issues. In addition, the temple itself, an important source of Buddhist tradition, provides spiritual support to PLHA and their families. The Self Care books promote Buddhist teachings and exercises to help PLHA relax and come to peace with their illness. Finally, the strides in stigma reduction have created a more positive psychosocial living environment for PLHA and their families.

Beyond Battambang

The monks of Kien Kes approach their lack of resources as a challenge. As such, they have been able to capture natural pools of talent, altruism and leadership within their communities and apply them to HIV. In total, KKHEN has helped nearly 10,000 families. Because of KKHEN’s work, PLHA and their families have learned how to better care for themselves. They—and their children—face less discrimination. Older youth have access to vocational training, and AIDS orphans can attend school free of charge. These achievements, in fact, embody the main objectives for orphans and vulnerable children set forth in the Declaration of Commitment of the United Nations General Assembly Special Session (UNGASS):

By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrollment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from a all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

As national governments throughout the world work toward scale-up of this OVC agenda, the Network’s assistance to Choen and other children serves as a model. KKHEN is one important example of how good will can be transformed into a well-organized community-based program with minimal resources.