

# PURPLE BRICKS

ISSUE 20 - APRIL 2008  
 KHANA'S MONTHLY BULLETIN

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## LEADERSHIP AND DEVELOPMENT IMPROVED FOR REGIONAL PARTNERS

In order to increase capacity in developing basic leadership and skills for its regional partners, Asia South Pacific Bureau of Adult Education (ASPBAE) has recently conducted a week-long educational seminar in Cambodia for 28 members from 15 different nations.

The seminar included a fieldtrip which provided the participants with an holistic perspective on transformative leadership. It gave the participants the opportunity to engage with others and to establish common goals; to share, learn, apply, critique content and 'process to learn the conventional leadership' model; to enhance skills and attitudes on processes that support transformative leadership; to give opportunities to engage in mutual learning processes; to enhance gender awareness and sensitivity within a context of cultural and regional diversity; and, to gain a better understanding of and to agree to commit to ASPBAE.

The participants attended the seminar on 27 March - 02 April, 2008 in Siem Reap and represented countries; Bangladesh, Nepal, Pakistan, Sri Lanka, India, Mongolia, Afghanistan,

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HIV-positive widow prepares to cook rice for her three kids at home. Story on page 4

## CAMBODIA COMPETES TO WIN SUPPORT FROM GLOBAL FUND ROUND 8

On 1 March 2008, the Global Fund (GF) whistled to launch its new funding opportunities for Round 8 for the world civil society organizations to fight three diseases -- AIDS, Tuberculosis and Malaria. The funding is the biggest financial terms with around US\$2 billion available for approved proposals. The deadline is on 1 July 2008 at 12:00 noon Geneva, Switzerland, (6 AM Cambodia time) and Board consideration of Technical Review Panel recommendations is on 4 - 5 November 2008. Since the first call the Cambodian governmental and non-governmental organisations have been busy drafting their respective proposals based on the GF's criteria and requirements.

GF says applicants are encouraged to develop in-country processes that ensure broad and inclusive participation of multi-sectoral stakeholders in proposal development. It stresses that many of the GF's partners have information on the steps that applicants

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could take to ensure that there is broad stakeholder involvement. However, it says there are a number of common steps that any applicant should undertake to ensure that planning for a Round 8 proposal submission is inclusive and that the strategy is widely supported. Some of the major steps may involve the following:

**Step 1:** Broad stakeholder consultation across both government and non-government sectors at the earliest time possible, to understand the status of the disease(s) and obtain consensus on needs, gaps and priority interventions. Circulate information at national, sub-national and community levels to increase demand for and improve universal access to services, considering strategies to reach people excluded (socially or geographically) from programs.

**Step 2:** Identify disease program and health system barriers to responding to the full range of in-country needs. Involve national, sub-national and community level health systems stakeholders (from government and non-government sectors) in needs identification.

**Step 3:** Share information at an early time and broadly throughout the country regarding potential priorities. Invite contributions and proposal submissions for inclusion into disease proposal(s) to ensure a comprehensive response to the disease(s).

**Step 4:** Consolidate knowledge of existing support and identify priorities for Round 8. Set ambitious targets for the proposal term, and include a framework for coordination of implementation efforts. Consider a peer-review during proposal development to strengthen overall technical soundness.

**Step 5:** Review the proposal, including all diseases applied for overall soundness. Then send the completed proposal to the Global Fund after full endorsement.

Based on GF announcement, the proposals are submitted through a single country coordinating body - termed Country Coordinating Mechanism ('CCM', or 'Sub-CCM' if operating at a sub-national level), other than in exceptional situations and these mechanisms should be the same group of stakeholders that oversee all other efforts in respect of the three diseases. The processes, it says, used by the CCM (or Sub-CCM) to evaluate all submissions received as input into the national proposal is an essential part of the GF's assessment of eligibility of the CCM (or Sub-CCM).

The CCM was designed to mirror the structure of the GF Board, whereby all relevant sectors would play a key role in determining how the GF should be governed. The CCM comprised of an equal balance of key stakeholders in order to determine fundamental elements for country proposals which would be most effective in fighting the three diseases. It would,

similar to a Board of Directors, play an essential oversight function in grant implementation so as to identify bottlenecks and challenges as they arise, according to the announcement. GF says governments, private sector and civil society in many countries are collaborating together to decide crucial programmatic and policy outcomes.

### Cambodia Country Coordinating Committee and Conflict of Interest

The Country Coordinating Mechanism (CCM) in Cambodia is known as Country Coordinating Committee (CCC). The CCC comprised of 29 members and 29 alternates from different constituencies as Government, UN Agencies, Multi/Bilateral Donors, NGOs/OIs, Civil Society/Private Sectors and Academic/Scientific Community. It has nominated the Chair and Vice-Chair of the CCC and CCC- Sub-Committee (CCCSC) as follow:

#### CCC:

1. H.E. Dr. Mam Bun Heng, Ministry of Health's Secretary of State, Chairperson.
2. Dr. Michael O'Leary, Representative of WHO Cambodia, Vice-Chair.

#### CCC-SC:

Comprised of 13 members and 13 alternates

1. Dr. Michael O'Leary, Representative of WHO Cambodia, Chairperson.
2. Dr. Sin Somuny, Executive Director of MEDICAM, Vice-Chair.

According to GF's general principles of the Policy on Conflict of Interest:

1. For the purpose of this policy guideline, a "conflict of interest" can arise when an individual or organizational entity:

- Makes - or is faced with making - a decision and the outcome of that decision beneficially affects the individual's or organizational entity's own direct interests.
- Is responsible for reviewing the performance of another individual or organizational entity for whose performance he/it is already at least partly responsible.

2. The Country Coordinating Committee (CCC) will organise its structure, management processes and day-to-day activities so as to minimise the chances of potential conflicts of interest arising. Where such situations do arise, every effort will be made to ensure that potential conflicts do not progress to become real conflicts.

3. The CCC expects that the CCC Sub-committee, the Principal Recipient(s), Sub-recipients and Sub-sub-recipients will make similar efforts to avoid potential conflicts from arising and/or potential conflicts from becoming real.

### Implementation Processes

4. A potential conflict has already been identified by the Global Fund Secretariat in Geneva: the Chair of the CCC also controls the PR (a department of the Ministry) while the CCC is partly responsible for evaluating the PR's performance. This problem is not unique to Cambodia and a committee of the Global Fund's Board will consider how to handle such situations. Pending release of the committee's findings, the CCC will resolve this potential conflict by re-allocating PR performance oversight to the Country Coordination Committee Sub-Committee (CCCSC) - since it is proposed that the CCCSC will no longer be chaired by the PR.
5. A seven-member Organisational Development Sub-committee (ODSC) of the CCC will be formed to assist in identifying, investigating and resolving potential and suspected conflicts of interest on a continuing basis. The ODSC's remit will cover the structure, processes and activities of the CCC, the CCCSC, the PR, SRs and SSRs. One ODSC member will be drawn from each of the seven constituencies in the CCC.
6. The ODSC starts its work by conducting its own survey of potential conflicts of interest and advising the relevant components of the Cambodia Global Fund community on how to resolve such conflicts. Thereafter, the Global Fund secretariat in Geneva or any member of the CCC, the CCCSC, the PR, SRs or SSRs may refer potential or suspected conflicts to the ODSC for assessment and resolution. The ODSC is to meet as required but, at a minimum, one week prior to each CCC meeting so that it can report progress to the CCC.
7. A conflict of interest clause is incorporated in all contracts and agreements governing expenditure of GF monies in Cambodia. The clause allows reference of potential or suspected conflicts to the ODSC. Any conflicts that cannot be satisfactorily resolved will lead to the suspension of the relevant contract or agreement. *(Summarised by Chhay Sophal)*

**CORRECTION:** The 19th Issue's headline "HIV AND AIDS PROGRAMME RESPONDING TO MSM OFFICIALLY INCLUDED IN THE NATIONAL STRATEGY" (front page, paragraph 2, line 1) should have described "According to KHANA observation" not "Speaking in his welcoming remark at the launching event in Phnom Penh on 12 March, 2008, Jonathan Ross, Deputy Director of the Office of Public Health of USAID-Cambodia, said". Then, "He said" should have read "KHANA noted that". Kindly ignore for the technical problem. Thank you.

# THE EVALUATION OF A MICRO CREDIT PILOT PROGRAM FOR PLHIV AND OVC

HIV and AIDS significantly impacts the socioeconomic status and development of individuals, families and communities. It is a common circumstance to find families suffering financial difficulty as a result of prolonged HIV and AIDS related illnesses. The root of this is because a primary income earner becomes sick and is unable to work, which impacts the dynamics of the family unit as other healthy adults become the primary caregivers, which in turn restricts them to engage in paid work. On top of this, the accrual of medical expenses for prolonged illnesses severely impedes the amount of money the family can spend on daily living. These households have proven to handle these economic crises by spending savings, using credit or loan options from formal and informal sources, by limiting family food consumption and through asset liquidation. Absence of appropriate economic and social development interventions have proven to push these families into destitute.

Khmer HIV/AIDS NGO Alliance (KHANA) realizes that being affected with HIV and AIDS doesn't isolate a person from the potentials that its environment can give. Therefore, HIV and AIDS infected people could be provided with micro-credit services, thus they partner with VisionFund Cambodia (VFC).

KHANA and VFC partnership conducted a one year pilot program where micro credit was made available to households of People Living with HIV and Orphan and Vulnerable Children (OVC). The program was held in the Tbong Khmum district of Kampong Cham province



Mr. Tuot Sovannary, KHANA Research Coordinator explains the method of random selection to the evaluation team at KT office.

from December 2006 to November 2007. Observations from site visits suggested that the financial services provided by the program had a positive impact on the health situation of the residents of the participating households. The evaluation focused on the impact of the pilot program in terms of looking at the strengths, weaknesses, opportunities created, as well as the threats of micro-credit options. It also aimed to find out and identify the best practices, lessons learned and challenges experienced in the program and put up recommendations for possible roll-out services to other operational areas.

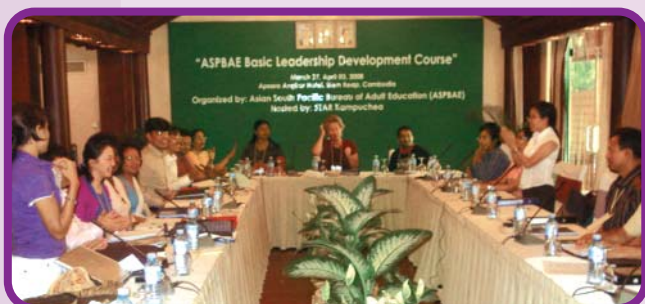
The evaluation survey was conducted officially from 17-20 March and proceeded a three day training workshop, which included a pretest and review of the collection tools that were to be used for the evaluation, by the data collec-

tors. The pre-testing of the evaluation methods was conducted on 12-14 March 2008 and the team consisted of some KHANA volunteers, staff from the Centre for Agricultural and Rural Development (CARD) and a researcher from the Royal University of Phnom Penh under supervision and consulting of KHANA's Research Coordinator.

CARD Inc. is an international NGO serving as a resource center in the field of microfinance and micro insurance in the Indochina region. With experience in research studies with different institutions in the Philippines, Vietnam, and Cambodia, CARD was identified as the appropriate body to carry out this evaluation, along with coordination assistance from a KHANA research coordinator.

*(Story by Tuot Sovannary)*

## Continued from p. 1: Leadership and development improved for regional partners



A discussion that took place during the course in the Siem Reap province

Indonesia, Thailand, Malaysia, Cambodia, Fiji, New Zealand, Australia, Japan. KHANA is also a member of ASPBAE.

Dr. Pum Sophiny, KHANA Programme Officer joined the seminar, and commented on what she gained from the training education/learning is a NEVER ENDING process; discussions, body language, strategy development, and

team building exercises can potentially change our behaviours, opinions and impressions on certain topics; every individual will face challenges and limitations; leaders display and share similar personal characteristics, and; how to create an organisation that promotes continuous learning." The contents reflects an overview of adult learning principles;

understanding the world education; frameworks from and for practice, such as a 'right-based' approach to education; gender and lifelong learning; education for sustainability; education for change; education as a leader; leadership in a learning organization; building and sustaining networks; education, policy, advocacy; media and IT for advocacy, and; ASPBAE policy advocacy. *(Story by Chhay Sophal)*

## Continued from p. 4: THE WFP ...

probably without its rice component...I'm afraid that at a time when the demand for food support is increasing and is vital to our beneficiaries, we have to reduce our assistance."

Reacting from this update of the WFP food crisis Sdoeung Sokhon said "I would like to appeal to the donors, please do not cut our food otherwise we are going to face a serious problem." Sokhon's husband, a former policeman, died from a disease related to AIDS in 2003. Her second daughter is also HIV-positive while her two other children are also suspected to be living with HIV. WOSO is encouraging the children to access the services and to have their blood tested to determine their status. *(Story and picture by Chhay Sophal)*

# THE WFP PLANS TO CUT FOOD SUPPORT FEARS BENEFICIARIES

Preparing to cook rice for her three kids, a 47-year-old widow expresses concern over a hurling rumour that the food supply from the UN's World Food Programme (WFP) is going to be cut in the upcoming months. Sdoeung Sokhon who is living with HIV said the food she gets monthly from the WFP via the Women Service Organisation (WOSO) -- KHANA's implementing partner based in Kampong Speu province's Kong Pisei district -- is really priceless for her and her children. "My children aged 13, 16 and 17, and I are relying on the food provided by the organisation. If it is cut we are really in big trouble as I feel I am too weak to work," she responded despondently.

Sokhon's family is one of the 250 families WOSO provides 30 kg of rice, 1 kg of cooking oil, and half kg of salt to, from the WFP. Oung Dara, WOSO Programme Manager, said it is really hard for his organisation and their beneficiaries when the food supply is cut. "Last December, due to

lack of food we had no choice so we stopped the food supply to 30% of our beneficiaries. They did not believe us that we were suffering a food shortage and they made complaints that we did not care about them," he said. Dara said the organisation, along with some other beneficiaries plan to challenge the current situation and this potential crises.

Due to the food shortage last year, the number of People Living with HIV (PLHIV) who received food support from the WFP through KHANA's implementing partners dropped from 5203 families in December 2007, to 4950 families in March 2008, (a 5% reduction). The number of OVC's relying on food support dropped 7% from 4002 families, to 3717 families over this same 4 month period. On 21 January 2008 at a signing ceremony at the WFP office in Phnom Penh, WFP provided 10,382.90 megatons of food worth US\$5,526,507 for three years of 2008-10 to KHANA. With the

food; 3,296.16 mts of rice, 109.87 mts of cooking oil, and 54.94 mts of salt, KHANA made plans to distribute it to 5,175 PLHIV and 3,981 OVC households in many Cambodian communities via 26 of KHANA's implementing partners in 2008. The recent reports indicate that this plan could be affected due to the reduction of the food supply.

The WFP, on 25 March 2008, warned that due to high prices of rice and oil and the drop of the US currency (including weak support from international donors) it is running out of food for beneficiaries, mostly PLHIV and OVC. "Concurrently, the cost of oil products has reached record heights, the US\$ has continued to lose value and the international donor support to WFP Cambodia has not been as strong as we were expecting. Furthermore, suppliers have started to default and we are running out of food," said Thomas J. Keusters, the WFP Country Director. "We will continue our deliveries for the TB and HIV/AIDS programmes in April 2008 and most probably in May and June 2008. We will suspend the deliveries to the school feeding programmes but will try to maintain the Take Home rations, most

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## KHANA'S STAFF CORNER

### ***KHANA welcomes two staff members and two voluntary assistants who have joined the KHANA family in April 2008.***



#### **Mom Kim Khorn**

became KHANA's Human Resource Coordinator on 21 April, 2008. "I am delighted to be a member of KHANA family. I hope I can gain more experiences through learning from others and sharing during my work with KHANA."



#### **Sun Bunné**

Is a voluntary assistant for the Programme Management Department on 21 April, 2008. "It's a great opportunity for me to work with KHANA and I hope to learn more and build my capacity."



#### **Sou Sochinda**

is HANA's new Organizational and Institutional Development Specialist on 1 April, 2008. "I am very happy to be working for KHANA. I strongly believe that it is a precious chance to develop professionally and am hoping to contribute to the development of KHANA."



#### **Tea Putheara**

becomes a voluntary assistant for KHANA library. "I do hope that I can learn more as part of my own capacity building with KHANA."

### ***KHANA also wishes to farewell to two members who left KHANA in April***



#### **Chan Phanna**

who worked as KHANA's Care & Treatment Specialist left KHANA on 19 April, 2008 for his new job .



**Ney Chanthly** Planning and Reporting Officer, left KHANA on 30 April, 2008 for his new job.



Also **Happy Birthday** to one of KHANA's staff members, Ms. Hul Sivantha, in April.

### **Sharing Condolences**

We are deeply shocked that one of the KHANA staff members has recently lost his brother-in-law. Let us share our condolences to Dr. Tiith Khimuy and his family. May Dr. Khimuy and the family have all the strength and energy to cope with the difficult situation they have been in.

KHANA's Purple Brief is a monthly news bulletin covering real life stories of Cambodians living with, and affected by HIV and AIDS. The publication also raises significant awareness of the impacts of HIV and AIDS on the broader national and international communities.

The KHANA Communication Committee (KCC) is responsible for the development and publication of the monthly bulletin and the content does not reflect the views and opinions of the donors.

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