Survey Response Details

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Response Details

Page 1

1) Country

Cambodia (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Dr. Hor Bun Leng, Deputy Secretary General, The National AIDS Authority, Cambodia

3) Postal address:

Buidling 16, St. 271 & corner 150, Toeuk Laark2, Tuol Kork, Phnom Penh, Cambodia

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

Page 3

8) Describe the process used for NCPI data gathering and validation:

Consultative meeting among players as member of the National AIDS Authority at the sub level and national level.

9) Describe the process used for resolving disagreements, if any, with respect to the

responses to specific questions:

Consensus and common understanding with relevant scientific based information was sued as process to solve disagreements.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

The question with ranking is the most concern on potential judgment.

Page 4

11)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	The National AIDS Authority(NAA)	Dr. Tia Phalla, Vice Chair	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	The National AIDS Authority(NAA)	Dr. Hor Bun Leng, Deputy Secretary General	A.I, A.II, A.III, A.IV, A.V
Respondent 3	The National AIDS Authority(NAA)	Dr. Ngin Lina, Director Planning Monitoring Evaluation and Research Department	A.I, A.II, A.III, A.IV, A.V
Respondent 4	The National AIDS Authority(NAA)	Dr. Sou Sophy, Deputy Director Planning Monitoring Evaluation and Research Department	A.I, A.II, A.III, A.IV, A.V
Respondent 5	The National AIDS Authority (NAA)	Dr. Ly Chanravuth, Deputy Director Planning Monitoring Evaluation and Research Department	A.I, A.II, A.III, A.IV, A.V
Respondent 6	The National AIDS Authority (NAA)	Dr. Lim Kalay, Deputy Director Planning Monitoring Evaluation and Research Department	A.I, A.II, A.III, A.IV, A.V
Respondent 7	The National AIDS Authority (NAA)	Dr. Thong Dalina, Chief of Monitoring and Evaluation Office	A.I, A.II, A.III, A.IV, A.V
Respondent 8	The National AIDS Authority (NAA)	Dr. Tan Sokhey, Monitoring and Evaluation Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 9	The National AIDS Authority (NAA)	Mr. Sok Serey, Monitoring and Evaluation Specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 10	The National AIDS Authority (NAA)	Ms. Siek Sopheak, Monitoring and Evaluation Assistant	A.I, A.II, A.III, A.IV, A.V
Respondent 11	The National AIDS Authority (NAA)	Ms. Sovann Vitou, Data Management and Analysis Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 12	The National AIDS Authority (NAA)	Dr. Chhea Sethie, Deputy Director Communication Resource Mobilization	A.I, A.II, A.III, A.IV, A.V

Respondent 13	The National AIDS Authority (NAA)	Dr. Voeung Yanath, Deputy Director Communication Resource Mobilization	A.I, A.II, A.III, A.IV, A.V
Respondent 14	The National AIDS Authority (NAA)	Dr. Heng Hail, Chief of Communication Office	A.I, A.II, A.III, A.IV, A.V
Respondent 15	The National AIDS Authority (NAA)	Dr. Ung Sovannak, MSM Focal Point in Prevention Care and Support	A.I, A.II, A.III, A.IV, A.V
Respondent 16	National Center for HIV/AIDS, Dermatology and STD	Dr. Chhea Chhorvann, Deputy Director	A.I, A.II, A.III, A.IV, A.V
Respondent 17	The National Blood Transfusion Center (NBTC)	Dr. Hok Kim Cheng, Deputy Director	A.I, A.II, A.III, A.IV, A.V
Respondent 18	National Centre for Tuberculosis and Leprosy Control (CENAT)	Dr. Khun Kim Eam, Chief of Planning Statistic & IEC Unit	A.I, A.II, A.III, A.IV, A.V
Respondent 19	Ministry of Education, Youth and Sports (MoEYS)	Mr. Kim Sanh, Deputy Director of School Health Department	A.I, A.II, A.III, A.IV, A.V
Respondent 20	National Maternal and Child Health Centre (NMCHC)	Dr. Vong Sathiarany, PMTCT Programme Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 21	Ministry of Religions and Cults (MoRC)	Mr. Hing Tan, Vice Rector of B.U	A.I, A.II, A.III, A.IV, A.V
Respondent 22	Ministry of Interior (MoI)	Dr. Hy Someth, HIV/AIDS Program Manager	A.I, A.II, A.III, A.IV, A.V
Respondent 23	Ministry of Labor and Vocational Training (MoLVT)	H.E. Huy Han Song, Secretary of State	A.I, A.II, A.III, A.IV, A.V
Respondent 24	Ministry of National Defense (MoND)	Mr. Chhit Bun Hoeun, BD D/D Health	A.I, A.II, A.III, A.IV, A.V
Respondent 25	Ministry of Women Affairs (MoWA)	Mrs. Sengphal Davine, HIV/AIDS Officer	A.I, A.II, A.III, A.IV, A.V

13) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

Ministry of Women Affairs (MoWA) Ms.Keth Kanha, Chief HIV/AIDS Office; Ministry of Social Affairs Veteran and Youth Rehabilitation(MoSVY) Mrs. Keo Maly, Chief of HIV/AIDS Unit; National Authority for Combating Drugs (NACD) Mr. Pen Dary, Deputy Director;

14)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	HIV/AIDS Coordinating Committee (HACC)	Mr. Tim Vora, Acting Exectuve Director	B.I, B.II, B.III, B.IV

15)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent		Dr. Savina Ammassari, M&E	

Respondent 2	UNAIDS Cambodia	Dr. Savina Ammassari, M&E Advisor	B.I, B.II, B.III, B.IV
Respondent 3	UNAIDS Cambodia	Ms. Madelene Eichhorn, Programme Officer (M&E)	B.I, B.II, B.III, B.IV
Respondent 4	Cambodia People Living HIV/AIDS Network (CPN+)	Mr. Keo Chen, National Coordinator	B.I, B.II, B.III, B.IV
Respondent 5	Actionaid International Cambdoia	Ms. Dy Many, Program Officer	B.I, B.II, B.III, B.IV
Respondent 6	Association of Farmer Development (AFD)	Mr. Deap Siyeth, Executive Director	B.I, B.II, B.III, B.IV
Respondent 7	Khmer HIV/AIDS NGO Alliance (KHANA)	Dr. Leng Kuoy, Director of ST	B.I, B.II, B.III, B.IV
Respondent 8	Khmer HIV/AIDS NGO Alliance (KHANA)	Mr. Am Vichet, Team Leader P&R	B.I, B.II, B.III, B.IV
Respondent 9	Family Health International (FHI)	Dr. Song Ngak, Technical Director	B.I, B.II, B.III, B.IV
Respondent 10	Behavior Change (BC)	Mr. Leng Monyneath, National Coordinator	B.I, B.II, B.III, B.IV
Respondent 11	ARV User Association (AUA)	Mr. Chhoeurn Chhunna, PM	B.I, B.II, B.III, B.IV
Respondent 12	Cambodian Community of Women Living with HIV/AIDS	Ms. Prum Dalish, Acting Executive Director	B.I, B.II, B.III, B.IV
Respondent 13	Cambodia Red Cross (CRC)	Mr. Um Sam Oeurn, SPO	B.I, B.II, B.III, B.IV
Respondent 14	CRT	Dr. Kem Ley, Consultant	B.I, B.II, B.III, B.IV
Respondent 15	Khmer Budddhist Association (KBA)	Mr. Keo Rum Yol, Program Assistant	B.I, B.II, B.III, B.IV
Respondent 16	Cambodian Alliance for Cambating HIV/AIDS (CACHA)	Ms. Pheng Pharozin, National Coordinator	B.I, B.II, B.III, B.IV
Respondent 17	MSF	Emmaneul Lavieuville, Head of Fession	B.I, B.II, B.III, B.IV
Respondent 18	MSF	Divier Aubry, Field Coordinator	B.I, B.II, B.III, B.IV
Respondent 19	National Prosperity Association (NAPA)	Mrs. An Chamroeun, Executive Director	B.I, B.II, B.III, B.IV
Respondent 20	Population Services International (PSI)	Mr. Kongtho Imarith	B.I, B.II, B.III, B.IV
Respondent 21	Positive Women of Hope Organization (PWHO)	Ms. Kheng Sophal, Executive Director	B.I, B.II, B.III, B.IV
Respondent 22	Reproductive Health Association of Cambodia (RHAC)	Mr. Khiev Makara, SPO	B.I, B.II, B.III, B.IV
Respondent 23	UNESCO Cambodia	Mr. Ung Kim Heang, HIV & School Health Focal Point	B.I, B.II, B.III, B.IV
Respondent 24	UNFPA Cambodia	Dr. Chong Vannara, HIV/AIDS Focal Point	B.I, B.II, B.III, B.IV
Respondent 25	UNODC Cambodia	Dr. Anand Chaudhuri, Coordinator and Officer in Charge	B.I, B.II, B.III, B.IV

16) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

OKS Mr. Oz Kimsor, F/M Maker; UNICEF Cambodia Dr. Chhin Sedtha, HIV/AIDS officer; UNODC Ms. Sara Manetto, Internship; USAID Cambodia Dr. Sok Bunna, Team Leader HIV/AIDS; USCDC Cambodia Dr. Ly Vanthy, Deputy Director; USCDC Cambodia Mr. Perry Killan, Advisor; WFP

Cambodia Mrs. HEng Mony, PO; WMC Mr. Mad Piseth, CS; Consultant Mr. Nhim Dalen, Consultant; Consultant Dr. Kem Ley, Consultant

Page 5

17)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

18) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

NSPI 2001-2005, NSPII 2006-2010

19)

1.1 How long has the country had a multisectoral strategy?

Number of Years

09

20)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	No
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 8

21) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Ministry of Cult and Religion, Ministry of Information, Ministry of National Assembly Senat Relation Inspection, Ministry of Rural Development, Ministry of Social Affairs Veteran and Youth Rehabilitation

22)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

For programmatic intervention, all sectors mostly received external funds. The government budget could support only the administrative management of the program.

Page 9

23)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

24)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

25)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2006

Page 11

26)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

EWs, MSM, DU/IDUs, OVC, PLHA, Women and Girl, Youth in school and out of school, Uniformed services, Married couples, intimate couple, mobile populations (including factory workers, construction workers, track drivers etc)

27)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

28)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	Yes

29)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

30)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

- The National AIDS Authority always open the door for the involvement and participation of civil society in the development of NSP as well as PLHA, Private sectors and Development partners. - In addition, all Technical Working Groups have also Representatives from Civil Society.

31)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

32)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, some partners (0)

Page 13

33)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)
IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

All partners are always invited to come and support for the development of NSP but at the implementation level they care about their own strategies, policies and priorities, which are sometimes not in line with the priorities set in the National Strategic Plan at all.

Page 14

34)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

Page 15

35)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	No
e. Other: Cambodia Millennium Development Goal	Yes

36)

2.2 *IF YES*, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	

Page 16

37)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

38)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

39)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes

Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

Page 19

40)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

All HIV testing and counseling is performed voluntarily based on Law and government policy on HIV testing.

41)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

42)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES*, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

43)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Law on controlling and prevent HIV has been endorsed by National Assembly in 2002. In Article # HIV and AIDS discrimination and stigmatization is prohibited in Cambodia. The violator will be fine or be in prison. The Law was regularly and consistently publicly disseminated through members of parliament and Ministry of assembly and senate relationship as well as integrated into workshop and training. So far there is a record of cases punished by the court on violation to the law.

44)

Briefly comment on the degree to which these laws are currently implemented:

Due to limitation of financial support the HIV/AIDS law dissemination is still in limited coverage that could lead to the limitation of law enforcement. So far there is a record of cases punished by the court on violation to the law.

Page 21

45)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

46)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

47)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

48)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

49)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

50)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

52)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

53)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

EWs, MSM, DU/IDU, Uniform Services, Youth, OVCs and general population

54)

Briefly explain how this information is used:

The information is being used to improve the program implementation, strategic revision and policy development.

Page 28

55) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

56)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Based on national down to the provincial, district and commune level.

57)

Briefly explain how this information is used:

The information is being used to improve the program implementation, strategic revision and policy development

58)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

59)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

9 (9)

60)

Since 2007, what have been key achievements in this area:

• The Health service delivery for VCCT, PMTCT, OIs, and ARV have been improved and scaled • Multi-sectoral response and participation improved • Strategic plan has been used nationwide • The coordination mechanism improved and national M&E systems better capture the HIV and AIDS information for the country • New policies developed along with the existing policy revised and updated

61)

What are remaining challenges in this area:

Infrastructure and human capacity development and resource mobilization country ownership and donor driven.

Page 31

62)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

63)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

64)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1993

65)

2.2 IF YES, who is the Chair?

Name	H.E. Nuth Sokhom
Position/title	Senior Minister and Chair of the National AIDS Authority

66)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	No
include people living with HIV?	No
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

Page 33

67)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

53

Page 34

68)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

69)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

The Government-Donor Joint Technical Working Group plays an important role as a bridge between the government and development partners. This group has potential decision making on priority setting, resource allocation and mobilization and monitor the implementation of the program intervention. Development partner forum and private sector working group.

70)

Briefly describe the main challenges:

Ownership, Alignment and harmonization are needed for further coordination and response to HIV and AIDS in Cambodia.

71)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

0

72)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

73)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

Page 36

74)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes (0)

Page 37

75)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

- Policy on VCCT 2008 (NCHADS) - Policy and guidelines of IEC on HIV and AIDS 2009 (NAA) - Policy on ART 2009 (NCHADS) - Workplace policy (MoEYS)

76)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

- Human Trafficking Law and Condom Use Policy - Needle Syringe Program and Drug Control Law

Page 38

77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

9 (9)

78)

Since 2007, what have been key achievements in this area:

First Lady, Louk Chum Tev Bun Rany Hun Sen was awarded as HIV and AIDS Champion and Leadership in Asia –Pacific Region. The achievements made against the indicator targets of the Universal Access. Some indicators and targets are over achieved. Prime Minister Declared Publicly to support HIV and AIDS Program to MARP such as MSM, DU/IDI and Sex workers especially the 100% condom program. National budget for HIV and AIDS keep increasing from 5-10% per year

79)

What are remaining challenges in this area:

Harmonization and the alignment of HIV and AIDS program to MARPs groups and the human trafficking Law as well as Drug Control Law at the field of implementation.

Page 39

80)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

81)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
h. Abstain from injecting drugs (0)

i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

82)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

Page 41

83)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

84)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

85)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

86)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

87)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

88)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Vulnerability reduction (e.g. income generation)	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Drug substitution therapy	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Needle & syringe exchange	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers

Page 44

89)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

90)

Since 2007, what have been key achievements in this area:

- Scaling up VCCT - increasing PMTCT Sites - Needle Syringe Programme

91)

What are remaining challenges in this area:

Harmonization and the alignment of HIV and AIDS program to MARPs groups and the human trafficking Law as well as Drug Control Law at the field of implementation. Policy translation is hard to apply in the program implementation

Page 45

92)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

93)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

- Need assessment - Strategic development and costing - Population size estimation - Policy development

94)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 47

95)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

96)

Since 2007, what have been key achievements in this area:

- Prevalence rate stabilized - Condom use becomes socialized - All MARPS groups are addressed

97)

What are remaining challenges in this area:

- The geographic services and target group coverage. - The population size estimation of the MARPS Group. - The harmonization and alignment of financial resource among donors to improve government ownership and to avoid donor driven.

Page 48

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

100)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

101)

2. Has the country identified the specific needs for HIV treatment, care and support

services?

Yes (0)

Page 50

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

- CoC SOP of NCHADS - The estimation ART needed - Special program to promote most at risk population, women and their partners to access to HIV, VCCT and ART services - MMM and self-help group - Social support, food support - Psychological support

103)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

Page 51

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel

importing of drugs for HIV?

Yes (0)

105)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

Page 52

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

Drugs, ARV, HIV Test, Condom, OIs drugs

Page 53

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

108)

Since 2007, what have been key achievements in this area:

- Number of VCCT sites offering counseling and testing services increased from 212 in 2008 to 220 in Q2 2009. - Number of PLHIV on ART with access to CoC increased from 28, 932 in 2008 to 33, 33, 278 observed in Q1 2009 - Number ODs have PMTCT Services increased to 67 sites in Q2 2009, compared to 2005 was only 18 - Number of health centers with Home-based care team support increased from 675 to 706 in Q2 2009

109)

What are remaining challenges in this area:

To ensure sustainability of provide care and support to PLHA under external assistance.

Page 54

110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

111)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

112)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

113)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 56

114)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the rounded percentage (0-100)

20

115)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

6 (6)

116)

Since 2007, what have been key achievements in this area:

- Established OVC Task Force and its framework - Programme intervention and - communes with at least one organization providing care and support to households with OVC have increased from 50% in 2008 to 78% in Q2 2009

117)

What are remaining challenges in this area:

- Population size estimation for OVC - Harmonize and align OVC works from different partners - Strengthening the Monitoring and Evaluation

Page 57

118)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

119)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2007

120)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

121)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

122)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners (0)

Page 60

123)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes

a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

124)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

125)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

Page 62

126)

Part A, Section V: MONITORING AND EVALUATION

3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

5

127)

3.2 IF YES, has full funding been secured?

No (0)

128)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

129)

Part A, Section V: MONITORING AND EVALUATION

Question 3.2 (continued)
IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

- Lack of technical expertise - Lack of equipment - No fully support for National M&E of Multi-sectoral response to HIV and AIDS

130)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

131)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

The National AIDS Authority has conducted M&E assessment by using the M&E assessment tool of GFATM. Several institutions were involved in this process. The needs and gaps found in this assessment have been use to develop the M&E strengthening system plan for further implementation.

132)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

133)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	Yes
Elsewhere? (please specify)	

134) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

6

135) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

4

Page 67

136)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of <u>all</u> the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Director of Department	Full time	2003
Permanent staff 2	Deputy of Director in charge of Data	Full time	2003
Permanent staff 3	Deputy of Director in charge of Planning	Full time	2001
Permanent staff 4	Deputy of Director in charge of M&E	Full time	2002
Permanent staff 5	Chief of M&E Office	Full time	2009
Permanent staff 6	M&E Officer	Full time	2002
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

137)

Please describe the details of <u>all</u> the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	M&E Coordinator	Full time	2007
Temporary staff 2	M&E Specialist	Full time	2007
Temporary staff 3	M&E Assistant	Full time	2007
Temporary staff 4	Data Management and Analysis Officer	Full time	2009

Temporary staff 5

Temporary staff 6

Temporary staff 7

Temporary staff 8

Temporary staff 9

Temporary staff 10

Temporary staff 11

Temporary staff 12

Temporary staff 13

Temporary staff 14

Temporary staff 15

Page 68

138)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

139) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

- The National Guideline for Monitoring and Evaluation - The M&E Plan

140)

What are the major challenges?

- Strengthening the system and the flow of data

Page 70

141)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly (0)

142)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

143) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

- A member of M&E technical working group and to provide technical inputs and share their feedback on M&E

144)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

145)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

There is a data base officer responsible for Country Response Information System (CRIS)

146)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

147)

7.3 Is there a functional* Health Information System?

At national level	Yes

At subnational level Yes

Page 74

148) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

Provincial Level

149)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

150)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

151)

Provide a specific example:

- The M&E data has been used as the evidence and data source for the revising and developing of the National Strategic plan and national and international report - The M&E data also use specifically to evaluate the universal access indicator and Targets - The national M&E system is in place to all

152)

What are the main challenges, if any?

There are some challenges have been made such as data flow because the M&E system is needed to strengthen. - Further work was needed to further develop the M&E system itself as well as to build the human capacity to operate the national M&E system.

Page 75

153) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

1 (1)

154)

Provide a specific example:

- With limited national budget to cover the HIV/AIDS response in the country, 90% of total budget spent for HIV/AIDS is relied on the external funding support. - The resource allocation drive mostly by donor agencies rather than government.

155)

What are the main challenges, if any?

- To translate Paris declaration into practice. - Advocate and explain donor agencies to follow Paris declaration

Page 76

156)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

3 (3)

157)

Provide a specific example:

The country could ever publish the national report on response comprehensively and multi-sectoral to HIV/AIDS in Cambodia since 2008. The information from M&E has been disseminated at all channel throughout the country & has been used to formulate strategy workplan, policy as well as resource mobilization.

158)

What are the main challenges, if any?

To improve the mechanism to capture all HIV/AIDS data in Cambodia with understanding from all players working on HIV/AIDS in Cambodia.

Page 77

159) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

160)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	Yes

At service delivery level including civil society? Yes

Page 79

161) Part A, Section V: MONITORING AND EVALUATION

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

25

162) Please enter the number of people trained <u>at subnational level.</u>

Please enter an integer greater than 0

30

163) Please enter the number of people trained <u>at service delivery level including civil society.</u>

Please enter an integer greater than 0

50

Page 80

164)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

165) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)
IF YES, describe what types of activities:

On the job training through supervision and participation in international training on M&E.

Page 82

166) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

7 (7)

167)

Since 2007, what have been key achievements in this area:

- The national M&E system established - The national M&E guideline developed - The UA indicator and target developed and monitored - The M&E training strategy developed and implemented - The M&E system strengthening assessment conducted - The M&E strategic plan developed 2011-2015 - The national report on multi-sectoral and comprehensive response to HIV/AIDS 2008 and 2009 developed, disseminated and published

168)

What are remaining challenges in this area:

- Better capture the HIV/AIDS data from all levels in the country

Page 83

169)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

170)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

The HIV/AIDS Law was endorsed in 2002 and addresses non discrimination and confidentiality issues. Moreover the Prakas (086) states that all institutions, enterprises and handicrafts are required to develop HIV/AIDS prevention and control plans and to organize HIV/AIDS work-place education programs, including confidentiality, and attitudes towards PLHIV employees and workers.

171)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

172)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

173)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Law on Prevention of Domestic Violence and Protection of Victims (2007) Law on Prevention and Control of HIV/AIDS 2002, Elimination of All Forms of Discrimination against Women (CEDAW) The Implementing Guidelines on the HIV/AIDS Law.

174)

Briefly describe the content of these laws:

There are laws such as the Law on Prevention of Domestic Violence and Protection of Victims which was passed in 2007 and in the Law on Prevention and Control of HIV/AIDS 2002, with Article 6 which provides for special education programmes on HIV/AIDS targeting teenage girls and women headed households. Cambodia is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and has also ratified the convention. The Implementing Guidelines on the HIV/AIDS Law were released by NAA in 2007.

175)

Briefly comment on the degree to which they are currently implemented:

The implementation varies and there is room for improvement.

Page 86

176)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

177)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Disability	Yes

178)

IF YES, briefly describe the content of these laws, regulations or policies:

It is illegal to be an injecting drug user and it is also illegal to be a Sex Worker, which makes it difficult to reach these groups. The difficulties are limited services for MARP, confidentiality and counseling is also an issue for MARP. There is currently no agreement between MOI and MoH on prevention and treatment in closed settings which has posed a barrier in reaching populations for example in prisons. However, NCHADS and MOI are working on establishing an agreement to address these issues. The law on protection and promotion of the rights of people with disability which was endorsed in 2009 by Parliament does not include reference to HIV prevention, care, treatment and support for people living with disability.

179)

Briefly comment on how they pose barriers:

The Human Trafficking and Sexual Exploitation Law causes difficulties for scaling up prevention intervention among most at risk populations especially EWs. The current Law on Drug Control adopted in 1997 contains a number of weaknesses which led to misinterpretations in its implementation. The new draft Drug Law is a positive step in order to decriminalize voluntary access by drug users to HIV harm reduction programmes (NSP and methadone) and drug treatment

Page 88

180) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

181)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The HIV Law: The person with HIV/AIDS shall have the same rights as of the normal citizens as stated in the Chapter 3 of the Constitution of the Kingdom Cambodia. The NSP II 2006-10: Respect for human rights underpins the Cambodian response to HIV and AIDS. HIV programmes require dealing with segments of the population that suffer stigma and discrimination due to the fact that their behaviours are illegal and/or frowned upon. Moreover, this Strategic Plan is based on the right of individuals and communities to access HIV prevention programmes and care and treatment services.

182)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

No (0)

Page 90

183)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

No (0)

Page 91

184)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	No

Page 92

185)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Free-service policies need to be more vigorously enforced; patients' rights should be clarified and

awareness raised. Challenges to Free Services: • Cambodia HIV/AIDS law indicates that PLHIVs can access free of charge care, support and treatment, but in practice some health care providers still require PLHIVs to pay. • Mechanism needed to report misbehaviour of institutions/health care providers. • MoH/NCHADS did not provide clarity on the national policy/statement regarding HIV patients' rights (what is free and supported and what is not!). • A greater level of visibility is we believe urgently required to enable HIV patients to access services that they need (especially during hospitalization phases!). • Extend the gratuity of treatment & care for all PLHIV (that already exist in OPD) to IPD/hospitalization and for all treatment & care that are related to HIV/AIDS. • Provision of Post Exposure Prophylaxes (PEP) after rape needs to be ensured. • Condoms should be distributed free of charge to PLHIV to promote positive prevention efforts • Although there is a 100% condom use program in place, the condoms are not available free of charge for several MARPs such as non-brothel based entertainment service workers. The MoH cost recovery scheme (For example: HEF, CBHI) should be revise to meet the need of PLHIV.

186)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

187)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

188)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

189)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

Article 6 of the HIV Law: particular attention to be paid to educational programs for teenage girls and women-headed households, and to addressing the role of women in society and gender issues relevant to the HIV/AIDS epidemic NSPII addresses Care, treatment and support services to ALL PLHIV (women and men) under strategy 2. Prevention for all is included under Strategy 1. Ministry of Women's Affairs Strategic Plan on Women, the Girl Child and HIV/AIDS in Cambodia: 2008 to 2012 addresses the rights of Women and the Girl Child to prevention, care, treatment and support.

190)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

191)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Different approaches for different MARPs are identified in the EW SOP, MSM and DU/IDU national strategic plans and other policy documents. these approaches are not always align and harmonize. Further information can be found in these documents.

192)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

193)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

194)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

Page 97

195)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

196)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

197)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

Page 98

198)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

CHRAHN, the only HIV and AIDS Human Rights Organisation which documented and reported on HR issues was closed down and there is still a gap to fill. Another organisation, CACHA, acts as watchdog to promote the interest/voice of high risk populations and PLHIV. The legal and policy TWG led by NAA should monitor HR abuses and HIV-related discrimination cases. Performance indicators or benchmarks for the reduction of HIV-related stigma and discrimination need to be developed following stigma and discrimination index assessment. Monitoring of the implementation of policies, laws and regulations need to be reinforced and stigma and discrimination must be fought. Situations like the one in Borei Keila and Toul Sambo where PLHIV are isolation in one place promote stigma and discrimination. There are concern about stigma and discrimination in connection to eviction and resettlement of other threatened communities.

Page 99

199)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

200)

– Legal aid systems for HIV casework

No (0)

201)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

202)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

203)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

204)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: Peer educators, Candle Light, World AIDS Day, Water Festival, Pagoda/monks events, Associations of Employers, Beer Company, and community meetings.	**Yes**

Page 101

205)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

8 (8)

206)

Since 2007, what have been key achievements in this area:

• HIV/AIDS workplace based policy was implemented in many institutions. • The first lady Mrs. Bun Rany Hun Sen has taken leadership in the involvement in HIV/AIDS and stakeholders are now

better informed and clear about the HIV/AIDS Law and the guidelines and Prakas (sub-decrees) which are now implemented within the business coalition and the private sector to a greater extent. • Discrimination and stigma protection was included in NGO personnel policy and there has been increase in the number of NGOs involved in the HIV/AIDS sector, but the discrimination in the community still is a concern for OVC and PHIV • The 2009 HIV/AIDS law has slightly improvement in implementation and dissemination; yet, in the sub-national level, there is Child Protection Policy and Commune Child and Women Committee (CCWC) to support the HIV/AIDS law. • The weakness of some laws and their interpretation and enforcement remains problematic. As a result some high risk groups are seen as offenders; they are criminalised. Anti-trafficking legislation has made Cambodia move backwards and the drug user law criminalises people using drugs. • The programme on Needle and Syringe Programme has experienced implementation problems in end of 2009 and the Methadone Programme which was scheduled to start in late 2009 has been delayed. • The revision of the Drug Law has been postponed. As a comment to the question regarding policies to ensure equal access for women and men to prevention, treatment care and support, we would like to give the following comments: • The MoWA policy (Ministry of Women Affairs – 2003) on STI/HIV/AIDS does firmly assert a commitment to equal access to prevention, treatment, care and support and whilst it does not specify this should also be outside the context of pregnancy and childbirth, the points in the policy always mention services relating to pregnancy and childbirth as a separate point. • Anecdotal information was received during the consultation where it was reported that during a mission to Battambang, the participant told that more women were seeking HIV related treatment and services than men; however, another organisation said that in their provinces it is the opposite – men and children are the first to receive treatment. It is recommended that a study be conducted to distinguish equal access concept from equal demand In relation to the question about the legal support services and legal aid systems for HIV and AIDS casework, there is no specific mechanism to address this, however there are NGOs which provide legal aid to poor and vulnerable populations, including PLHIV, which could absorb case related to HIV and AIDS and human rights. There are also civil society organisations implementing education programmes on HR at the community level, however there are gaps in the area of work in prisons.

207)

What are remaining challenges in this area:

There is no official system or mechanism in place to record, document and address cases of discrimination but there are different groups, e.g. Sex-workers and Cambodian Community of Women Living with HIV/AIDS (CCW) which are told about discrimination, but they do not have a mechanism to bring it further. They gather this information because they want to and on an ad hoc basis. Some NGOs have also conducted small surveys to collect some information in this regard. CPN+ is currently collecting data following the Stigma Index tool to calibrate and refocus stigma and discrimination programming in Cambodia. Until end of 2008 there was an organisation, CHRAHN, which recorded cases of discrimination and human rights problematic, however due to institutional and managerial problems the organisation ceased to exist. . The involvement of MARPs in HIV policy design has been limited to the national level. With reference to programme design and implementation, NGOs and PLHIV would have appreciated an invite by Government for greater involvement both at national and provincial level. It is also recommended to increase the engagement of MARPs and other relevant affected groups in policy development activities such as the revised drug law and the law on human trafficking and sexual exploitation. For example, Entertainment Workers, Sex Workers or Entertainment establishment owners have limited information and involvement, for example, Entertainment establishment owners never participated in either Law/policy formulation nor strategic development. There is some progress, for example NAA has established an MSM National Technical Working Group and representative of PLHIV and MARP networks are now members of Cambodian CCM and GDJTWG and other TWG Despite Ethic Committee processes, there are reports of people being involved in drug/clinical trials without informed consent and/or on compulsory basis. Protection of drug users/sex workers is needed when research is conducted. If they declare themselves as drug users/SW they can be sent to jail .This is linked to the current policy environment in Cambodia. Note: The 2007 UNGASS report

indicates the rate of being " 7 ". The methodology of collecting this data was different in 2005 and 2007. Thus the above rating in the 2009 UNGASS report is based on the perception of the majority of participants (Involvement of 96 Civil Society Organizations).

Page 102

208)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

209)

Since 2007, what have been key achievements in this area:

• A Policy Audit was carried out in 2007 to identify policies in place. • Since 2007 many networks have been established aiming at enforcing the implementation of HIV/AIDS law, guidelines and regulations. Technical working groups on different topics have also been established. Coalition on AIDS (NGOs, Private sectors, Industrial companies… etc) and religious involvement has increased. • Some NGOs worked in good relationship with the military and provided support to military hospital in some provinces, and now members of the military can access ARV treatment services. MoH has been a good institution in implementing fake drug elimination law and and other policies but other ministries have not been as successful. • There is good collaboration between NGOs and local authority to spread and implement the HIV/AIDS law, and many local authorities are aware much about HIV/AIDS law. Link response, created by NCHADS also enforces the implementation of the law. • Increased understanding and awareness on HIV/AIDS related laws and policies among general population.

210)

What are remaining challenges in this area:

• Information on Policies, Laws, and Regulations reach to some extent to the grassroots level but the law and policies enforcement at the local level is still limited. Some NGOs and high level staff of the government are aware of and understand the HIV/AIDS law, but they do not apply it fully. • In relation to policies to ensure equal access for MARPs there are concerns that services are not MARPs friendly; targeted services for different groups are missing; there is stigma and discrimination vis-a-vis these populations (e.g., transgender, SW etc) • There are a lot of policies and strategies but they often are not implemented to the extent necessary. It is a huge difference and discrepancy between the theory and practice and there is no mechanism to assess how the policies are operationalized. Provincial level officials do not always follow the national level policies. As mentioned earlier some laws are misunderstood and interpreted in a manner which is criminalising individuals belonging to certain groups with high risk behaviour. • The policy regarding HIV screening for employment purposes needs enforcement. HIV screening is not required by Cambodia but it is mandatory for labour migrants moving to certain countries. Howerver, Some employers in Cambodia also illegally screen for HIV status. Note: The 2007 UNGASS report indicates the rate of being " 4 ". The methodology of collecting this data was different in 2005 and 2007. Thus the above rating in the 2009 UNGASS report is based on the perception of the majority of participants (Involvement of 96 Civil Society Organizations).

Page 103

211)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

3 (3)

212)

Comments and examples:

• Civil Society has contributed to strengthening the political commitment through increased NGOs participation in developing some policies. However this remains a challenge since meaningful participation not guaranteed. Moreover, more NGOs, participating in meetings on HIV/AIDS (NAA, Networking of NGOs) and representatives from MARPs and PLHIV participating in meetings on HIV/AIDS (NAA, Networking of NGOs)

Page 104

213)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

214)

Comments and examples:

• Most Civil Society organizations provided comments to the Government (NAA) and were involved in the drafting of the NSP II and the revised NSP II 2008-2010 and attended meetings on other issues such as the budget plan. Most CSO have to prepare annual budget plans to the NAA, NCHADS, MHD, PHD.

Page 105

215)

a. the national AIDS strategy?

4 (4)

216)

b. the national AIDS budget?

3 (3)

217)

c. national AIDS reports?

2 (2)

Page 106

218)

a. developing the national M&E plan?

3 (3)

219)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

4 (4)

220)

c. M&E efforts at local level?

4 (4)

221)

Comments and examples:

Civil Society is involved to a very large extent in the M&E, especially at the sub-national level. CSOs are mainly providing data for output indicators and often in the area of prevention interventions (to a large extent MARPs). CSOs are also active members of the M&E TWG led by NAA.

Page 107

222) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

223)

Comments and examples:

International NGOs, Local NGOs and a few CBOs and FBOs but there was less representation from the MSM network, EW network and IDU/DU network and PLHIV network in the review of the NSP and SRA

Page 108

224)

a. adequate financial support to implement its HIV activities?

2 (2)

225)

b. adequate technical support to implement its HIV activities?

4 (4)

226)

Comments and examples:

There are many international and national organisations in Cambodia and technical support is provided by an array of organisations. Financial support is provided by GFATM and USAID to a large extent.

Page 109

227) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	25-50%
Home-based care	>75%
Programmes for OVC**	>75%

Page 110

228)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

229)

Since 2007, what have been key achievements in this area:

• Some progress made since 2007 is the increased advocacy in particular at the national level. Several working groups have been established and the private sector and NGOs are participating to a greater extent in national events and meetings. The access to funds and the economic status of PLHIV improved, indicated by some studies and researches, such as the continuum of care assessment (2007-NCHADS). MARPs and PLHIV representatives have been selected to be

members of the Country Coordination Mechanism (CCM) of GFATM Cambodia. • Since 2007, PLHIV at the community level have also been actively involved in implementation and PHD invited NGOs to join in the development of the AOP (Annual Operational Plan). Yet there is no feedback mechanism within and among civil society organizations and between relevant government institutions back to the grassroots level. • Standard operational procedure (SOP) of EW was established and SOP of MSM was developed with participation from CSOs representatives. Yet, participation of CSOs at community level is still limited and the level of decision making of the implementation is still low. • Civil Society has contributed to strengthening the political commitment through increased NGOs participation in developing some policies. However this remains a challenge since meaningful participation not guaranteed. Moreover, more NGOs, participating in meetings on HIV/AIDS (NAA, Networking of NGOs) and representatives from MARPs and PLHIV participating in meetings on HIV/AIDS (NAA, Networking of NGOs) • Most Civil Society organizations provided comments to the Government (NAA) and were involved in the drafting of the NSP II and the revised NSP II 2008-2010 and attended meetings on other issues such as the budget plan. Most CSO have to prepare annual budget plans to the NAA, NCHADS, MHD, PHD.

230)

What are remaining challenges in this area:

• In the last quarter of 2009, a review of Universal Access progress was conducted under the leadership of NAA, with CS participation. This was as a preparation to a High Level Mission (UNAIDS and WHO) to assess progress towards UA in Cambodia. In connection to this HACC conducted two workshops where NGOs working with MARPs and OVCs were asked to complete the 7 Sisters' tool to assess the involvement of CS in the UA process. In Cambodia, the Civil Society Organisations found that they had participation but not meaningful participation. Note: The 2007 UNGASS report indicates the rate of being " 7 ". The methodology of collecting this data was different in 2005 and 2007. Thus the above rating in the 2009 UNGASS report is based on the perception of the majority of participants (Involvement of 96 Civil Society Organizations).

Page 111

231)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

Page 112

232)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

All relevant stakeholders participated in reviewing the National Strategic Plan II and come up with a propose activities need to be addressed regarding to the prevention program.

233)

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	N/A
Other: HIV and TB program	Don't agree

Page 113

234)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

235)

Since 2007, what have been key achievements in this area:

• In the past two years there have been a number of prevention campaigns dealing with HIV/AIDS and STIs, carried out by NGOs in close collaboration with the government. Due to the information disseminated through the media, TV programs and roadside posters, there are signs there is an increased awareness of HIV/AIDS and there is a noticeable positive change in the behaviour regarding to the use of condoms. • Positive prevention is also an important issue which should be addressed. • Standard Operational Procedure (SOP) for Men who have sex with men (MSM) was endorsed, while the SOP of Injecting Drug Users (IDU/DU) is in progress. • The government has carried out a controversial activity with trying to get injecting drug users (reports on no-consent) stop their addiction through Bon Sen- a Vietnamese herbal medicine. • Districts in need of HIV prevention programmes have been identified; however, this information has not yet reached the all Civil Society stakeholders. They have been classified into three areas: low risk area, middle risk area and high risk areas - It is difficult to assess this question also, because there is no clear picture of the districts IN NEED and for which groups/MARPs . Also, there are differences between Administrative and Operational districts (and ministries are not always consistent and use the different districts – MoH and Ministry of Social Services). Note: The 2007 UNGASS report indicates the rate of being " 7 ". The methodology of collecting this data was different in 2005 and 2007. Thus the above rating in the 2009 UNGASS report is based on the perception of the majority of participants (Involvement of 96 Civil Society Organizations).

236)

What are remaining challenges in this area:

• Although NASA indicated that prevention received a big share of the annual AIDS spending, there are limited funds available for HIV/AIDS prevention at sub-national level; in particular for NGOs working at the grassroots level, thus, prevention intervention are less targeted especially among young people. • The Law on Human Trafficking and Sexual Explotation causes difficulties for scaling up prevention intervention among most at risk population especially EW. • Needle and Syringe Programme at KORSANG stopped

Page 114

237)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

238)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

All relevant stakeholder were invited to discuss and review on the National Strategic Plan II and propose some activities to be addressed regarding to treatment, care and support program.

239)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree

TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: PMTCT Program	Agree

Page 116

240)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

241)

Since 2007, what have been key achievements in this area:

• There is a steady increase of VCCT sites and 3 by 5 (WHO initiatives) have been achieved. Since 2007, more home based care programs coverage has been achieved by Civil Society and the number of ARV sites has increased especially in rural and remote areas. • Roll-out of Linked Response • very high coverage of people receiving care and treatment

242)

What are remaining challenges in this area:

• There are many cases of providing close-to-expiring date ARV to PLHIV when the follow up system for ARV users is still poor. • The number of PMTCT service sites increased compared to previous years, but it is still inadequate. Paediatric care units are still limited for children affected and infected with HIV/AIDS. Some health care provider staff is still asking for other benefits while their services are still poor quality. • Social stigma and discrimination are identified as the main barriers that prevent MARPs from accessing services, condoms and rights to information. • Shortage of Opportunistic Infections (OI) drug provided to PLHIV continues to be a major concern. • There is lack of physical and social support to PLHIV (food ration for each PLHIV's family is only 30 Kg). • The opportunity to be employed for PLHIV is very limited. • The criteria for the identification of the districts in need of HIV and AIDS treatment, care and support services are not so clear. It seems to be a focus on provincial towns or on the opinion of someone who has better connection with the national programme or who has certain power. People also have to travel to the Health Care Centers and Hospitals. Hospitals should have the best capacity to ensure quality of care. There is a need to strengthen the transport and infrastructure and support system (e.g. home based care – this goes often through NGOs,) to cater for those in need. • Palliative care is sometimes defined from the time of positive testing until death. We understand it as at the end stage. TB preventive therapy is not included in the national guidelines in Cambodia. Note: The 2007 UNGASS report indicates the rate of being " 6 ". The methodology of collecting this data was different in 2005 and 2007. Thus the above rating in the 2009 UNGASS report is based on the perception of the majority of participants (Involvement of 96 Civil Society Organizations).

Page 117

243)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 118

244)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

245)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

246)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 119

247)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

248)

Since 2007, what have been key achievements in this area:

• Since 2007 more OVC have been provided with treatment and care support services and more OVC have been able to access the health services and livelihoods activities. Treatment has improved but there is still limited support from the government. • OVC have been given priority by the Government of Cambodia by creating a National OVC Task Force (NOVCTF) and Sub-National working Group under the leadership of MoSAVY & NAA to represent the interests and needs of OVC.

249)

What are remaining challenges in this area:

• Shortage of formula feeding, inappropriate application of AFASS and counselling including clients' rights consideration. There is no appropriate legal system in place to support OVC ownership to family property. Note: The 2007 UNGASS report indicates the rate of being " 4 ". The methodology of collecting this data was different in 2005 and 2007. Thus the above rating in the 2009 UNGASS report is based on the perception of the majority of participants (Involvement of 96 Civil Society Organizations).