Mapping Cambodia's Response to HIV/AIDS

20 September 2005

FOREWORD

ACKNOWLEDGEMENTS

This report was prepared by TAP Catalla, in collaboration with Matthew Warner-Smith.

The authors gratefully acknowledge the assistance given by data providers and key informants. Unfortunately they are too numerous to mention individually, so a list of contacted persons has been included in Annex 1.

Particular thanks are due to:

- the provincial data collection teams;
- the Monitoring and Evaluation Unit of the National AIDS Authority; and
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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-retroviral
ART	Anti-retroviral therapy
BCC	Behaviour change communication
CAA	Children affected by AIDS
CBO	Community based organisations
CENAT	National Centre for Tuberculosis and Leprosy
CLWA	Children Living with AIDS
CoC	Continuum of Care
CPN+	Cambodian Network of People Living with AIDS
CRC	Cambodian Red Cross
CUP	Condom Use Program
CYVG	Community -based youth volunteer groups
DOTS	Directly Observed Treatment, Short Course
DSW	Direct sex workers
FBO	Faith-based Organisations
FHI	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HACC	HIV/AIDS Coordinating Committee
HBC	Home-based care
HIV	Human Immunodeficiency Virus
ICCO	Interchurch Organisation for Development Cooperation
IEC	Information, education, communication
IDSW	Indirect sex workers
IO	International organisations
JICA	Japan International Cooperation Agency
KHANA	Khmer HIV/AIDS NGO Alliance
MMM	Mondul Mith Chuoy Mith (Friends Help Friends Centre)
MoCR	Ministry of Cults and Religions
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoInt	Ministry of Interior
MoLV	Ministry of Labour and Vocational Training
MoND	Ministry of National Defence
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans, and Youth Rehabilitation
MoT	Ministry of Tourism
MoWA	Ministry of Women's Affairs
MORD	Ministry of Rural Development
MSF	Medecins sans Frontieres
MSM	Men who have sex with men
NAA	National AIDS Authority
NACD	National Authority for Combating Drugs
NBTC	National Blood Transfusion Centre
NCHADS	National Centre for HIV/AIDS, Dermatology & STI
NCHECR	National Centre in HIV Epidemiology & Clinical Research
NGO	Non-government organisations
OD	Operational district

OI	Opportunistic infections
OVC	Orphans and vulnerable children
PAS	Provincial AIDS Secretariat
PLHA	People living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Service International
RACHA	Reproductive and Child Health Alliance
RHAC	Reproductive Health Association of Cambodia
STI	Sexually transmitted infections
TA	Technical Assistance
TB	Tuberculosis
VCCT	Voluntary and confidential counselling and testing
WHO	World Health Organisation
UHN	United Health Network
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNODC	UN Office on Drugs and Crimes
US CDC	United States Centres for Disease Control
USAID	United States Agency for International Development

1 - Introduction

Since the first HIV and AIDS cases in the country were identified in 1991 and 1994 respectively, steps to curb the spread of HIV/AIDS have been immediate. Government ministries, primarily the Ministry of Health (MoH) and several Non-Government Organisations (NGOs), initiated programs and projects to raise awareness and educate various population groups. Several structural changes took place to expand the scope of the response. Specifically, the National AIDS Program of the Ministry of Health was reconstituted and expanded into the National Centre for HIV/AIDS, Dermatology and STDs, and a National AIDS Authority was created with a mandate for ensuring that the response expanded beyond the health sector to a multi-sectoral approach. This approach was reflected in the first National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS.

The current plan runs through the end of 2005 and has been reviewed as part of the process of developing the draft plan for the period 2006-2010. To guide programme planners and donors in implementing the new plan, an inventory of the HIV/AIDS response under the term of the previous plan was undertaken.

2 - Methods

Secondary data was collated through a comprehensive review of published reports; presentations made to the National AIDS Authority (NAA) Coordinating Committee; the findings of various technical working groups, including those formed for the review of the NSP; sectoral plans; and, other relevant documents. Primary data was collected from provinces using a structured questionnaire. A small team was formed in each province, comprising of a representative from the Provincial AIDS Office, the Provincial AIDS Secretariat and an NGO. This team was trained in the completion of the questionnaire and subsequently convened a meeting in their respective provinces to gather available data from relevant stakeholders. Interpretation of quantitative data gathered from provinces and secondary sources was aided by key informant interviews with the HIV/AIDS focal points, monitoring and evaluation officers and other key staff within ministries (Annex 1).

Findings are presented in the following manner:

1. A report summarizing accomplishments in prevention, care and treatment, impact mitigation, public policy, capacity building, and monitoring, evaluation and research.
2. Graphic presentation of HIV/AIDS programs through:
    - Graphs, figures and tables (e.g. aggregations by interventions; target populations)
    - Maps showing geographic distribution of interventions.

- Two matrices – one matrix matches the specific objectives and activities under the new plan with the accomplishments under the current NSP, and the gaps identified by the review undertaken by the different technical working groups. When identified gaps are clearly addressed in the new plan, they are no longer presented in the body of the report. A second matrix catalogs the activities of various ministries and selected organisations at the national and provincial levels, by thematic area.

3 - Results

3.1 Achievements and gaps by thematic area

3.1.1 Prevention

Prevention programmes and projects are well distributed throughout the country (Figure 1). While a simple overview suggests that some provinces have proportionately greater degrees of activity than others, this is offset by the fact that the population is not evenly distributed throughout the country and that HIV prevalence varies within and across provinces (Figure 2[1]). Prevention interventions have largely been well integrated with impact mitigation efforts.

The single most striking achievement, which may be attributed to prevention efforts, is curbing and reversing the prevalence of HIV from a peak of 2.5% over a three-year period (1998 to 2000) to its current level of 1.9%. Prevalence of HIV across all high-risk groups that participate in the HIV sentinel surveillance (HSS) shows a consistent decline. For instance, prevalence among sex workers was halved by 2003 at 20.8% from a peak 42.8% in 1998; for the uniformed services, prevalence steadily diminished from 4.5% in 1997 to 2.7 in 2003 (Figure 3).

Levels of knowledge regarding HIV/AIDS remain high - the Demographic and Health Survey 2000 found that 95% Cambodian women (94% and 98% in rural and urban areas) knew about HIV/AIDS (NIS, 2000). A survey carried out in 2003 among men and women aged between 15-49 years by Population Services International (PSI) reported that almost 100% had heard of HIV/AIDS, and over 90% knew there was no cure (PSI, 2004). Equally high was knowledge about sexually transmitted infections (STI).

Certain groups with known high-risk behaviour, such as sex workers, their clients, and the uniformed services, have been continuously targeted by social marketing campaigns and behaviour change interventions. Cognizant of their greater vulnerability to HIV infection and as bridge populations, men who have sex with men (MSM) and migrant and mobile populations have, in time, become part of prevention interventions.

In terms of ***condom promotion***, sales reached 20 million in 2003, exceeding the previous year by 6% and exhibiting a 400% increase from 1995 sales. Annual per capita condom sales are equivalent to eight condoms per year per sexually active male aged from 15-49 years. In 2002, an estimated 97% of brothels nationwide provided their clients with Number One condoms (PSI 2003). PSI has also promoted condoms in establishments where indirect sex workers[2] (IDSW) are based, in areas proximate to barracks of the military, and in parks. Other brands for specific groups have been introduced such as Number One Plus for MSM; OK, aimed at couples in relationships; and the Care female condom for DSW and IDSW.

Cinema, television and radio spots, mobile video units, puppet theatre and soap operas have been used as channels for ***condom social marketing***. To enable promotion and distribution of condoms

[1] The sentinel population samples used for HIV prevalence estimation at the national level are not sufficiently large to be used to reliably estimate prevalence at the provincial level. However, sufficient time series data of HIV prevalence in the ANC client population has been accumulated to allow for provincial estimates in this population, after smoothing using EPP. This analysis was undertaken by FHI, using data provided by the national surveillance system,

[2] An indirect sex worker is one who conducts business outside of a brothel, which includes street based workers as well as those working in massage parlours and karaoke bars.

beyond town centres in rural areas, PSI has established the United Health Network (UHN) which, as of 2003, had 26 member organisations in 18 provinces. PSI regional offices in Battambang, Siem Reap, and Sihanoukville are responsible for condom promotion and social marketing in surrounding provinces.

The *100% Condom Use Program* (CUP) has promoted consistent condom use among brothel based sex workers and their clients by deploying peer educators, and outreach teams. Direct sex workers and karaoke workers are also encouraged to utilize special STI clinics established for their use.

An effect of the 100% CUP and condom promotion and social marketing is a growing norm of condom use. Condom use rates in population sub groups with high risk behaviour are high. In 2003, rates of condom use among direct sex workers and indirect sex workers were estimated to be 96% and 84.4%, respectively. However, with sweethearts[3], condom use is much lower, at 53.6% for direct sex workers and 49% for indirect sex workers. Condom use with sex workers by military and police was recorded at 86.9% and 94.2% in 2003, respectively. With sweethearts, condom usage by military personnel in 2003 was 25% (NCHADS 2003).

The coverage of special STI clinics appears best in provinces with relatively small CSW populations such as Ratanakiri, Kratie, Stung Treng and Preah Vihear where targeted clients total, at most, 75 persons. In contrast, clinics in Kampong Cham, Sihanoukville, Siem Reap and Banteay Meanchey serve four to seven times as many clients (Figures 4 and 5).[4] Family Health International (FHI) works in collaboration with NCHADS to strengthen STI services by providing quality assurance training and monitoring support for 18 government clinics in 14 provinces.

Peer education has succeeded in raising levels of knowledge and modifying behaviour with the uniformed services, MSM, and in-school and out-of-school youth. Peer educators employ IEC materials, life-skills training, structured and informal education sessions around various topics, and organize performances.

- Among military personnel and police, a cascade training of peer education[5] is implemented throughout Cambodia by the Ministry of National Defence (MoND) and the Ministry of Interior (MoIntnt) with support form key partners such as FHI;
- The Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY) had 332 peer educators providing life skills training and health promotion to 9,960 workers in 6 factories in Kandal and Phnom Penh;
- In the 100% CUP, DSW and IDSW act as peer educators in brothels and other venues for commercial sex across the country;
- The Ministry of Rural Development (MORD) implemented peer education, outreach activities and promoted Voluntary and confidential counselling and testing (VCCT) through community based youth volunteer groups (CYVG) in two provinces;
- The Reproductive Health Initiative by the UNFPA implemented by partner NGOs elicited the participation of young people as peer educators;

[3] Non-commercial, non-marital sexual partners, with a degree of affection and trust from at least one partner. Financial support/material exchange and condom use in this type of relationship vary depending on the situation, target group and the individual (PSI 2002).

[4] The data used to generate this and other charts can be found in Annex 2.

[5] An approach that involves training core trainers from the uniformed services medical corps, who guide and support peer educator trainers, who in turn train and support peer educators from each military and police unit (FHI 2004).

- The Cambodian Red Cross (CRC) embarked on a similar programme among the youth and their family in 6 provinces, and policemen in 8 provinces; and
- Other organisations use peer education to raise knowledge levels of various subpopulations regarding HIV/AIDS.

Creative use of ***arts and mass media*** came in the form of video spots, call-in and karaoke programmes, puppetry, soap operas, and 'round table' or panel discussions with television and radio serving as major channels. Mobile video units have been deployed to provide key health information, including HIV/AIDS messages, to hard-to-reach audiences.

Communities in seven provinces (Siem Reap, Battambang, Banteay Meanchey, Pursat, Sihanoukville, Svay Rieng, and Kampot) have participated in ***community conversations*** implemented by the Provincial AIDS Secretariat (PAS) with the support of the United Nations Development Programme (UNDP). Villagers, with support and direction from community conversation facilitators, examine the forces that fuel the epidemic and decide, together, how they should be addressed.

Outreach is a key activity in many prevention interventions, some of which are:

- The Ministry of Education, Youth and Sports (MoEYS) provide non-formal education including life-skills, HIV/AIDS, and vocational training in community learning centres at the commune level, and promote hotlines[6] at school using well-known Cambodian athletes for anonymous and free HIV/AIDS/STI counselling;
- 576 monks, achars, and nuns in 336 pagodas in 7 provinces include prevention messages when preaching and giving advice;
- The Ministry of Women's Affairs (MoWA) has:
  - piloted a project in Takeo involving education/discussion on HIV/AIDS issues which is integrated with other projects on credit, literacy/child care and domestic violence in the community
  - organized a public forum on gender and HIV/AIDS with students and community members
  - implemented community-based IEC for rural women and men by trained reproductive health volunteers; and
- The Ministry of Culture and Fine Arts developed cultural performances on HIV/AIDS using traditional and folk theater.

Special campaigns take place during the annual Water Festival, on Candlelight Memorial Day and World AIDS Day, through the collaborative efforts of government ministries, donors, and local and international organisations. Condoms are distributed, and printed materials, concerts, television and radio programs serve as media to broadcast HIV/AIDS related messages.

Organisations and the private sector are gradually giving the necessary attention that ***HIV/AIDS*** in the workplace requires. Initiatives in recent years include:

- CARE has initiated prevention and care activities with Heineken Breweries and Tiger Beer, including access to ARV; worked with factories in collaboration with government and NGO

[6] Two telephone lines are open, free of charge

partners in 2001, initially targeting 35,000 workers and expanded in 2003 to 25 factories targeting 50,000 workers;

- World Vision implemented an HIV/STI prevention project along Highway 4 including 14 factories located along the road; provided peer education to garment factory workers, uniformed personnel, truck drivers, and community youth;
- Prevention and care for employees of the Sihanoukville Port include treatment and employment opportunities for families of workers who are too sick to continue working;
- The International Labour Organisation (ILO) launched the HIV/AIDS Workplace Education Program to expand the involvement of the private sector in the response to HIV/AIDS through advocacy and technical guidance on HIV/AIDS workplace policies and programmes; and
- The corporate sector response to HIV/AIDS has started with sponsorship of awareness-raising events.

Awareness-raising activities targeting young people on the dangerous consequences of ***illicit drug use*** have taken place during major cultural events and festivals. Distribution of leaflets, strategically placed billboards, the assistance of a local pop singer and a national workshop have heightened the visibility of drug awareness messages (UNODC 2003). A harm reduction programme has been initiated, and detoxification and rehabilitation centres established by a local NGO.

The number of women accessing ***prevention of mother to child transmission*** (PMTCT) centres has more than doubled, from 9,239 in 2002 to 19,296 in 2004 (Figure 6)[7]. Of the 19,296 women accessing these services in 2004, 328 women identified as HIV positive received antiretroviral prophylaxis. Unfortunately this still only represents less than 4% of the estimated annual number of HIV positive pregnant women. Those seeking pre counselling and testing for HIV represent only 16% of all women visiting PMTCT centres in 2004, although this is a four-fold increase from 2002. Contributory factors to the low uptake may be related to a lack of trust in the counselors and/or potential stigma and discrimination from partners, family members and society. Distance too, may play a part in the low participation rates among pregnant women as this directly affects the frequency of visits to the centres.

While the variation between the percentages of women receiving pre-test counselling and subsequently being tested for HIV is small, the reverse is true for those who were found HIV positive and consequently treated (Figures 7 and 8). With the exceptions of Pursat, Banteay Meanchey and Kampong Thom virtually all counselling recipients proceeded to obtain an HIV test in 2004. In contrast, fewer than half of those pregnant women identified as being HIV positive in ANC subsequently received neviripine for HIV prophylaxis, with the exception of Phnom Penh. In Phnom Penh, the number of women who received nevirapine as a prophylactic to prevent transmission during labor and delivery was actually higher than the number of women identified as being HIV positive. The discrepancy is possibly due to the referral of seropositive women from the provinces to the PMTCT programme in the National Mother and Child Health Centre (NMCHC) and Calmette Hospital.

The majority of husbands in Phnom Penh, Battambang, Svay Rieng and Pursat who also attend ANC with their wives agreed to go through pre-test counselling and testing (Figure 9). It is only in Pursat

[7] Data presented in this section and in related charts were obtained from the PMTCT Centre in the National Maternal and Child Health Centre

and Banteay Meanchey that the percentage of men who obtained an HIV test was lower than those who received counselling. In Battambang, Svay Rieng and Pursat, a greater number of men received counselling and testing in ANC clinics than pregnant women seeking antenatal services. This suggests that ANC centres are being used as de facto VCCT centres and may indicate that the demand for VCCT services has increased faster than the government can provide these services.

Uptake in ***Voluntary and confidential counselling and testing*** (VCCT) centres increased annually, reaching 81,711 in 2004.[8] Phnom Penh, Battambang, Banteay Meanchey, Siem Reap and Kampong Cham reported the greatest number of clients in the past year (Figure 10). On a per centre basis, Banteay Meanchey, Battambang, Phnom Penh, Takeo, and Sihanoukville have the most number of clients (Figure 11). Around 17% of all VCCT clients were HIV positive and it is in Pursat, Koh Kong, Kampong Speu, Prey Veng, and Takeo that the highest proportion of seropositive clients were reported (Figure 12). This could represent a higher prevalence of HIV in these provinces, or could simply indicate that VCCT services in these provinces have attracted individuals at higher risk of HIV, relative to the VCCT services in other provinces.

The total number of VCCT clients in 2004 comprised 1.22% of the total population in the 15-49 age group (Figure 13). A disproportionate number of individuals were tested in Phnom Penh, Sihanoukville, Banteay Meanchey, and Battambang, where 3.9%, 3.6%, 2.2%, and 2.2% respectively, of the adult population were tested. This greater demand for HIV testing in these provinces may reflect the fact that estimated HIV prevalence is higher than the national average. Nationally, 0.2% of 6,693,752 (the total population of 15 to 49 year olds) were identified as being HIV positive through testing in VCCT centres in 2004 (Figure 14). Relative to the 15-49 population, the proportion of male and female clients who are HIV positive are almost the same in nearly all the provinces, and the 'biggest' differences occur in Battambang, Phnom Penh, Sihanoukville, Banteay Meanchey, and Pursat.

Blood safety involves the screening of donations by selecting potential donors from perceived 'low-risk groups' (i.e. youth in high school and universities, and Buddhist monks) and by testing for HIV, hepatitis B and C, and syphilis. Total blood donations increased incrementally from 2001 to 2003, but fell slightly to 24,727 units in 2004 (Figure 15).[9] Figure 16 shows the location of provincial transfusion centres and distribution of blood donations. The prevalence of HIV in donated blood has fluctuated over the past 5 years. In 2004, the prevalence of HIV in donated blood was the same as the estimated prevalence of HIV in the general adult population, 2.1% (Figure 17). Provinces with high prevalence of HIV in donated blood are Pailin (3.6%), Phnom Penh and Sihanoukville (both 3.3%), well above the national prevalence for Cambodia and possibly reflecting higher provincial HIV prevalence. Phnom Penh and Sihanoukville have almost similar HIV prevalence when comparing data from the National Blood Transfusion Centre (NBTC) and estimates of the prevalence of HIV among antenatal centre clients, as reported in the HIV surveillance system (Figure 18). In other provinces, HIV prevalence in blood donations is lower than that of the prevalence in the ANC client population.

For facility based care, guidelines regarding ***universal precautions*** (UP) have been developed and an Injection Safety Committee established in 2002. NGOs involved in AIDS care incorporate basic training on UP. A policy for ***post-exposure prophylaxis*** (PEP) is under development.

[8] Data presented in this section and in related charts were obtained from the VCCT Unit of NCHADS

[9] Data presented in this section and in related charts were obtained from the National Blood Transfusion Centre; no data available regarding donations at Kantha Bopha Hospital for 2004

Despite these achievements, certain **gaps**[10] remain, most of which are directly being addressed in the new strategic plan, either covered by a specific objective or as an activity under that objective. The resolution of the gaps enumerated below is unclear under the new plan (Table 1).

- Limited participation of local officials at commune level in prevention activities;
- Limited prevention initiatives emanating from communities;
- Under-age sex workers, both girls and boys, are not reached because they were commonly hidden by brothel owners and not registered in the 100% CUP;
- The broader health and social needs of sex workers, and the understanding of their own human rights are not addressed;
- HIV prevention activities on the sex industry have the unintended effect that clients are not equally responsible;
- Blood centres are not in the purview of the NBTC.

[10] Obtained from the Report of the Technical Working Group on Prevention

Figure 1. Map of prevention programs, 2004

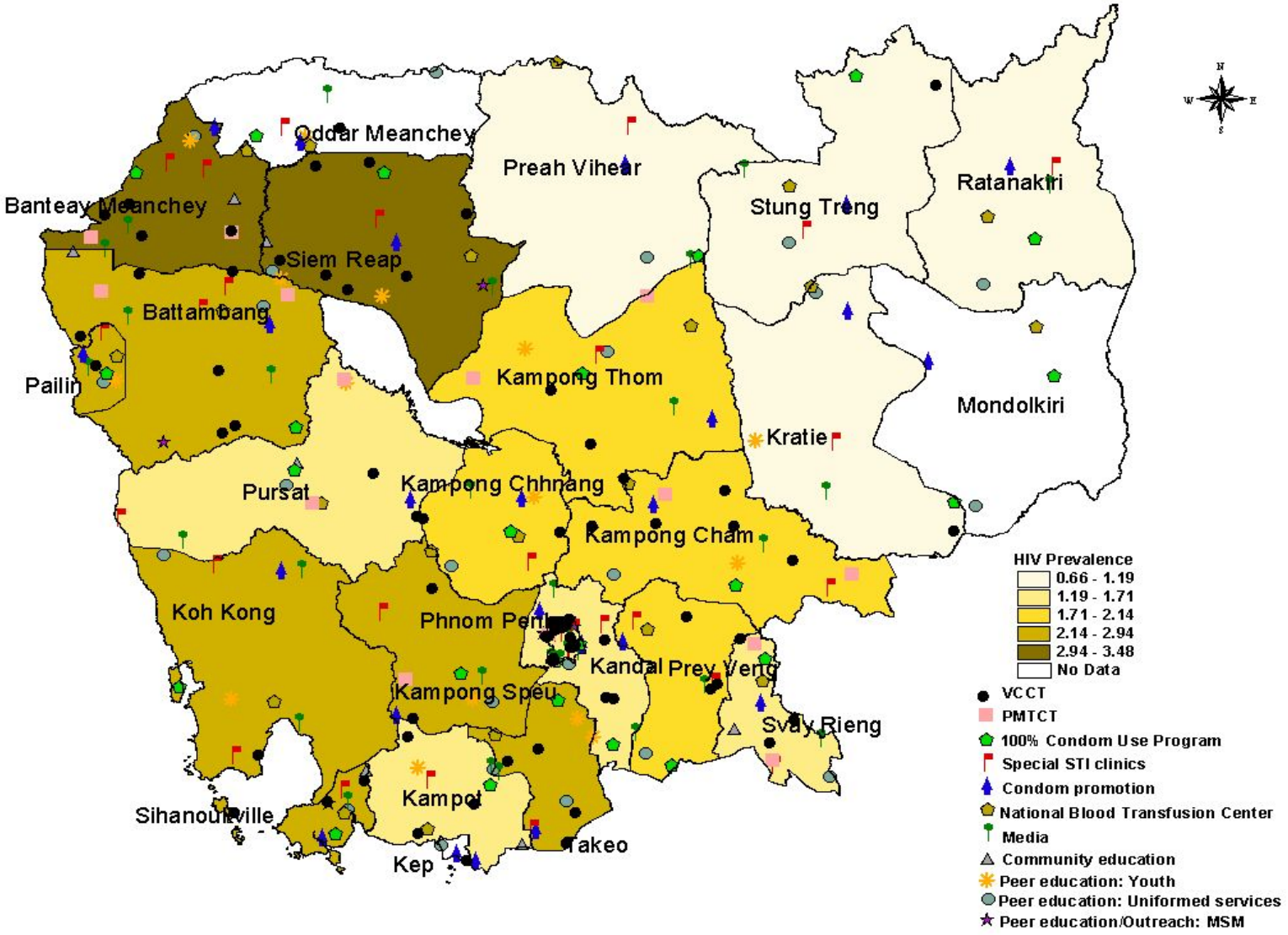


Figure 2. HIV prevalence in women attending antenatal centres, by province

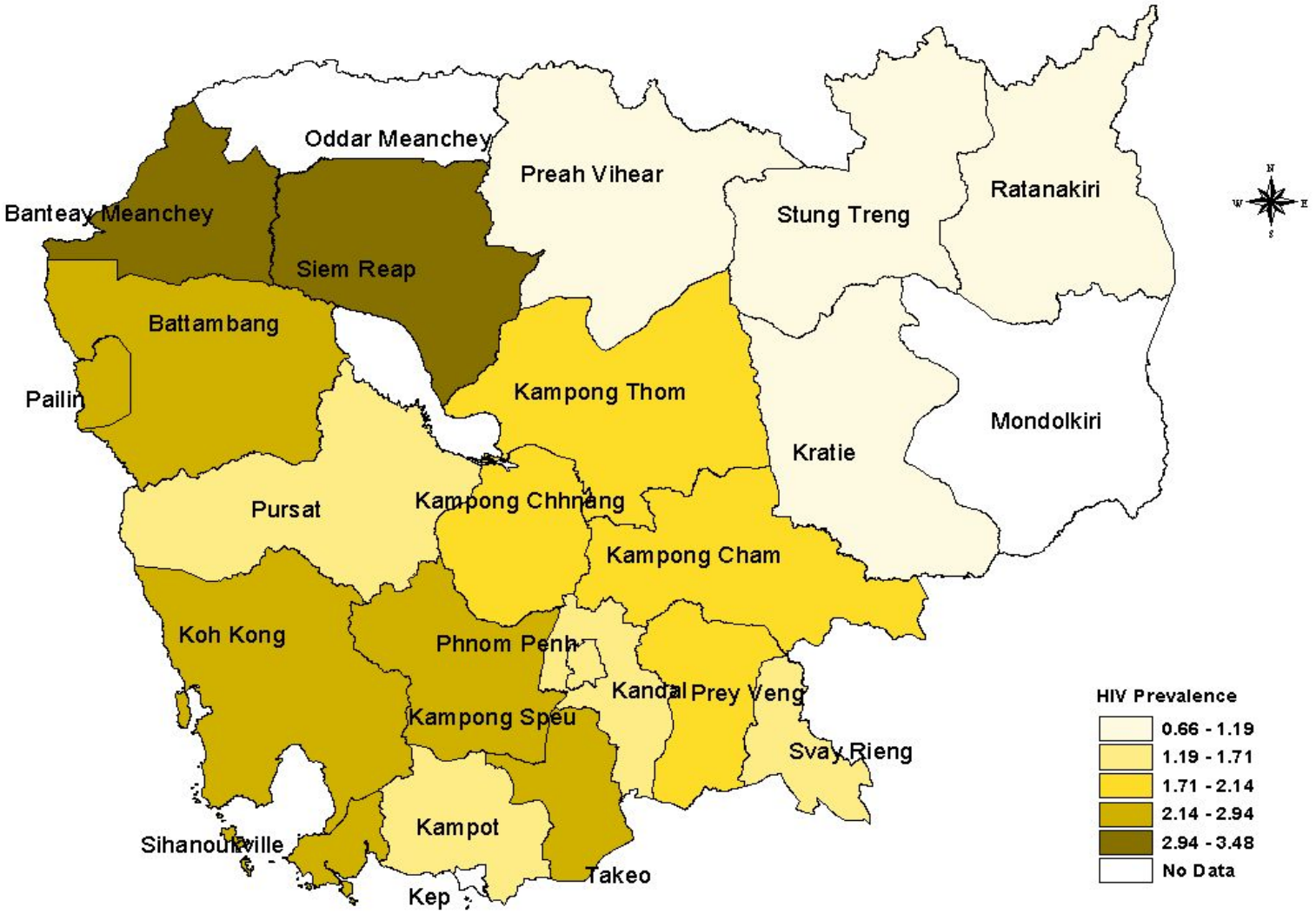
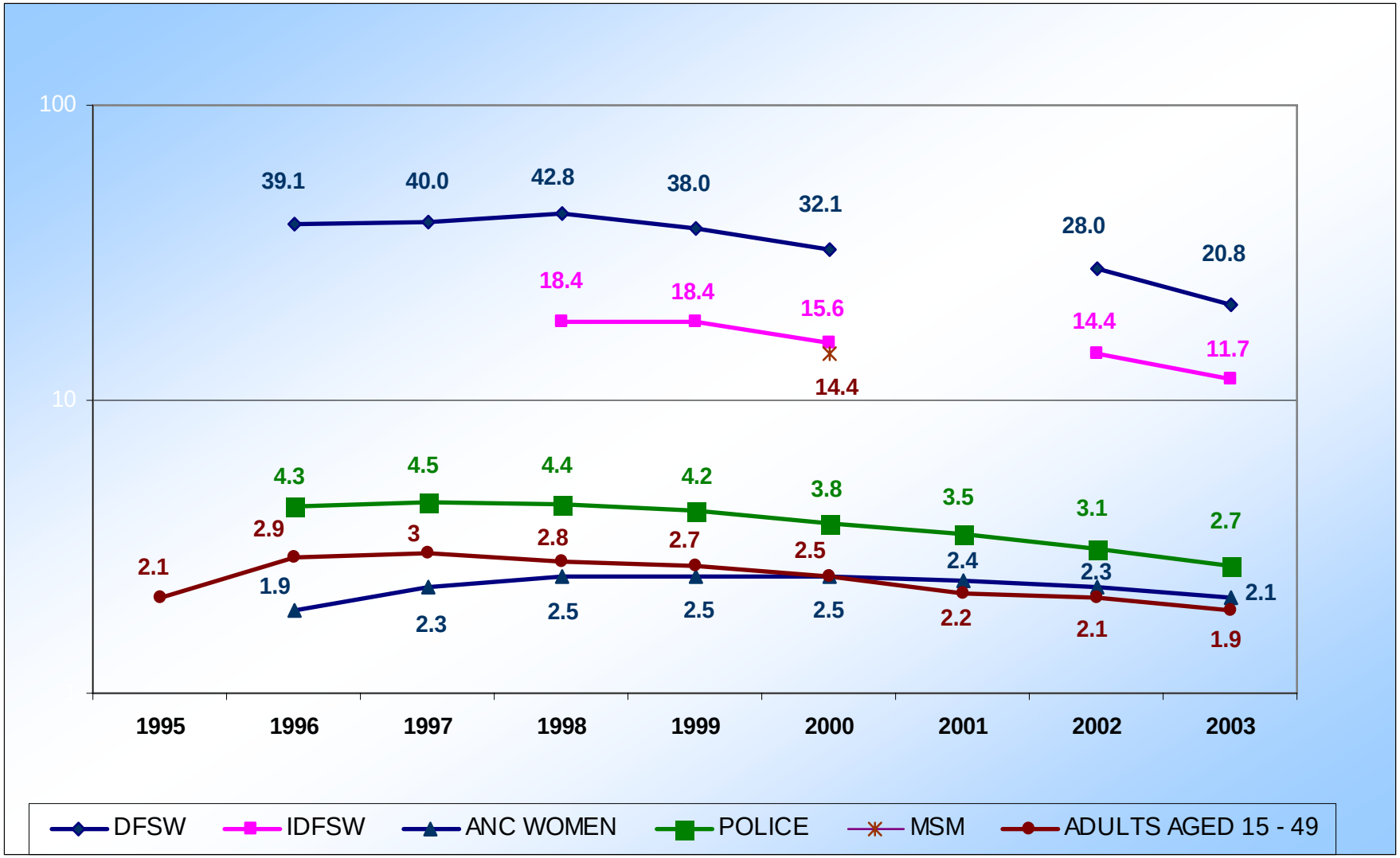


Figure 3. Trends in prevalence by vulnerable groups



Source: NCHADS, 2004; FHI 2002

Figure 4. Distribution of integrated and special STI clinics, 2004

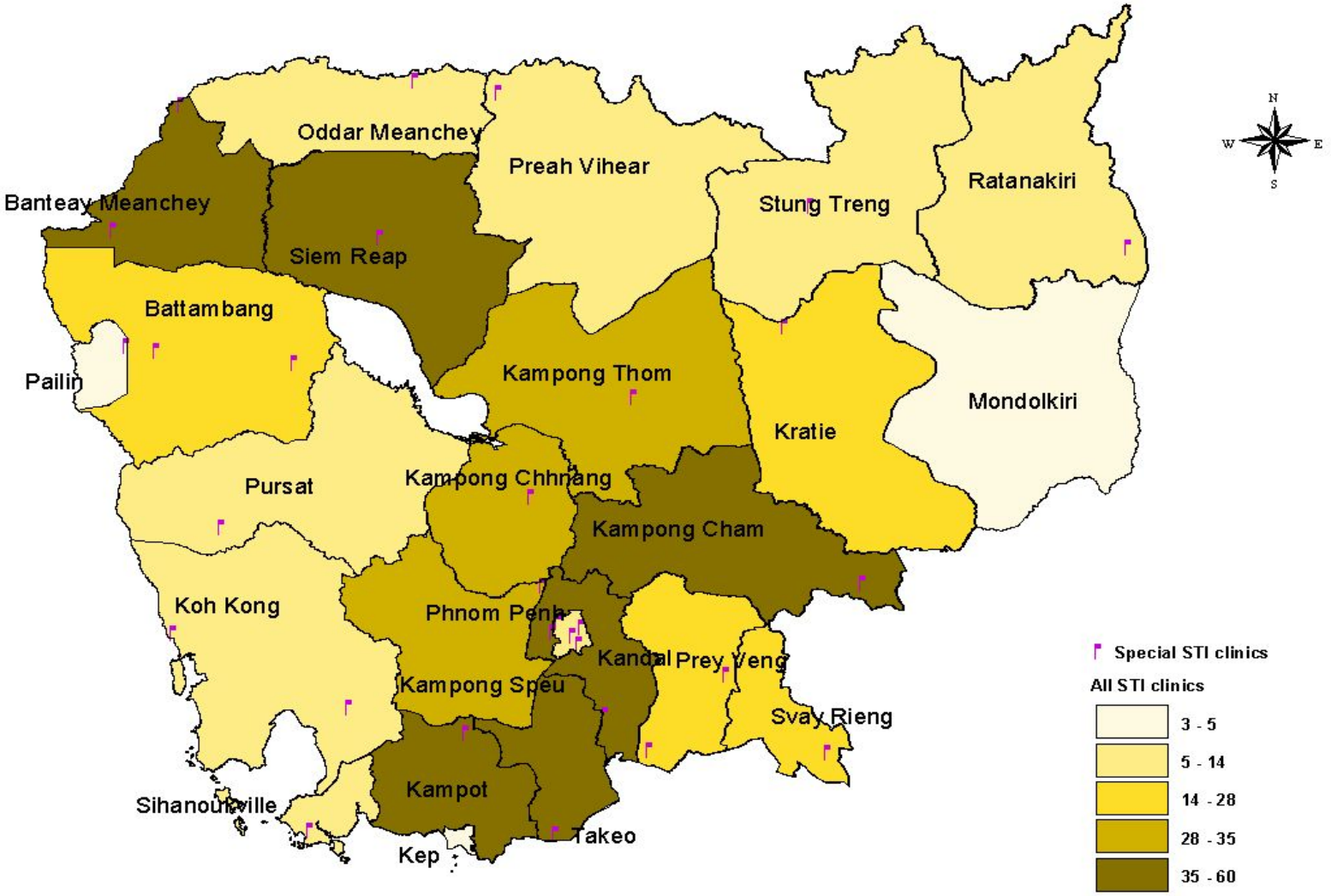


Figure 5. Estimated number of sex workers per STD clinic, 2004

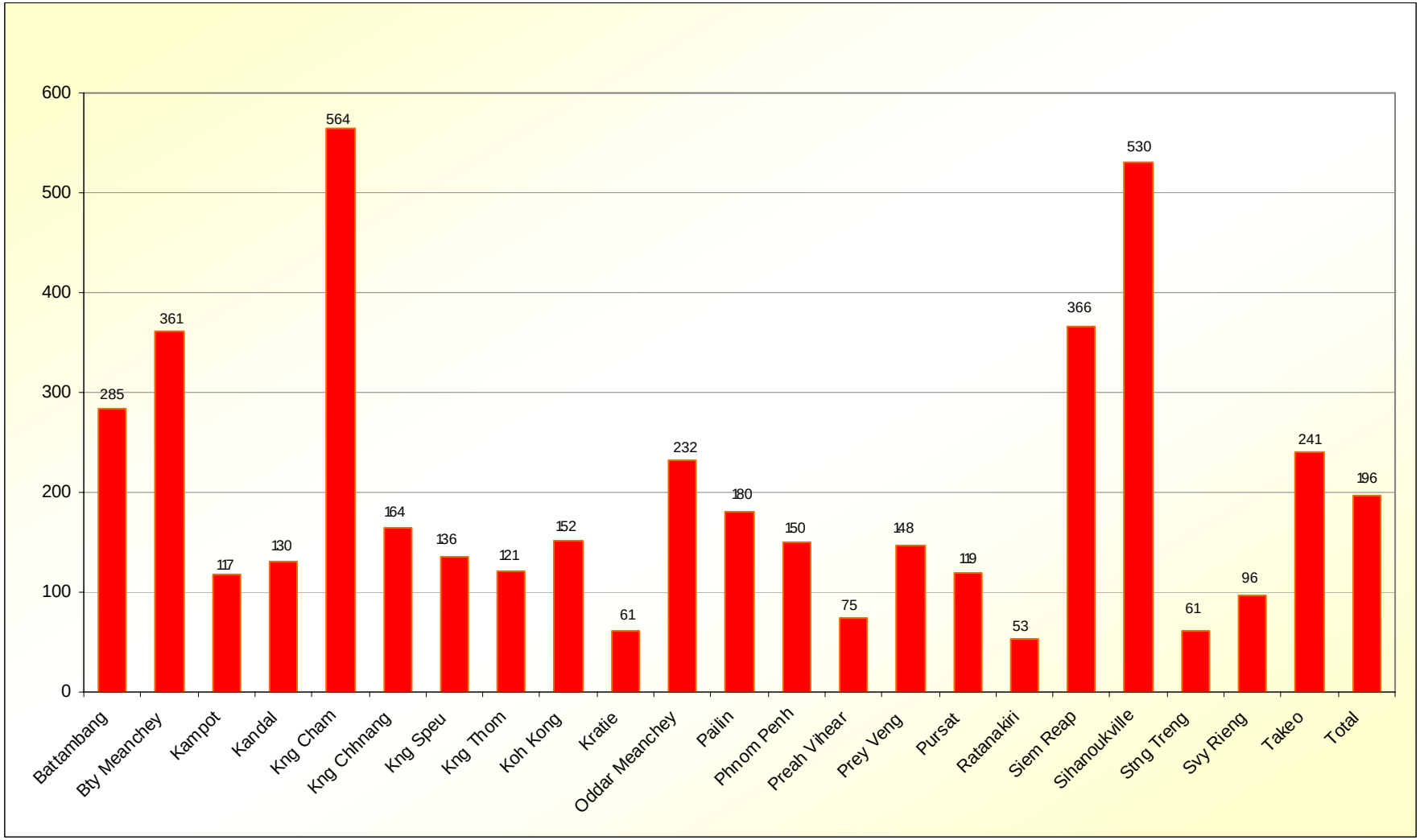


Figure 6. Location of PMTCT centres and uptake as of 2004

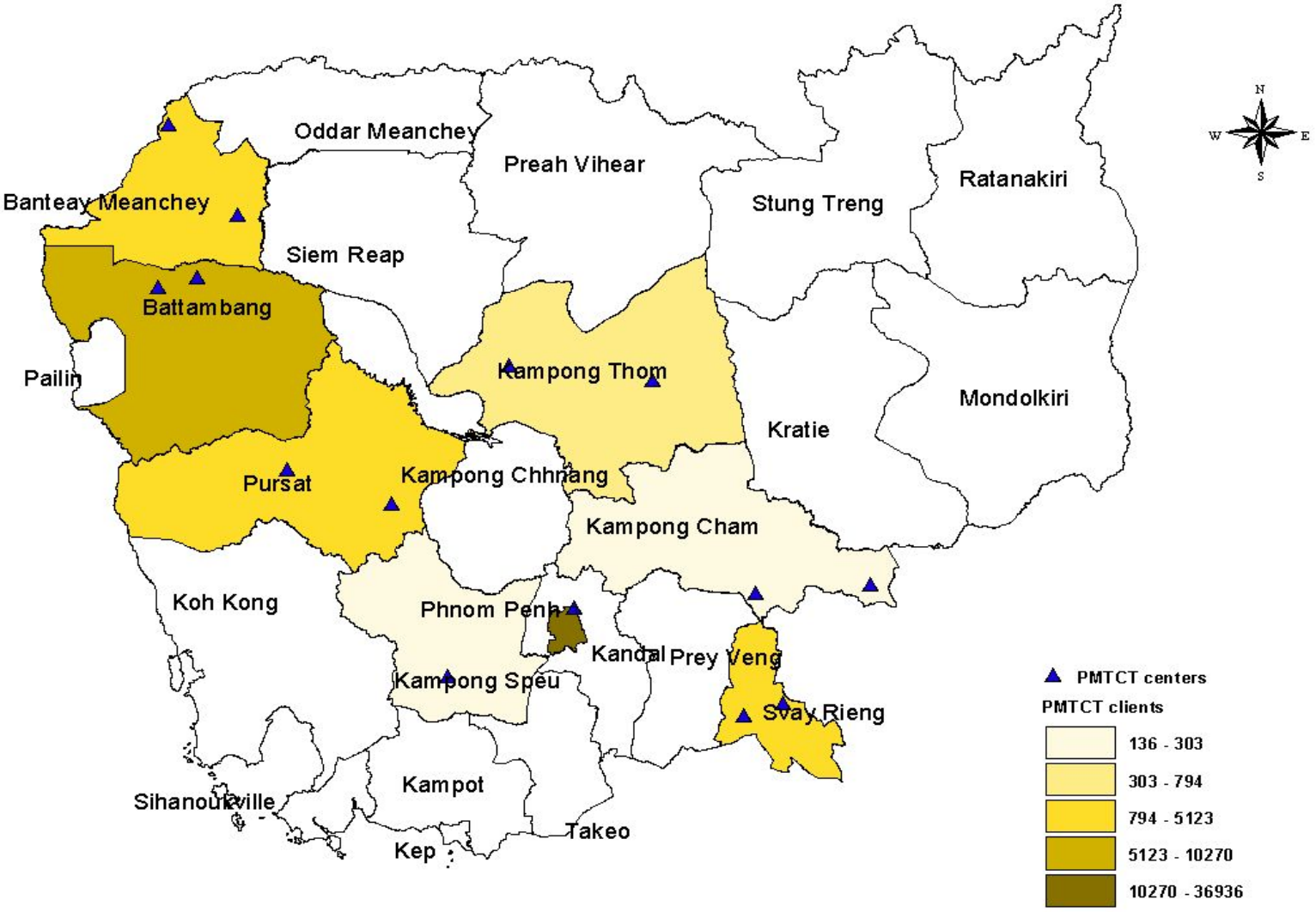


Figure 7. Percent of ANC clients who had pre-counselling and tested for HIV, 2004

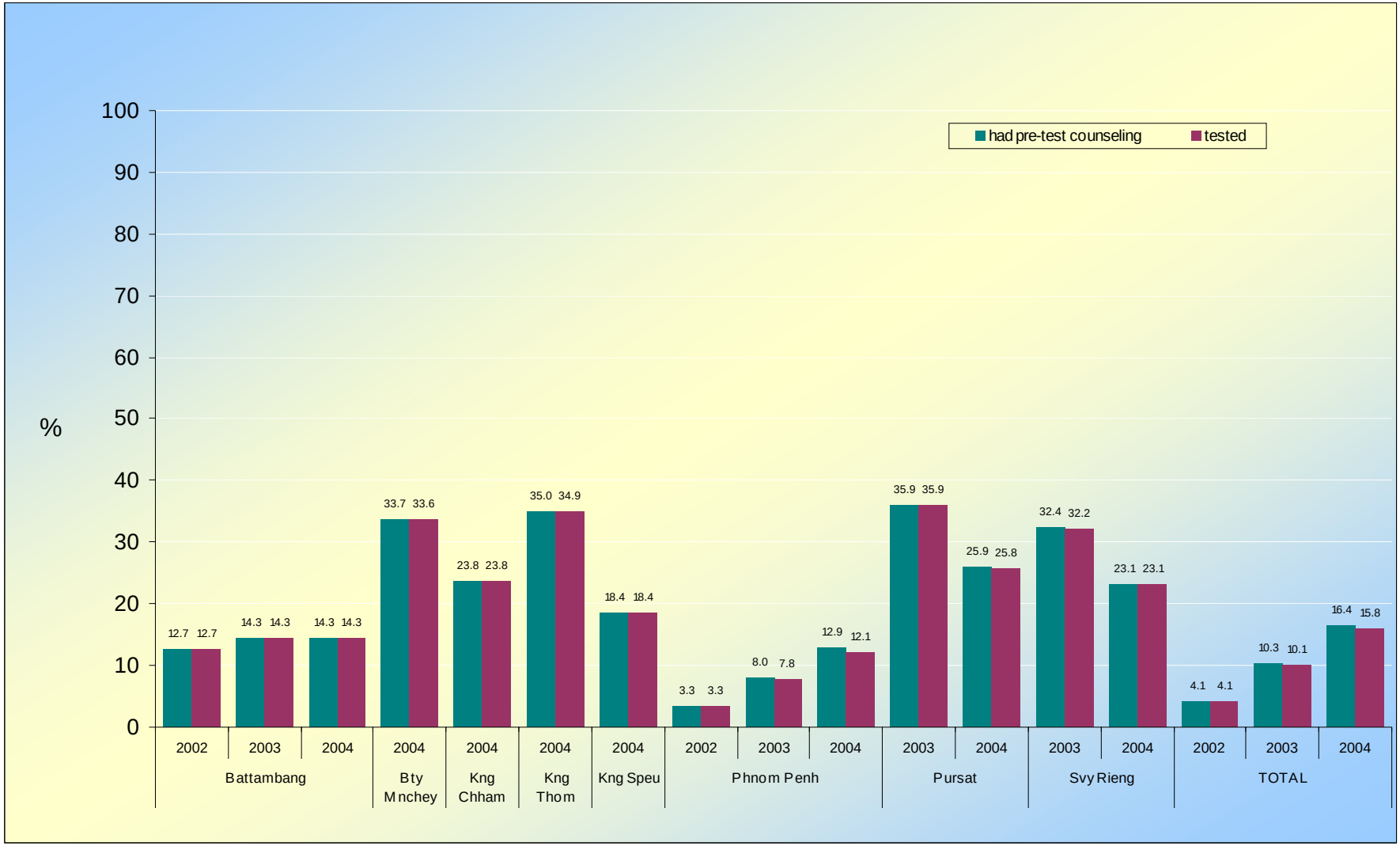


Figure 8. Percent of ANC clients found to be HIV positive and treated with nevirapine, 2004

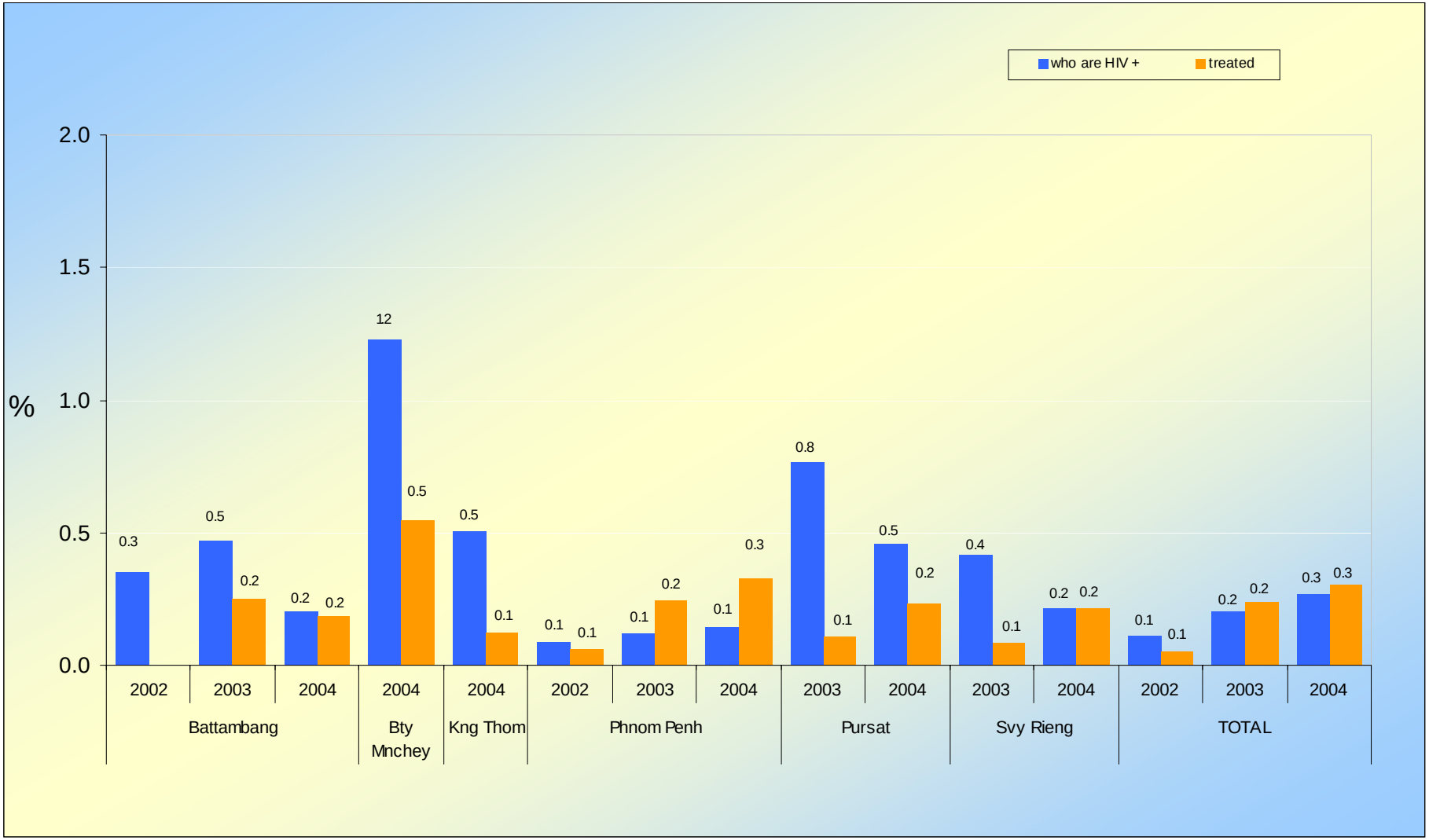


Figure 9. Percent of husbands of ANC clients who had pre-test counselling, tested for HIV and are HIV positive

Figure 10. Location of VCCT centres and uptake as of 2004

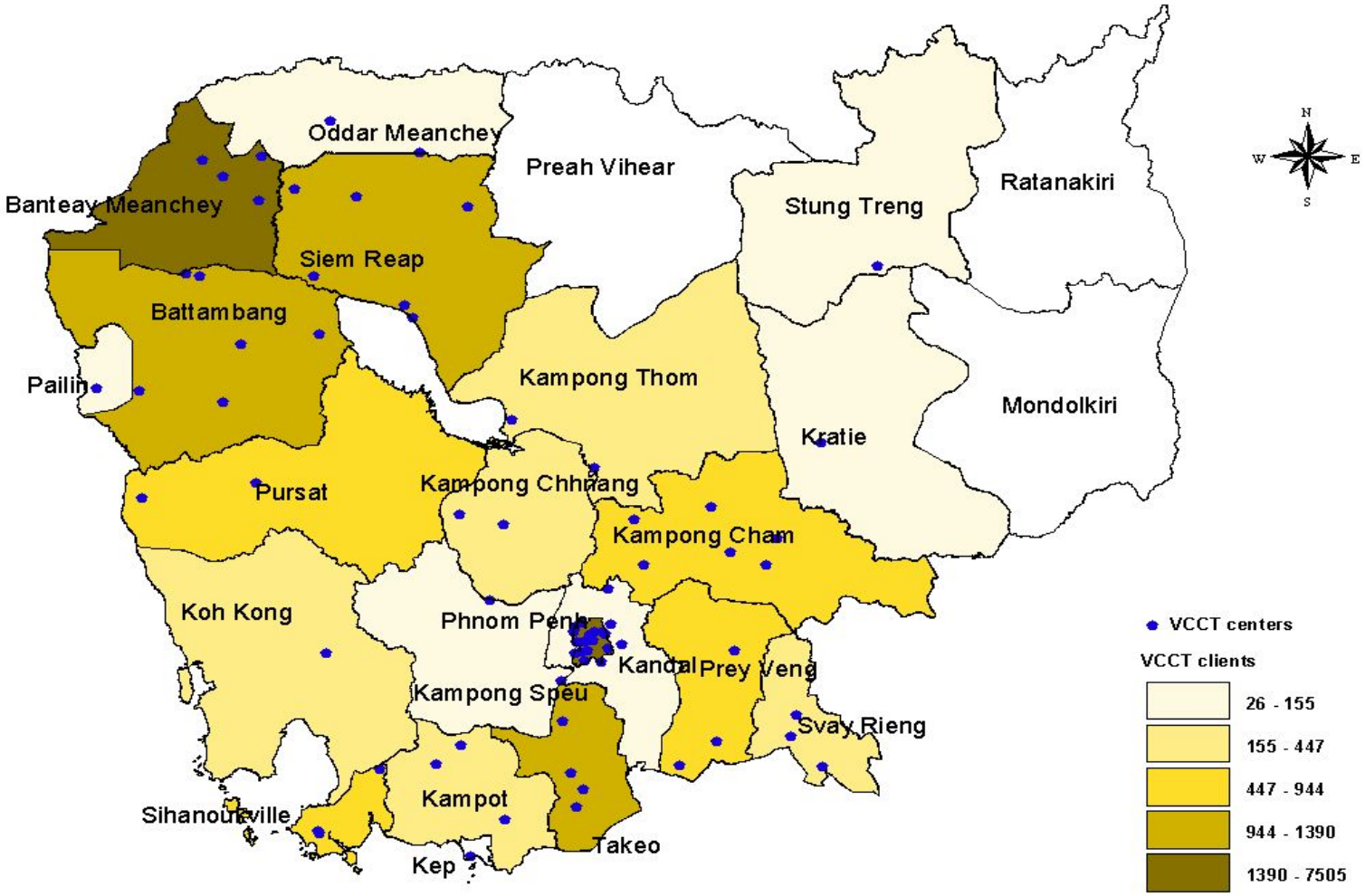


Figure 11. Number of VCCT clients and number of HIV positive VCCT clients per VCCT centre

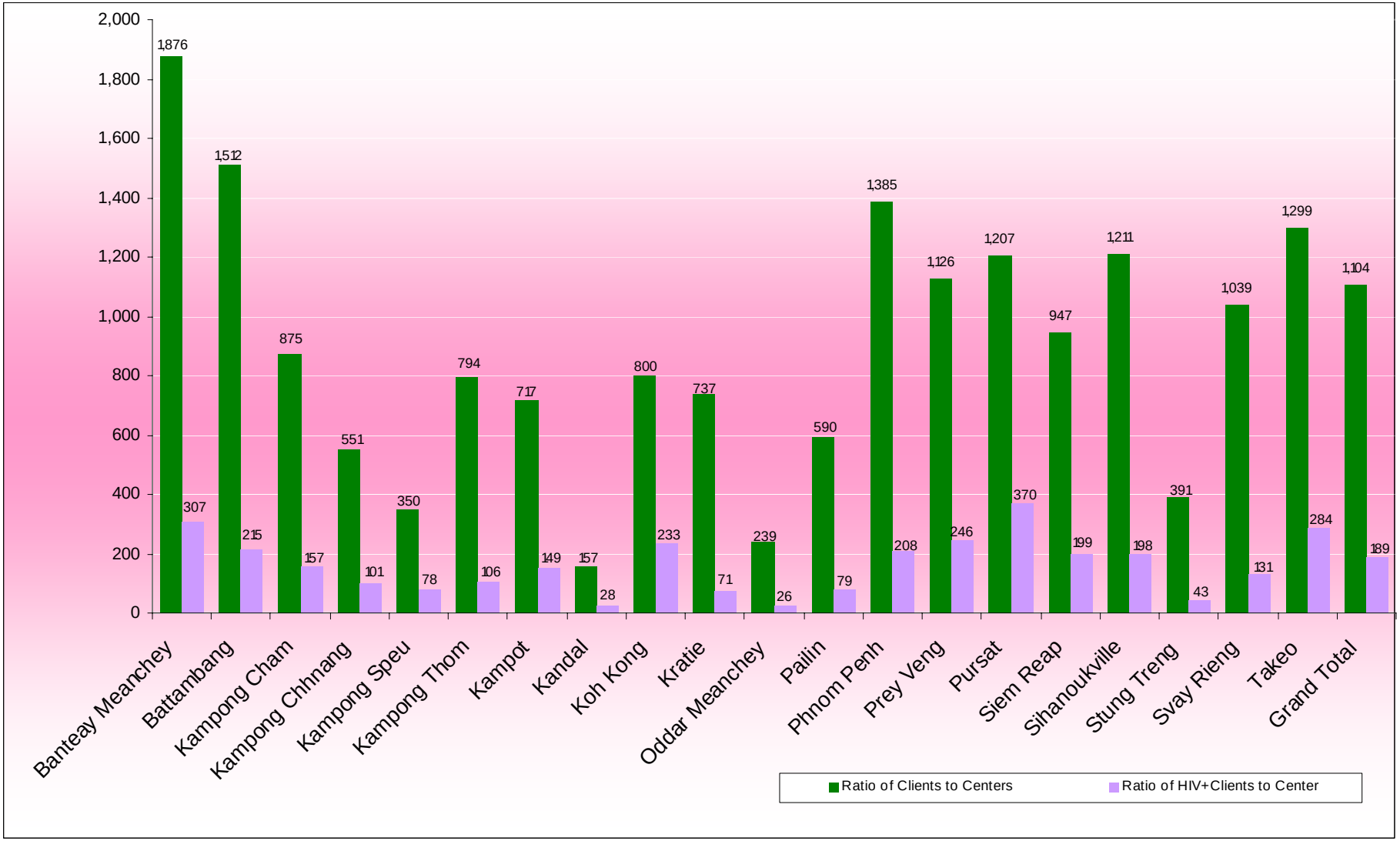


Figure 12. Proportion of VCCT clients who are HIV positive, 2004

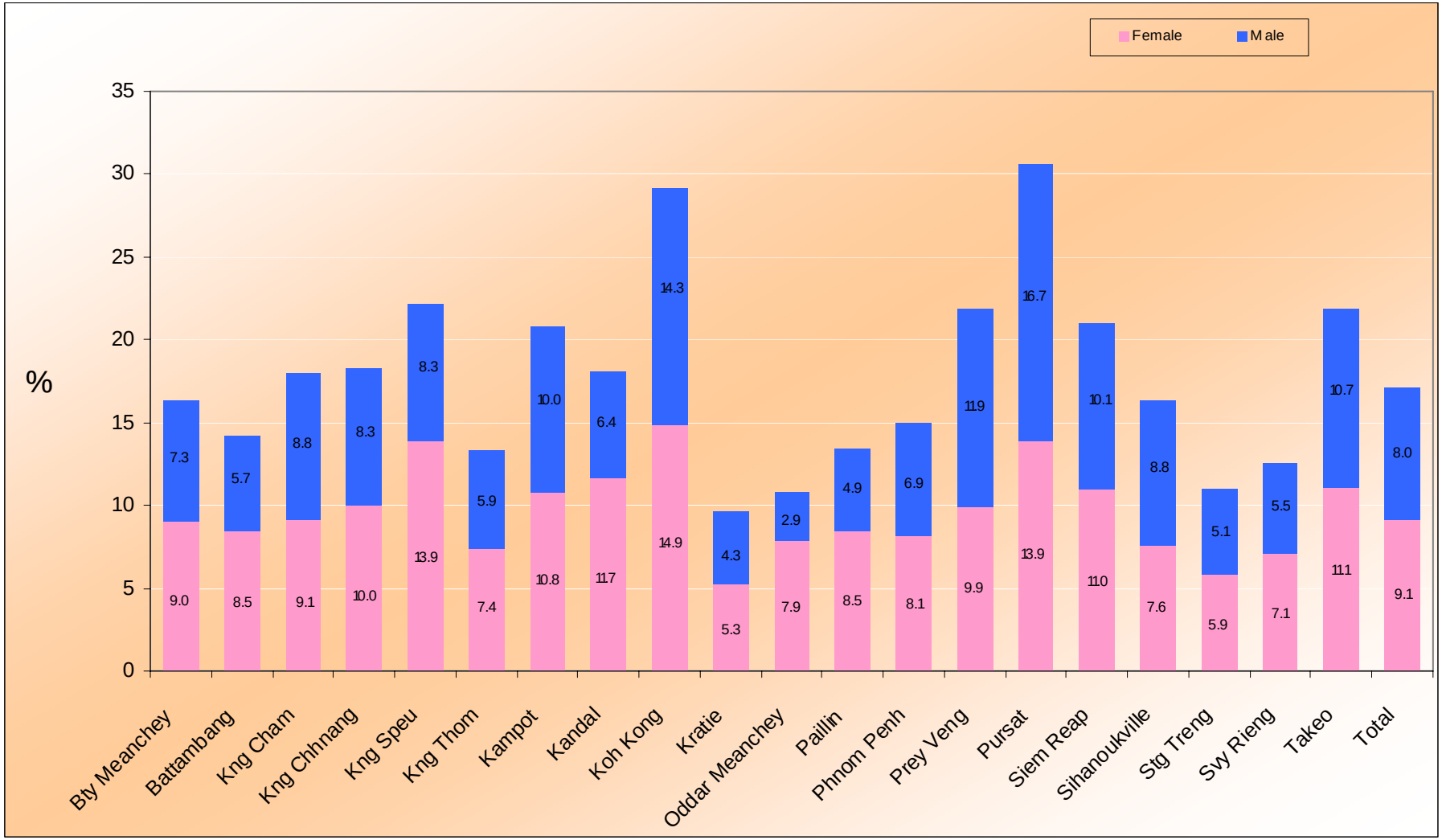


Figure 13. Proportion of VCCT clients to the 15-49 age group in Cambodia, 2004

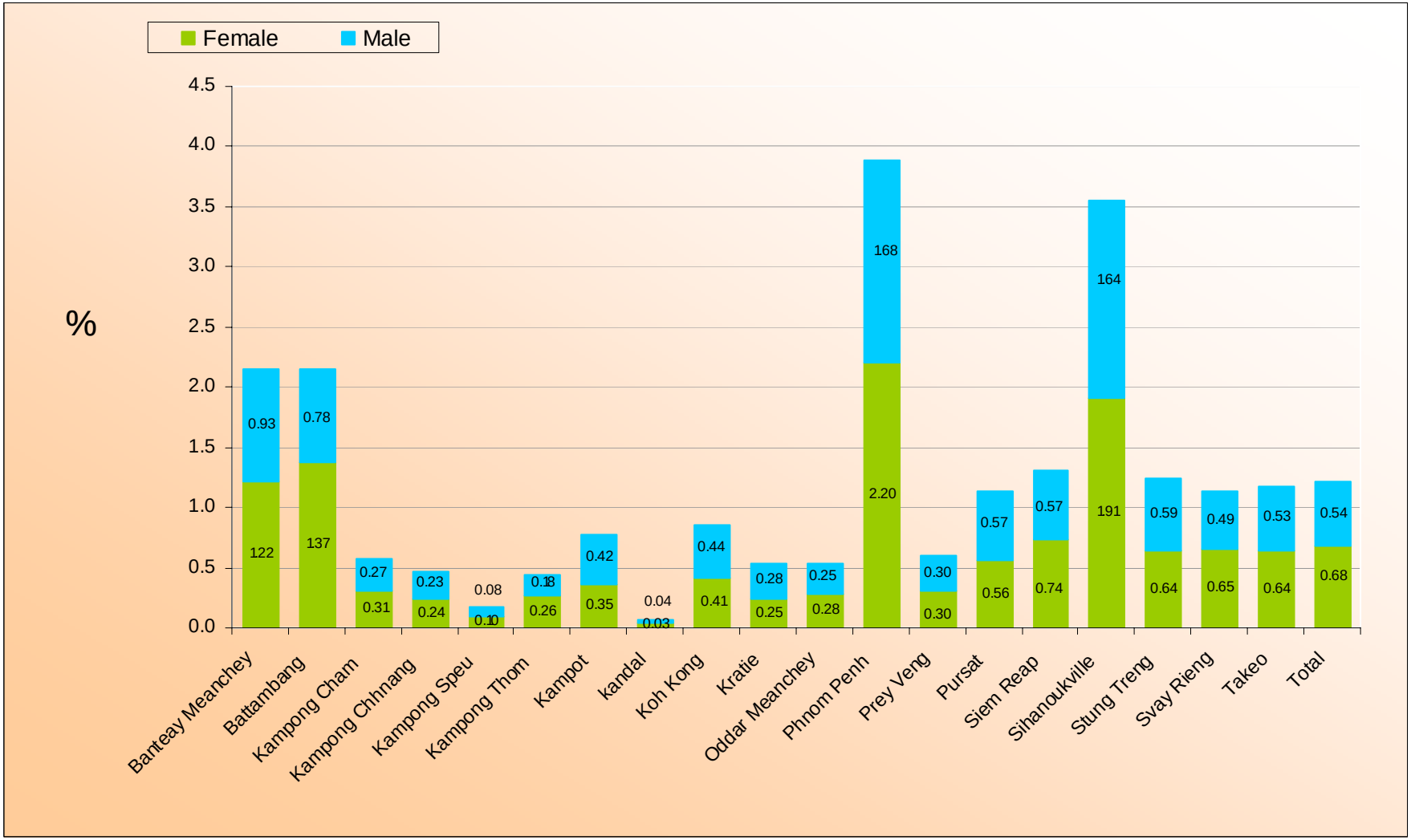


Figure 14. Proportion of VCCT clients who are HIV positive to the 15-49 age group in Cambodia, 2004

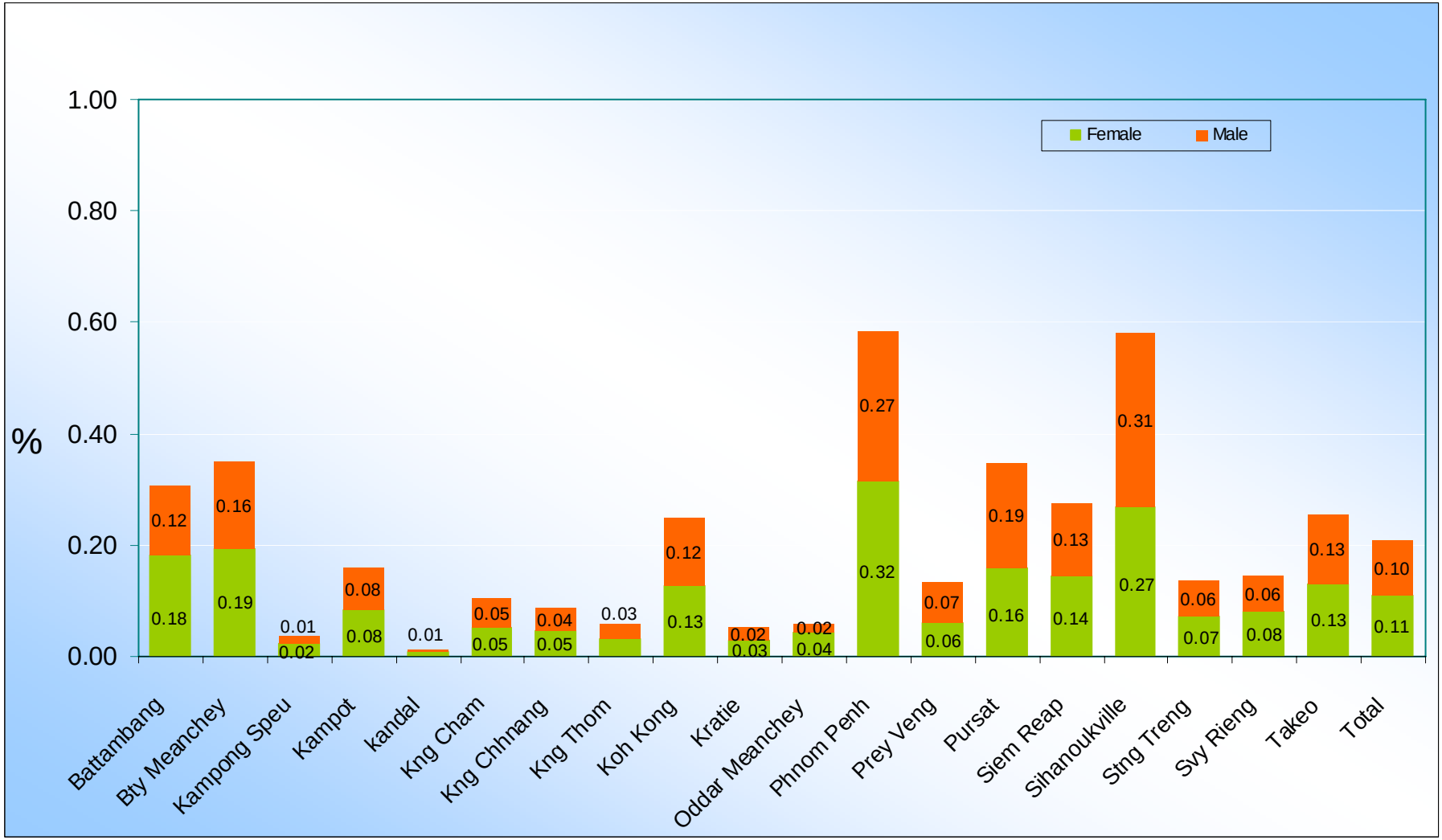


Figure 15. Distribution of blood donations, 2001 – 2004

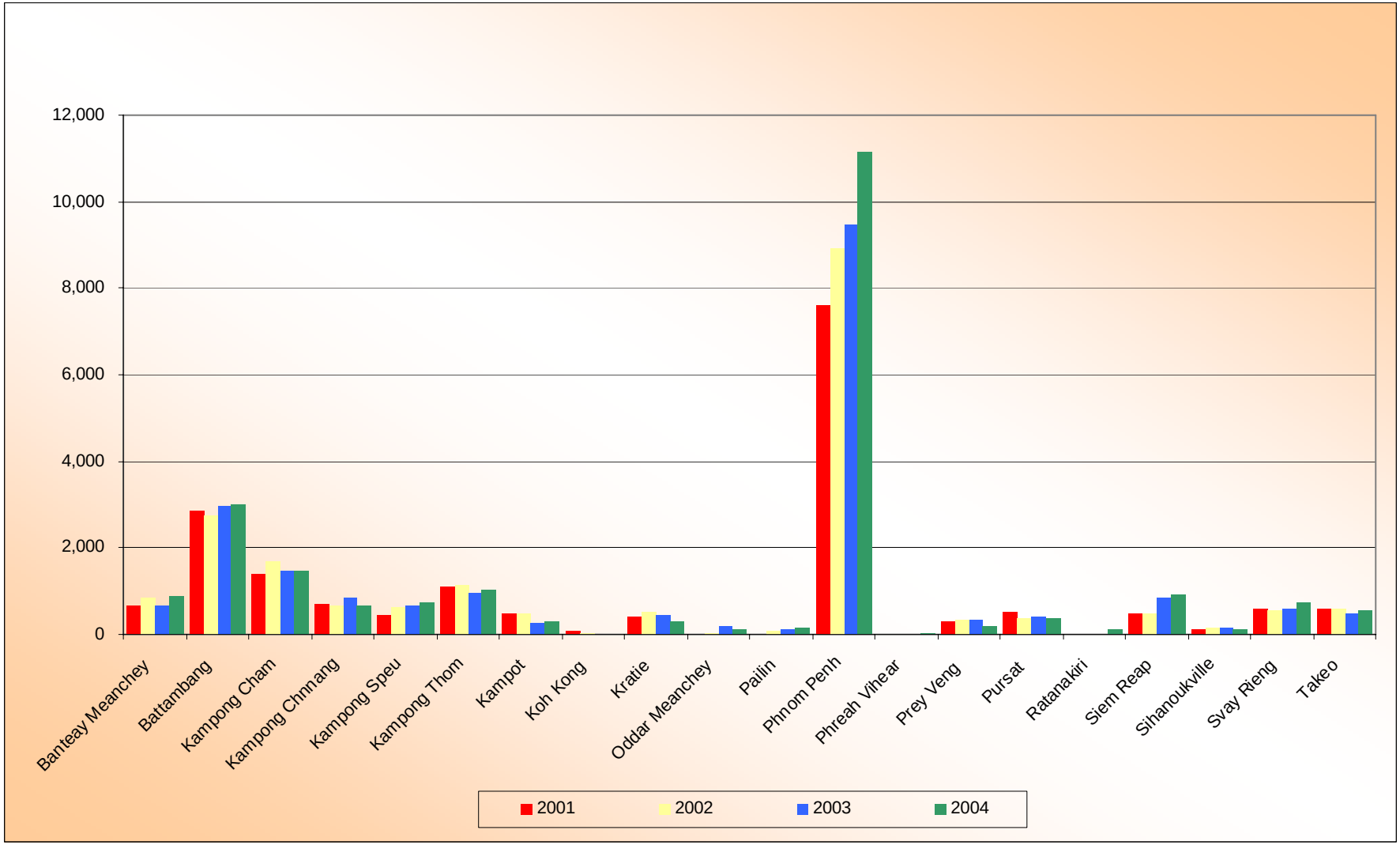


Figure 16. Location of provincial transfusion centres and donations, 2004

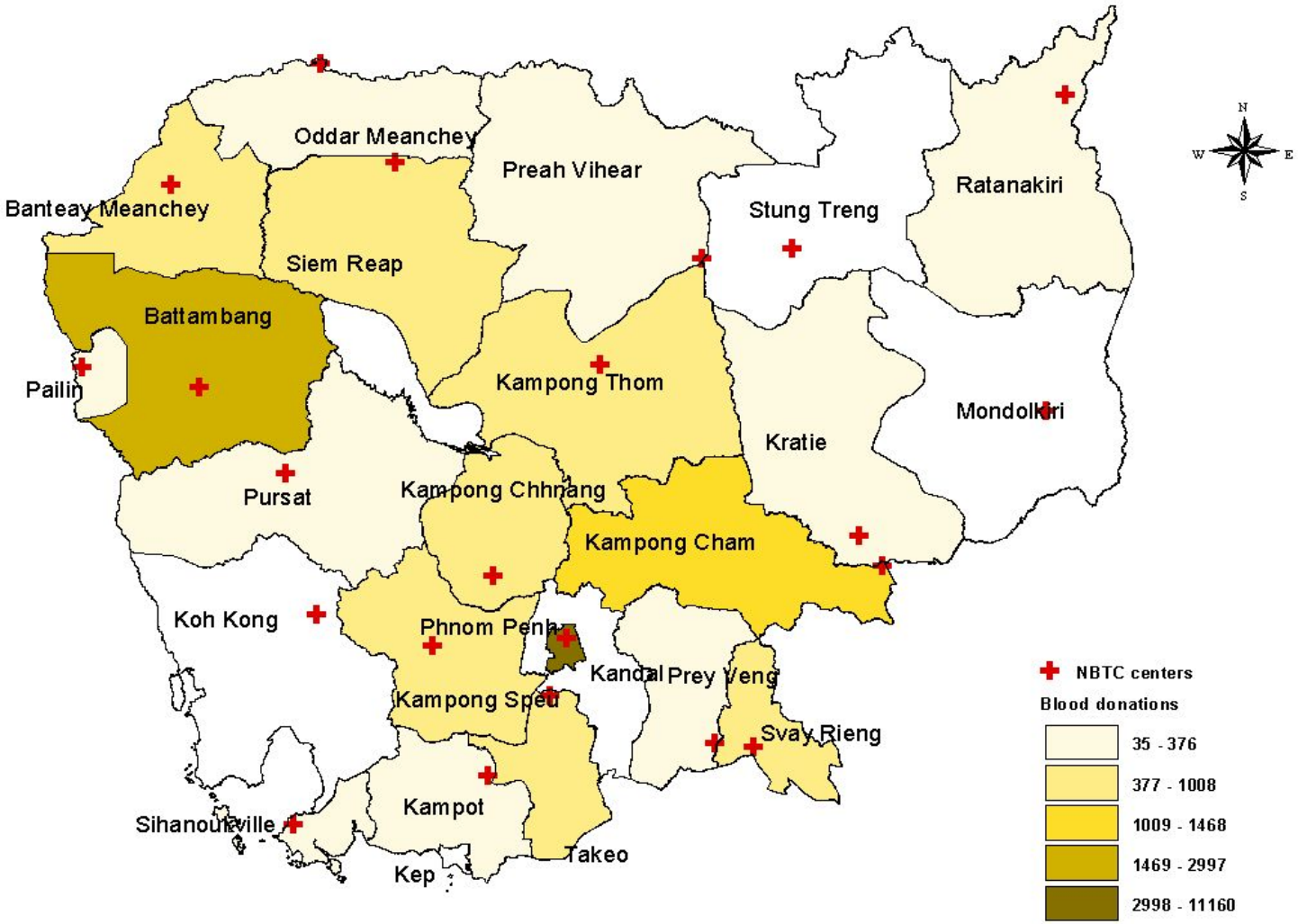


Figure 17. Prevalence of HIV in blood donations, 2001 - 2004

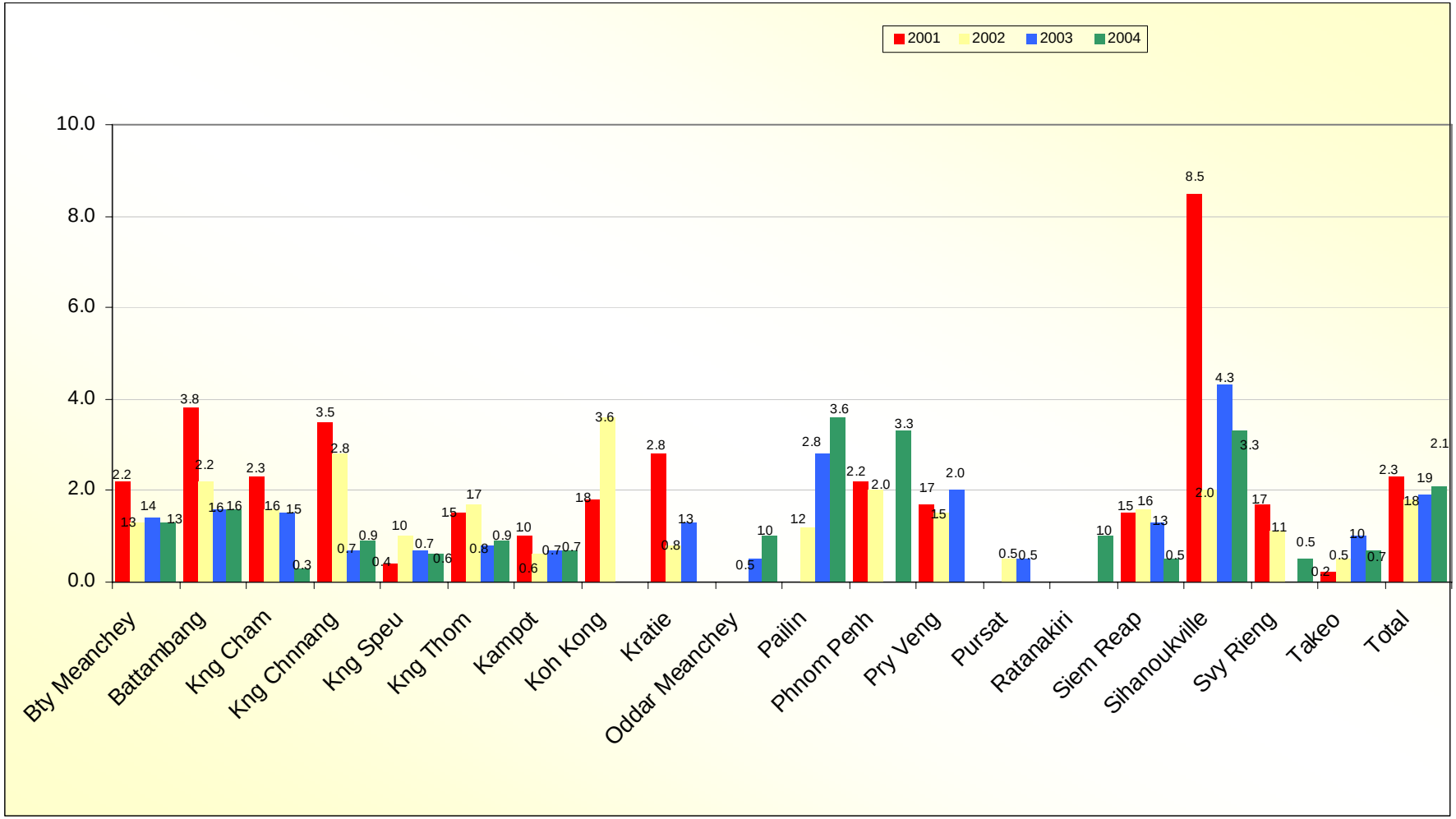


Figure 18. Comparison of HSS (ANC surveillance) and NBTC HIV prevalence data, & proportion of VCCT clients who are HIV (+)

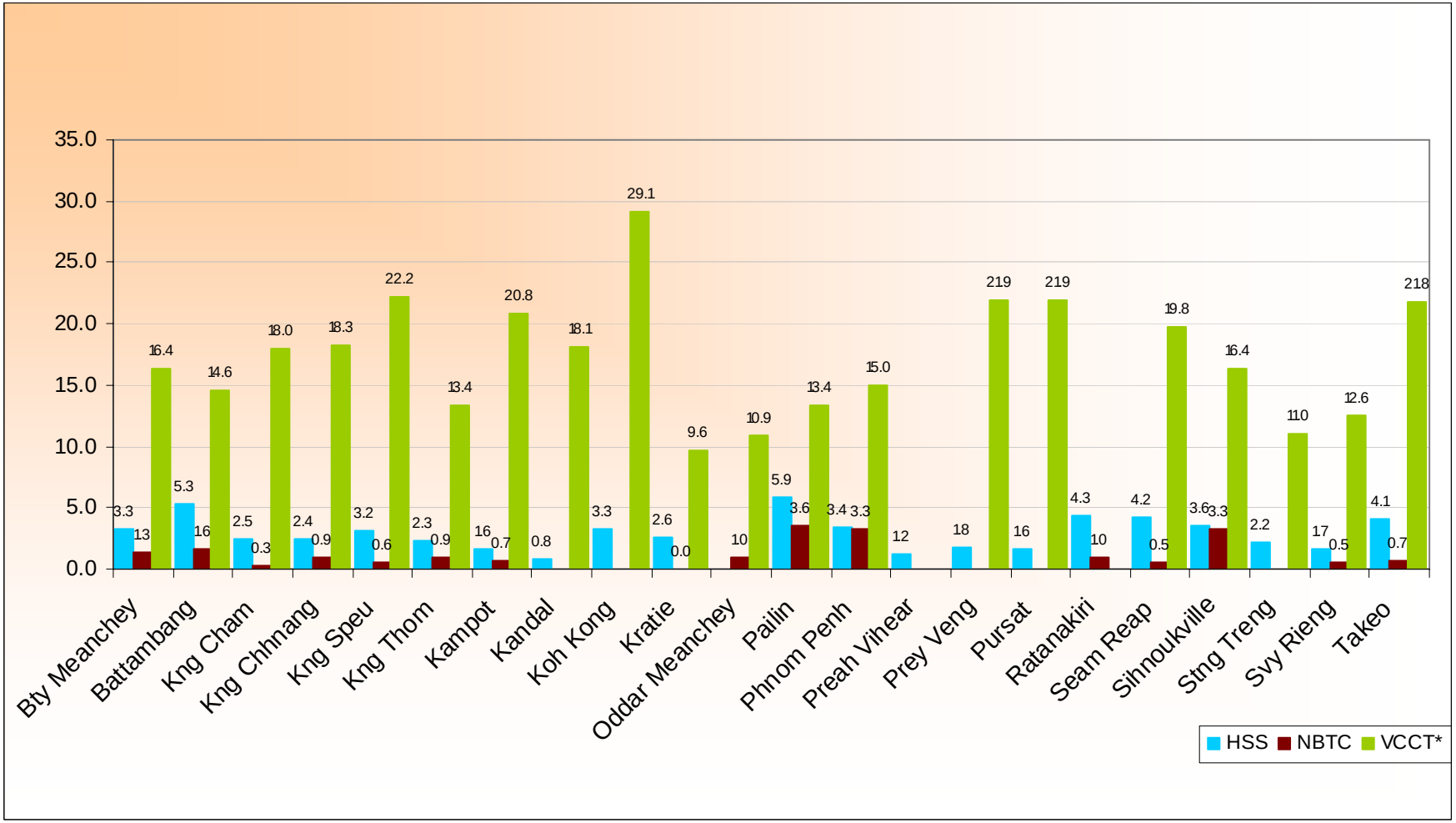


Table 1. Strategic objective 1 - Increased coverage of effective prevention interventions, additional interventions developed

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
1. Increased coverage and quality of non-judgmental and non-discriminatory integrated interventions for most at-risk groups: sex workers and clients, substance users, MSM, and street children	Scale up prevention activities for sex workers[11] and clients, MSM, street children. Indicative activities include: 1. Ensure access to condoms and lubricants	PSI promotes and carries out social and commercial marketing of condoms; has established the United Health Network with 26 NGOs in 18 provinces. Members assist in the social marketing and distribution of condoms PSI has established 3 regional offices which are responsible for social marketing of condoms in surrounding provinces 97% of brothels nationwide provided clients with Number 1 condoms, reaching 20 million in 2003, as support to the 100% Condom Use Program (CUP) PSI has introduced various condom brands for specific groups (Number 1 Plus for MSM; Care female condom for DSW/IDSW; OK for couples in relationships) Global Fund supported the expansion of social marketing of condoms in Round 1 USAID supported condom social marketing and promotion	Male sex workers and transgender sex workers are not accorded the priority they warrant.

[11] Male and female, transgender, direct and indirect, freelance

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	2. Promote correct and consistent condom and lubricant use for all sexual encounters	Safer sex training (e.g. demonstrations of correct condom use) for at-risk populations carried out by various organisations Condom promotion is a key activity in a programme for 500 military families in Kampong Cham implemented by FHI, MoND, RHAC and MoWA	Lack of programmes addressing condom use for married couples and in relationships Low levels of consistent and correct condom use for casual sex partners Condom use remains low among higher risk men with sweethearts Lower level of consistent condom use among the growing numbers of indirect sex workers makes HIV prevention programme a priority.
	3. Develop targeted materials	Government agencies and organisations (e.g. KHANA, FHI, MSF-B, Mith Samlanh, CARE, pagodas) produces and distributes IEC materials including advocacy posters, billboards, pamphlets, and comic books and workbooks for street children, MSM, sex workers, mobile populations, general population, etc, tailoring these materials based on needs of target audience MoWA implements community-based IEC for rural women and men through trained RH volunteers Global Fund supported the increased availability of IEC strategies for rural villages, migrant and sex workers in Round 2 Organisations create, document, translate, and disseminate training and resource materials in Khmer and English	

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	4. Maintain and improve outreach and peer education interventions	543 DSW and 395 IDSW act as peer educators as part of 100% CUP CRC implemented life skills programme for police, and the youth and their families through peer education: 894 peer educators in 7 provinces reached by 16,810 police and youth peer educators reaching 60, 240 students and 28,750 family members in Phnom Penh, Siem Reap, Pailin, Kampot, Banteay Meanchey, and Battambang MoND with FHI implements a peer education programme in the military reaching 97,639 personnel in 19 provinces 332 peer educators provided life skills training and health promotion to 9,960 workers in 6 factories in Kandal and Phnom Penh by MoSVY 576 monks, achars, and nuns in 336 pagodas in 7 provinces include prevention messages when preaching/giving advice Outreach/peer education, access to services and counselling at drop-in centres were provided to around 1,174 MSM in Phnom Penh and Kandal by FHI and partners	

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
		Outreach, peer education, advocacy and social mobilization, savings schemes and alternative income generation activities are part of the prevention and care programme by FHI and partners for about 9,000 women-at-risk (direct, indirect and freelance sex workers) in 14 provinces Outreach, peer education, and raising community awareness are key prevention activities by KHANA and partners, reaching 24,652 youth in and out of school, 42,560 married persons, 1,748 DSW, 2,856 IDSW, and 4,677 MSM in 13 provinces Reproductive Health Initiative implemented by local and international NGOs deployed youth as peer educators; community outreach, and counselling are also key activities Buddhist monks in Phnom Penh and Battambang have been trained to become core trainers for other monks and for people in their communities with support from UNDP/CARERE and Interchurch Organisation for Development Cooperation (ICCO)	Misconceptions about transmission modes persist and personal risk perception was found very low in 2003 Lack of programmes specifically targeting married women Inadequate prevention activities addressing causes of risky behaviour Low participation of women among Muslim groups, because of tradition and culture Women in Banteay Meanchey, Preah Vihear, Stung Treng, Kratie, Mondulkiri and Rattanakiri have significantly lower levels of awareness.

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
		Other organisations use peer education to raise HIV/AIDS awareness among target groups USAID supported targeted prevention activities such as outreach, peer education, behaviour change communication focusing on high risk groups (sex workers, MSM, migrant populations) Global Fund supported the expansion of peer education to the military and police, garment factory workers, youth and to newly identified populations at-risk in Round 1	
	5. Encourage uptake of VCCT (including child centred VCCT) and access to appropriate STI services	PSI's Sun Quality Health Network promotes the use of VCCT in Banteay Meanchey, Battambang, Pursat and Phnom Penh FHI's women-at-risk programme in 14 provinces encourages access of STI and VCCT services; a similar activity is present in Kampong Cham for 500 military families	
	6. Develop skills to use condoms correctly and negotiate their use, and risk reduction and safer sex skills	Training/demonstrations provided by various NGOs to at-risk (e.g. sex workers, MSM) and general populations regarding safer sex, particularly correct condom use NGOs undertake behaviour change and empowerment interventions	
	7. Encourage the delay of sexual debut among street children		
	8. Ensure that street children and youth are protected from sexual abuse		

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	9. Establish coordination mechanisms and networks among sex workers, MSM, and street children		
	10. Encourage establishment owners to support STI/HIV prevention initiative for direct and indirect SW		
	11. Identify and initiate interventions with other high risk men		
	Scale up prevention activities for substance users. Indicative activities include: 1. Ensure that substance users receive awareness information regarding substance use and HIV vulnerability	NACD hosted a national workshop on drugs, the participants of which represented a cross-section of society (youth, monks, police, provincial governors, etc) UNODC, NACD conducted campaigns during Water Festivals to raise awareness regarding the detrimental effects of illicit drug use KHANA provided support to Mith Samlanh to conduct a pioneering assessment of illicit drug use in Phnom Penh and develop indicators to monitor a pilot needle and syringe exchange programme	

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	2. Promote development of and access to treatment and rehabilitation services for dependent substance users	Mith Samlanh has established detoxification and rehabilitation centres A Phnom Penh facility accommodates 100 children who are mild users and treatment is limited to shelter and counselling. Heavily addicted persons go to private clinics or to Sihanouk Hospital, although there is no formal drug treatment programme. UNODC has supported the development of a 5-year master plan covering law enforcement, health, social services, awareness, prevention, treatment and rehabilitation, legislation, and regional and international cooperation	
	3. Scale up and ensure quality and appropriate outreach and peer education interventions and related services	Outreach teams and peer educators work with IDUs in Phnom Penh MoWA and Mith Samlanh has started addressing the needs of street youth in Kratie and Kampong Speu	
	4. Ensure that alcohol and drug use prevention are incorporated into programming with most at-risk groups		
	5. Ensure access to risk reduction materials including condoms, syringes, etc in particular for IDUs	Mith Samlanh has initiated a harm reduction programme providing needles, condoms and other risk reduction materials	Limited coverage of harm reduction programmes for problem drug users

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	6. Advocate for drug prevention programs to reduce HIV vulnerability	UNODC has supported the NACD Secretariat in establishing a monthly data collection network comprising of 9 priority provincial drug control committees NACD Secretariat has advocated for the modification of the existing national drug control law in order to increase the extent and nature of penalties	
2. Increased coverage & quality of interventions for vulnerable groups	1. Scale up prevention activities for mobile and migrant populations.	NGOs (CARE, CARAM, WV) implement projects with short-term cross-border migrants in Poipet, factory workers in Phnom Penh and Kandal, truck drivers, and contracted workers going to Malaysia and South Korea	Limited number of programmes addressing prevention needs of other vulnerable populations Limited participation of PLHA in prevention programmes and activities
	2. Scale up prevention activities for factory, construction, hospitality workers and other related workers		
	3. Integrate HIV/AIDS activities into existing MPA / CPA activities and promote referral and counter referral between HIV/AIDS and MPA/ CPA		
	4. Promote negotiation skills and safer sex behaviour, including consistent and correct condom use, among married couples.		
	5. Promote the use of VCCT among married couples		
	6. Scale up prevention activities for people in institutional setting (e g. prison, orphanage, rehabilitation centre etc.)		

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	7. Initiate and scale up prevention activities for indigenous people		
	8. Continue prevention activities for uniformed services	MoND/FHI provided life skills training all military personnel by peer educators in 24 provinces; referral system part of training provided to peer educators MoInt/FHI provided life skills training to 23,395 police by 1,344 peer educators in 11 provinces CRC supported life skills training to 16,810 police by 894 peer educators in Banteay Meanchey, Battambang, Kampong Cham, Koh Kong, Prey Veng, Sihanoukville, and Svay Rieng	
3. Strengthen the linkages between prevention and care	1. Ensure positive prevention through the prevention initiatives in health facility based, home and community based care and support settings		Lack of positive prevention interventions for PLHA Limited linkages with care and support interventions for PLHA
	2. Strengthen the role of HIV positive people in prevention, care, support and treatment initiatives.		

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
4. Increased access to quality STI services	1. Expand availability of targeted STI services for populations in high-risk situations	31 special STI clinics provide services to 3,637 brothel based sex workers and 2,284 karaoke workers in 22 provinces as part of 100% CUP FHI's women-at-risk programme encourages STI clinic attendance among female sex workers in 14 provinces CDC has recently reviewed laboratory management practices, identifying quality management as a priority Wide dissemination of guidelines and protocols for syndromic case management in public healthcare sites and NGO clinic sites NGOs (MSF-F, MSF-HBS, MDM and FC) have established STI clinics at provincial levels - and in some high-risk districts, and to develop own capacity on STI management USAID assisted in STI treatment promotion and technical support Global Fund supported the ▪ expansion of model STI case management not yet covered by national STI programme in Round 1 ▪ increased availability of STI treatment for migrant and sex workers in Round 2	Judgmental attitudes by government staff in STI clinics serve as barriers to attendance. Opportunities for HIV education, counselling and primary health care are lost.

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	2. Expand coverage of integrated STI services for the general population	589 integrated STI services provided in various health centres throughout Cambodia FHI works with government (including the military) and NGOs to strengthen STI case management and service delivery through capacity building and quality assurance in 13 provinces PSI's Sun Quality Health Network promotes the use of STI services in Banteay Meanchey, Battambang, Pursat and Phnom Penh	
	3. Ensure adequate dissemination of information related to STI control among all partners in the national response to STI/HIV/AIDS in Cambodia		
	4. Update knowledge of STI management at university, nursing school and private sector levels		
5. Increased coverage & quality of blood safety	1. Expand recruitment and retention of blood donors	22,723 units of blood donated in 18 provinces and in Phnom Penh With Cambodian Red Cross (CRC) ▪ Initiated a recruitment drive for voluntary and non-remunerated donations from youth and Buddhist monks ▪ IEC materials (video spots and documentary, leaflets) have been developed to promote voluntary blood donations	Limited education about blood donations; little/low voluntary donations and real family donations.
	2. Ensure systematic screening of all donated blood under a QA system	All blood donations tested for HIV, syphilis, hepatitis and malaria	Lower specificity or sensitivity of reagents makes results of tests not 100% certain.
	3. Promote the rational use of blood and blood products:		

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	▪ Implementation guidelines for clinical use developed ▪ Hospital based transfusion committees established to monitor blood use in hospital in X% of referral hospitals	Training materials developed, a circular released, and a technical document on blood usage completed Technical support to the Blood Safety Program and equipment for peripheral laboratories provided by WHO, US CDC, JICA, and UNICEF A training module on blood transfusion was included in the curriculum of the Faculty of Medicine	Low capacity of doctors in hospitals to screen, test and use of blood correctly. Rational use of blood is not practiced. At present blood is seen as medicine and the use of components is very low.
6. Increased coverage & quality of universal precautions	1. Improve quality and increase coverage of universal precautions.	Implementing guidelines introduced in 2002. 30 doctors in each referral hospital in Kampong Cham, Kampong Chhnang, Kampot, Kandal, Pailin, and Sihanoukville were trained. NCHADS has developed and established an Injection Safety Committee in 2002 NGOs providing AIDS care provide training on universal precautions to staff Policy on post exposure prophylaxis is being developed by NCHADS	Lack of training, logistical support, and implementation in Cambodian health settings

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
7. Increased coverage & quality of preventive education interventions for in-school and out-of-school youth	1. Implementation of the comprehensive work-plan of the MoEYS, including life skills/peer education, mainstreaming of HIV/AIDS, curriculum and IEC development, teacher training	MoEYS has ▪ Integrated HIV/AIDS in national textbooks and taught in 4 subjects ▪ Developed IEC materials for teachers, learners and education stakeholders ▪ Community learning centres at commune level provide non-formal education including life skills, HIV/AIDS, and vocational training ▪ Promotion of the hotline INTHANOU at school using well-known Cambodian athletes ▪ Training of pre-service teachers	
	2. Expand interventions targeting young people through peer education, youth friendly centres, health promotion and mass media	MORD implemented peer education, outreach activities and promoted VCCT through community based youth volunteer groups (CYVG) in Kampong Chhnang and Kampong Speu; coordinates with MoEYS on prevention activities for youth CRC's outh peer educators reaching 60, 240 students 28,750 family members in Phnom Penh, Siem Reap, Pailin, Kampot, Banteay Meanchey, and Battambang Global Fund supported increased awareness raising activities and safer behaviour among youth in Round 2	Limited prevention activities that specifically speak to young people Life skills and health clubs are not fully and widely implemented.
	3. Expand prevention activities targeting vulnerable youth engaged in high risk activities		

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
8. Increased demand for, and access to quality PMTCT and VCCT services	1. Promote VCCT as a component of comprehensive ANC.	86 VCCT centres were established in 21 provinces & accessed by 82,521 clients, 55% of who were females; by 63 centres were supported by the public sector	There is no mechanism for follow-up or in-service training for counselors. Need for counselling support network, especially mechanisms to help debrief counselors after many clients. Refresher training and counselor meetings are required for improving and sharing counselling skills and techniques. Additionally, an improved supervision and monitoring system is needed.

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	2. Promote and increase availability of PMTCT services	13 centres established in 8 provinces as of 2004; 9,680 pregnant women and 2,650 husband provided pre-test counselling; 96.6% and 99.9% of pregnant women and husbands were tested Promotion of access to PMTCT among 500 military families in Kampong Cham by FHI, MoND, RHAC, MoWA FHI and partners promote VCCT and treatment for HIV/AIDS in its prevention and care programme for about 9,000 women-at-risk (direct, indirect and freelance sex workers) in 14 provinces USAID supports the promotion and establishment of VCCT and PMTCT centres and services Global Fund assisted in increasing the availability of VCCT, and PMTCT for HIV positive women in Round 2	Few counsellors in PMTCT centres Few PMTCT centres Low proportion of women accept HIV testing Low proportion of HIV infected mothers identified Low proportion of HIV-exposed infants receive ARV prophylaxis Poor recording and reporting system Staff motivation and mobilization Lack of system/mechanism for follow-up of mother-infant pairs Lack of proper monitoring and evaluation system Limited IEC materials to support the program. Need for incentive or mechanism for getting HIV+ pregnant mothers to birth at PMTCT centres Opportunities to inform and treat potentially seropositive pregnant women are rare because they visit health centres infrequently. Lost opportunities to educate men when wives attend ANC because they rarely go
	3. Establish routine referral between TB and VCCT services, and from HBC Teams and PMTCT services	Pilot programme of TB/HIV referral systems in Banteay Meanchey, Battambang, Phnom Penh and Sihanoukville A small VCCT centre in CENAT was established to facilitate counselling of TB or suspected TB patients	Counselors need more training on importance of referral to other services, especially TB and to build expertise on counselling techniques to persuade clients
	4. Promote the use of VCCT by married couples		

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
9. Increase accessibility and availability of condoms in the public and private sectors	1. Social marketing of male and female condoms, including expansion in rural areas	PSI promotes and carries out social and commercial marketing of condoms; has established the United Health Network with 26 NGOs in 18 provinces. Members assist in the social marketing and distribution of condoms PSI has established 3 regional offices which will be responsible for social marketing of condoms in surrounding provinces PSI has introduced various condom brands for specific groups (Number 1 Plus for MSM; Care female condom for DSW/IDSW; OK for couples in relationships)	
	2. Distribute free condoms through public and private sectors		
	3. Ensure commodity security for free public sector/NGO distribution		
10. Establish and maintain an enabling environment for HIV/AIDS prevention	1. Strengthen advocacy efforts to protect vulnerable people from HIV.		
	2. Ensure that stigma and discrimination reduction is a fundamental component of HIV/AIDS prevention efforts.		
	3. Facilitate greater access of vulnerable people to essential HIV/AIDS information, services, commodities and programs.		

SPECIFIC OBJECTIVES	ACTIVTIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	4. Build individual and community resilience by providing people at community level with the tools and resources to protect themselves from HIV.	MoWA piloted a project in Takeo entailing education/discussion on HIV/AIDS issues as an integrated activity with projects on credit, literacy/child care and domestic violence in the community MoWA organized public forum on gender and HIV/AIDS with students and community members	
	5. Effective use of media and the arts to increase awareness and contribute to behaviour change, including increasing personal risk assessment, and normalizing condoms and their use for dual protection.	MoWA developed a video spot on "Women and AIDS" Special campaigns using various media carried out at certain times of the year (Water Festival, World AIDS Day, Candle Light Memorial Day etc.) with participation of government agencies and NGOs Use of comic books, puppetry, video clips, spots, call in/ talk/ karaoke shows and dramas on radio and TV to air messages about HIV/AIDS by MoH, NCHADS, MoWA, PSI, BBCWST, UNDP, UNICEF, NAA, Women's Media Centre PSI's mobile video units educates hard-to-reach audiences regarding key health messages including HIV/AIDS Min. of Culture & Fine Arts developed cultural performances on HIV/AIDS using traditional and folk theater	

3.1.2 Care & Treatment

As the HIV positive population developed AIDS, government ministries, local and international organisations, with the support of donors, have started to scale up programs to respond to their health care needs.

A singular achievement in care and treatment has been the implementation of the *Continuum of Care* (CoC) – a framework that integrates various care interventions, which had been previously implemented as stand-alone efforts or in piecemeal fashion. CoC includes Mondul Mith Chuoy Mith[12] (MMM), TB/HIV care (Figure 19), VCCT, PMCTC, ART, clinical care for opportunistic infections (OI), and Home-based Care (HBC). The full package of CoC is present in 12 operational districts (OD) in 9 provinces and a partial package in 17 OD in 12 provinces. Family Health International (FHI) has provided technical and operational support to the MoH and NCHADS to strengthen decentralized models for care and support, using the CoC approach, in all operational districts in Battambang and two sites in Kandal.

Provision of *anti-retroviral therapy* (ART) began in 2001 by NGOs in collaboration with MoH. By the end of 2004, 11 OD in 8 provinces and 6 sites in Phnom Penh provided ART to 5,816 persons, including 452 children in Kampong Cham, Phnom Penh, and Siem Reap (Figure 20).[13] The most number of PLHA accessing ART are in Phnom Penh, Siem Reap and Takeo (Figure 21).

NGOs continue to offer AIDS care in the provinces of Siem Reap, Kampong Cham and Takeo. In Phnom Penh, their presence is felt in several locations such as the Preah Kossamak Hospital or Preah Bath Sihanouk Hospital.

Prophylaxis and treatment for *opportunistic infections* (OI) in public health settings, in some cases with the support of NGOs, were provided in 11 provinces in 2004 (Figure 22). The vast majority of patients were treated in Phnom Penh, perhaps reflecting a greater availability of tertiary health care services. A total of 32,315 patients were treated including 802 children in Phnom Penh and Siem Reap (Figure 23).

Since its pilot in 1998, *HBC* teams have multiplied; reaching 227 in 2004 spread over 17 provinces (Figure 24). Four provinces have substantially more HBC services than the national average, most notably Battambang and Kampong Thom. Conversely, Phnom Penh, Kampot, Kandal and Siem Reap appear to be underserved by home-based care teams.

Tuberculosis and HIV collaborative activities are being piloted in Banteay Meanchey, Battambang, Phnom Penh and Sihanoukville. To date, 5,352 PLHA were referred from VCCT centres for TB testing and 597 TB patients were referred for HIV testing.[14] The percentage of patients with tuberculosis (TB) who were found HIV positive and PLHA who were diagnosed with TB was lowest in Banteay Meanchey (Figure 25). For the three other provinces, the proportion of PLHA with TB was roughly the same, at around 23% while TB patients who were found positive were highest in Sihanoukville.

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[12] Translated as Friends Help Friends Centre, a support system for PLHA

[13] Data pertaining to ART, opportunistic infections and HBC teams, presented in this section and in related charts, were obtained from the AIDS Care Unit, NCHADS

[14] Data presented in this section and in related charts were obtained from CENAT

MMM centres are present in 10 provinces as of 2004. While Banteay Meanchey, Koh Kong, Pursat, Sihanoukville, Svay Rieng and Takeo have one centre each, other provinces have at least two.[15]

Similar to prevention interventions, **gaps**[16] in care and treatment that are not clearly addressed in the new plan are (Table 2):

Home-based Care

The harmonized guidelines to be completed and disseminated in 2005 are a big step in standardizing HBC activities in Cambodia, especially as the number of HBC teams and patients supported increases with scale-up of ART. The expansion will amplify two areas that require further development: 1) routine in-service training; and, 2) supervision and monitoring.

- Because NCHADS depends on numerous non-government organisations to supply HBC services, a variety of approaches and definitions of what services HBC can and cannot offer might be implemented.
- Quality comprehensive training and supervision will require additional staff than are currently available at NCHADS.

TB/HIV Interaction

Reaching un-reached groups (mobile populations, including cross-border migrants)
There is a need for:

- Joint action plan
- Resource mobilization for collaborative activities
- Community awareness and social mobilization

[15] Obtained from CDC-GAP

[16] Obtained from the Report of the Technical Working Group on Care and Treatment

Figure 19. Location of Continuum of Care centres, MMM centres, and TB/HIV collaborative activities

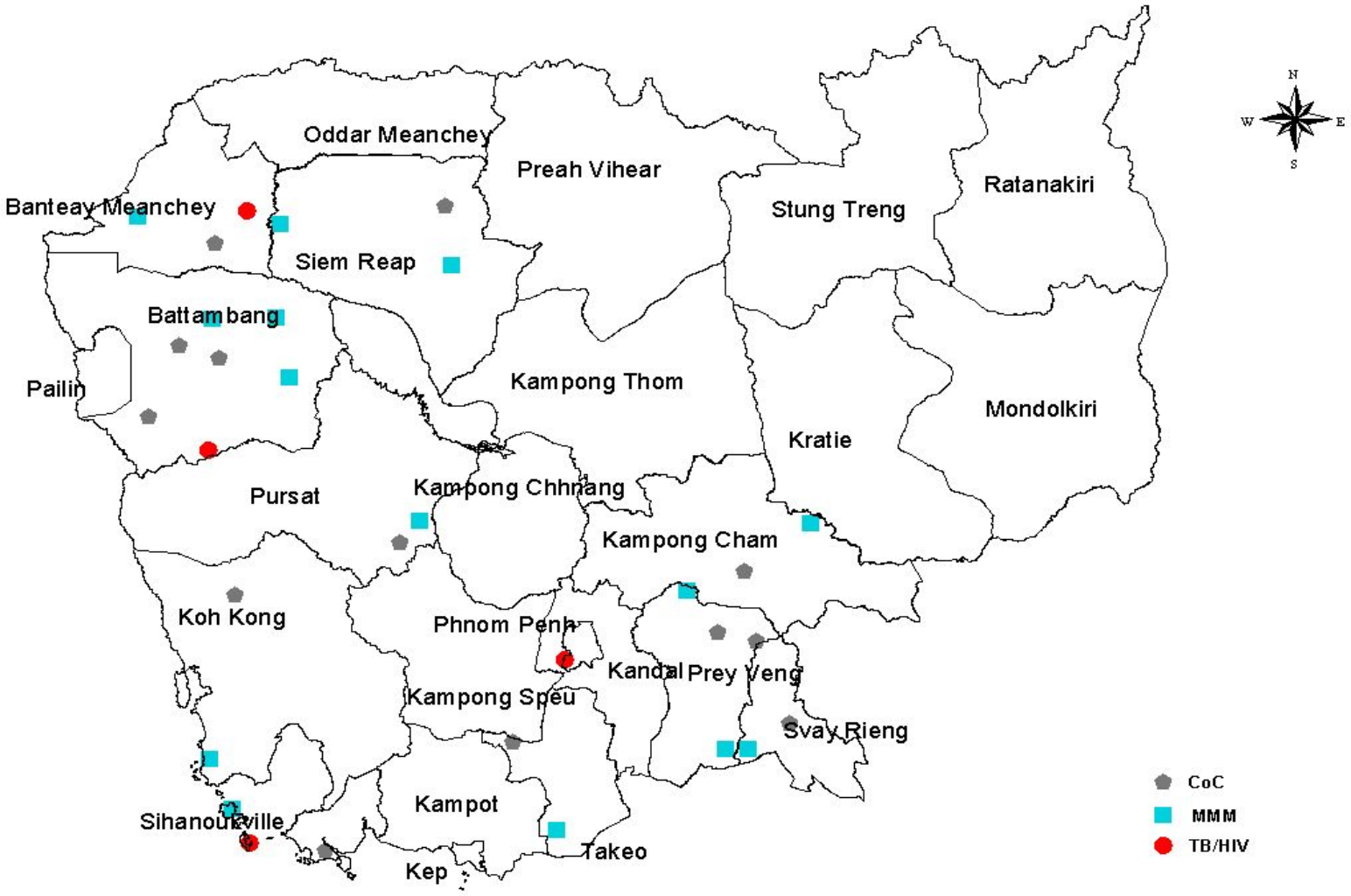

Figure 20. Location of PLHA services and number of PLHA on ART

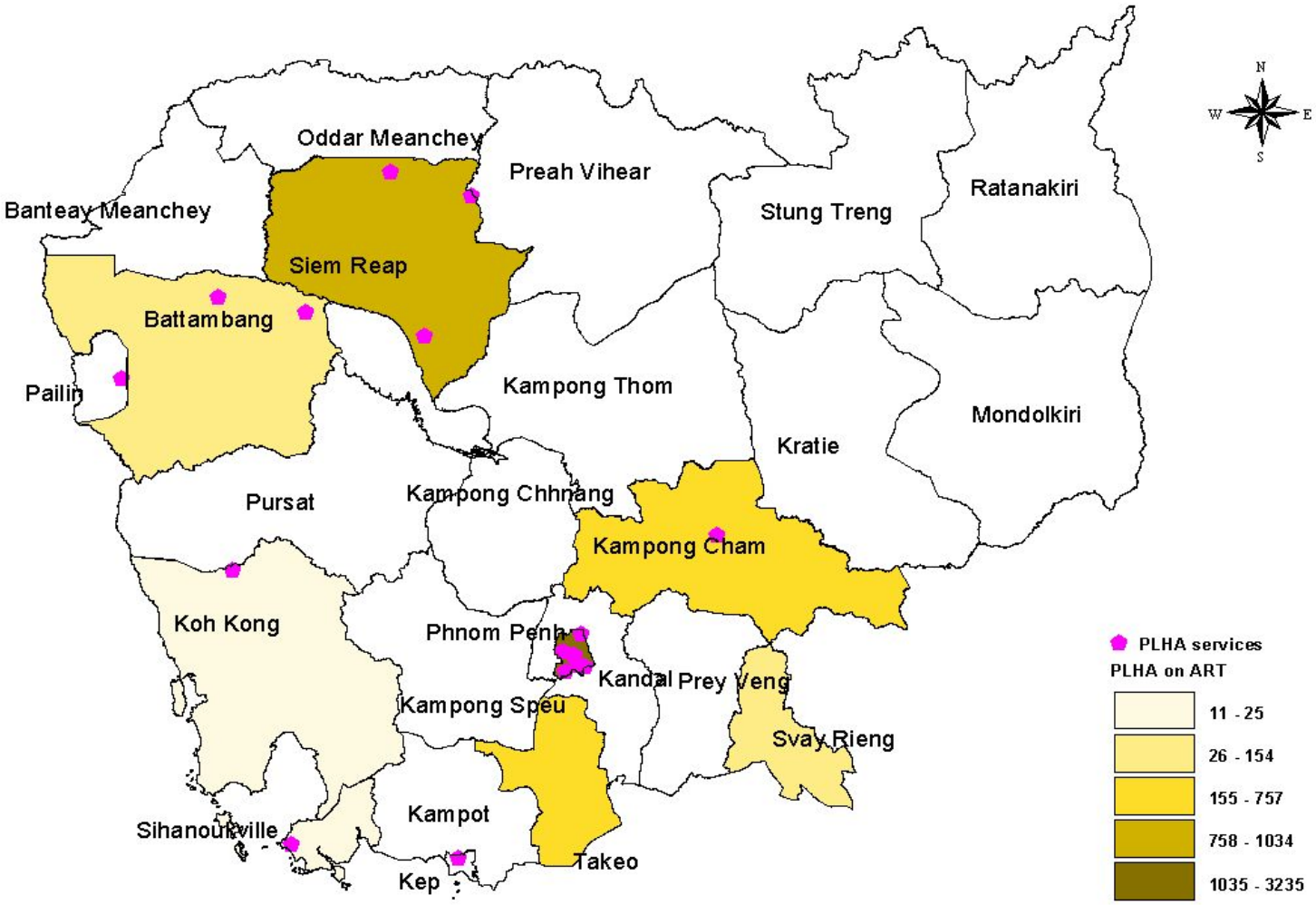

Figure 21. Distribution of adults and children who are on ART, 2004

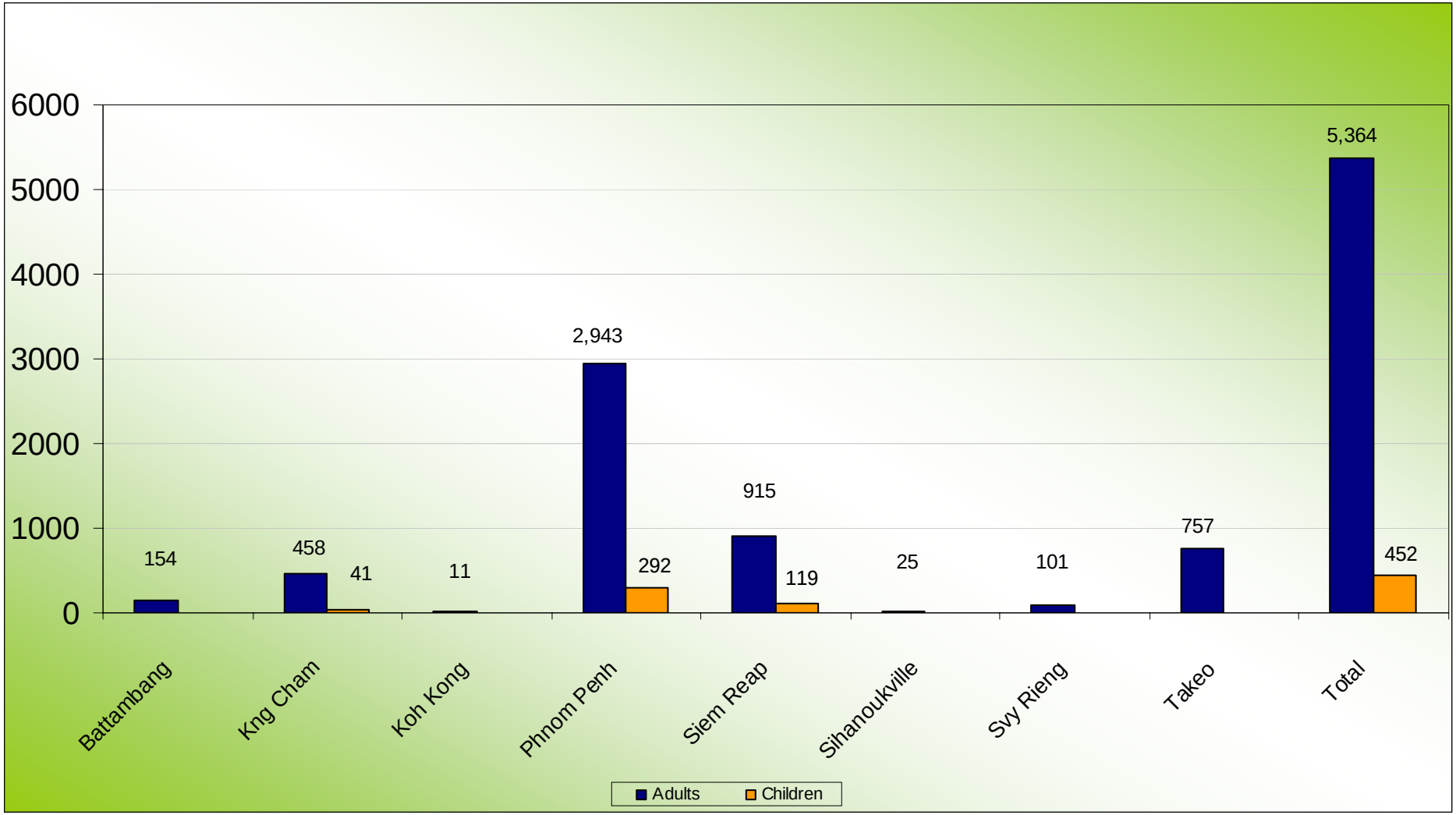

Figure 22. Location of OI services and number of patients treated for OI

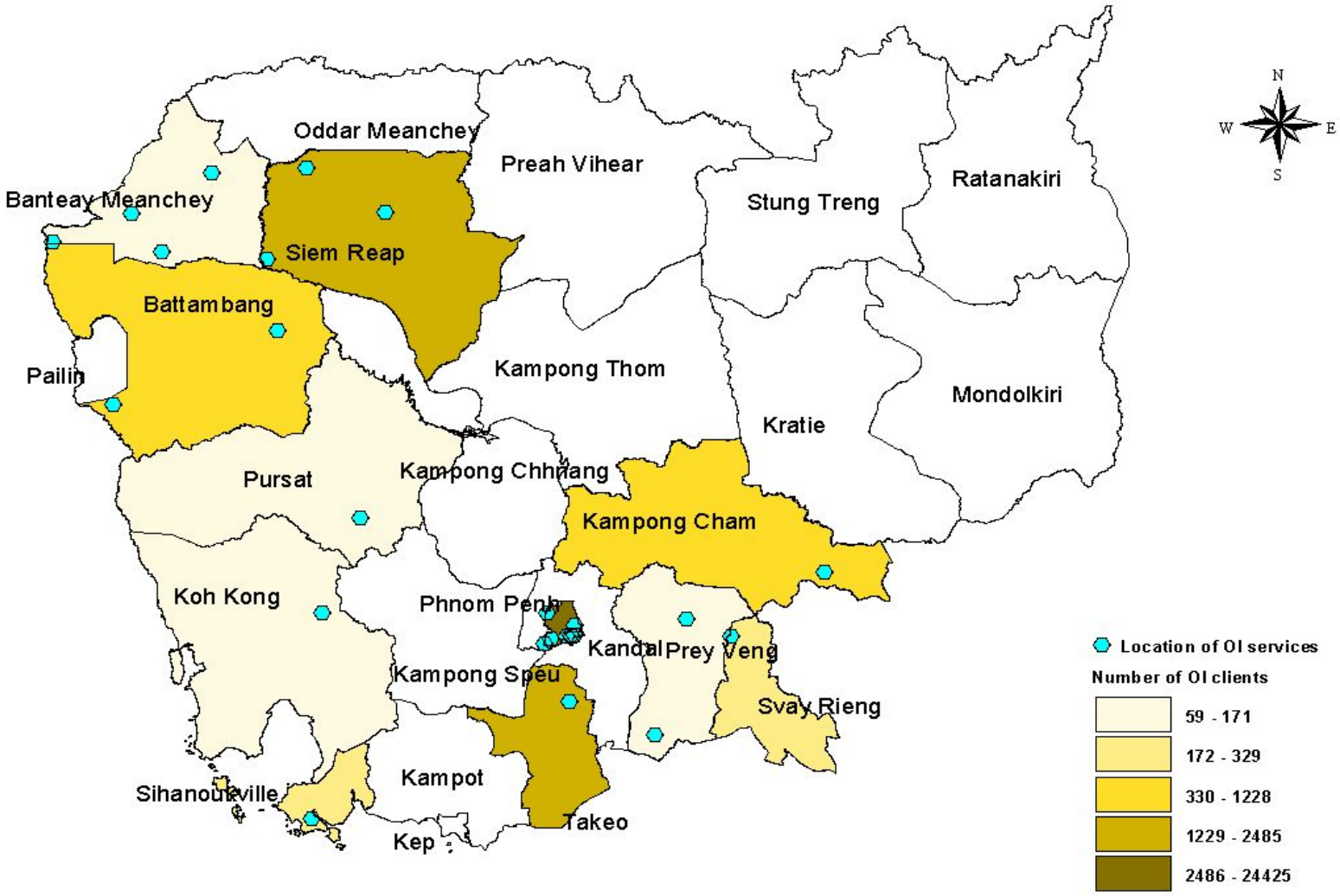

Figure 23. Distribution of patients receiving treatment for opportunistic infections, 2004

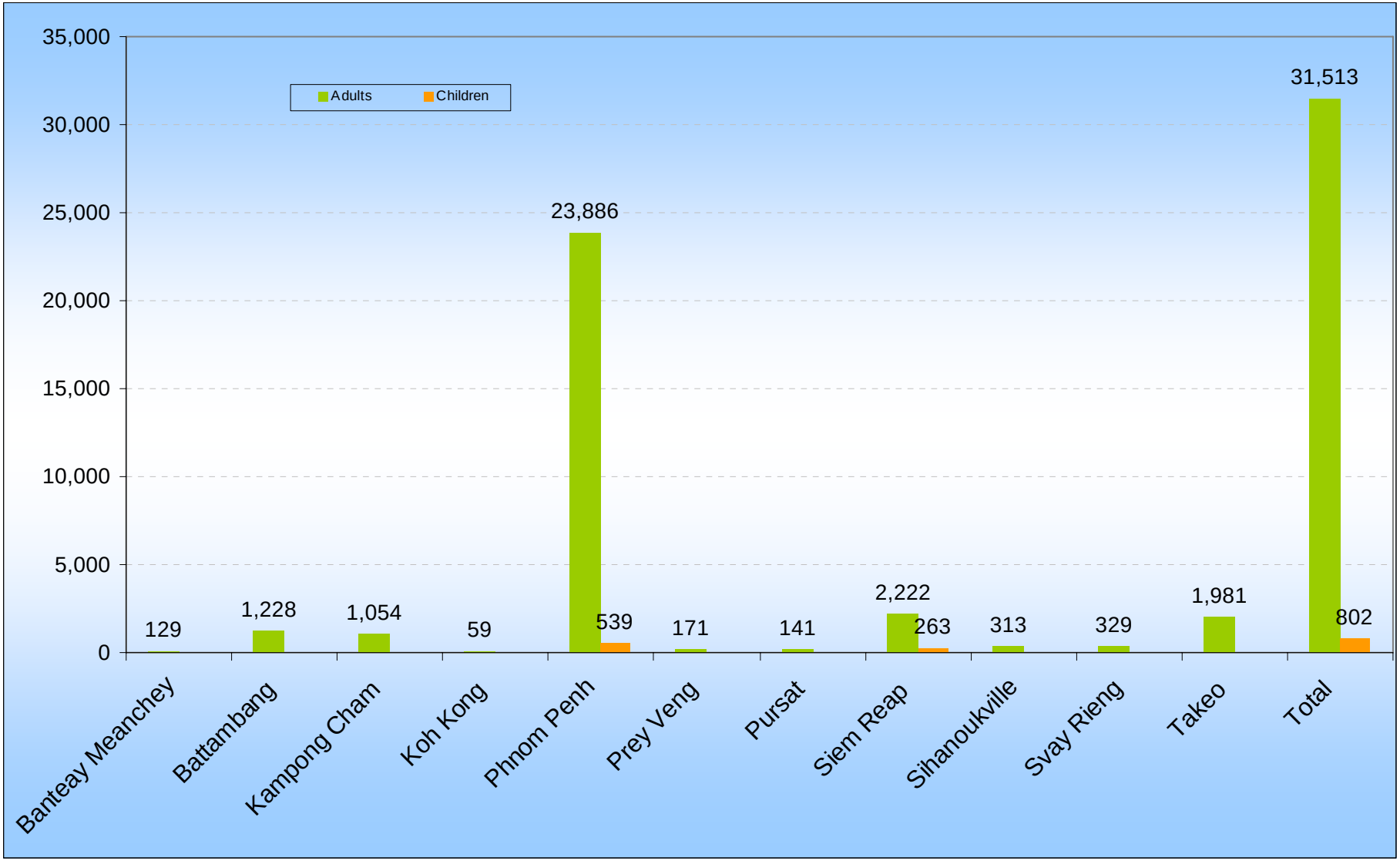

Figure 24. Location of HBC Teams

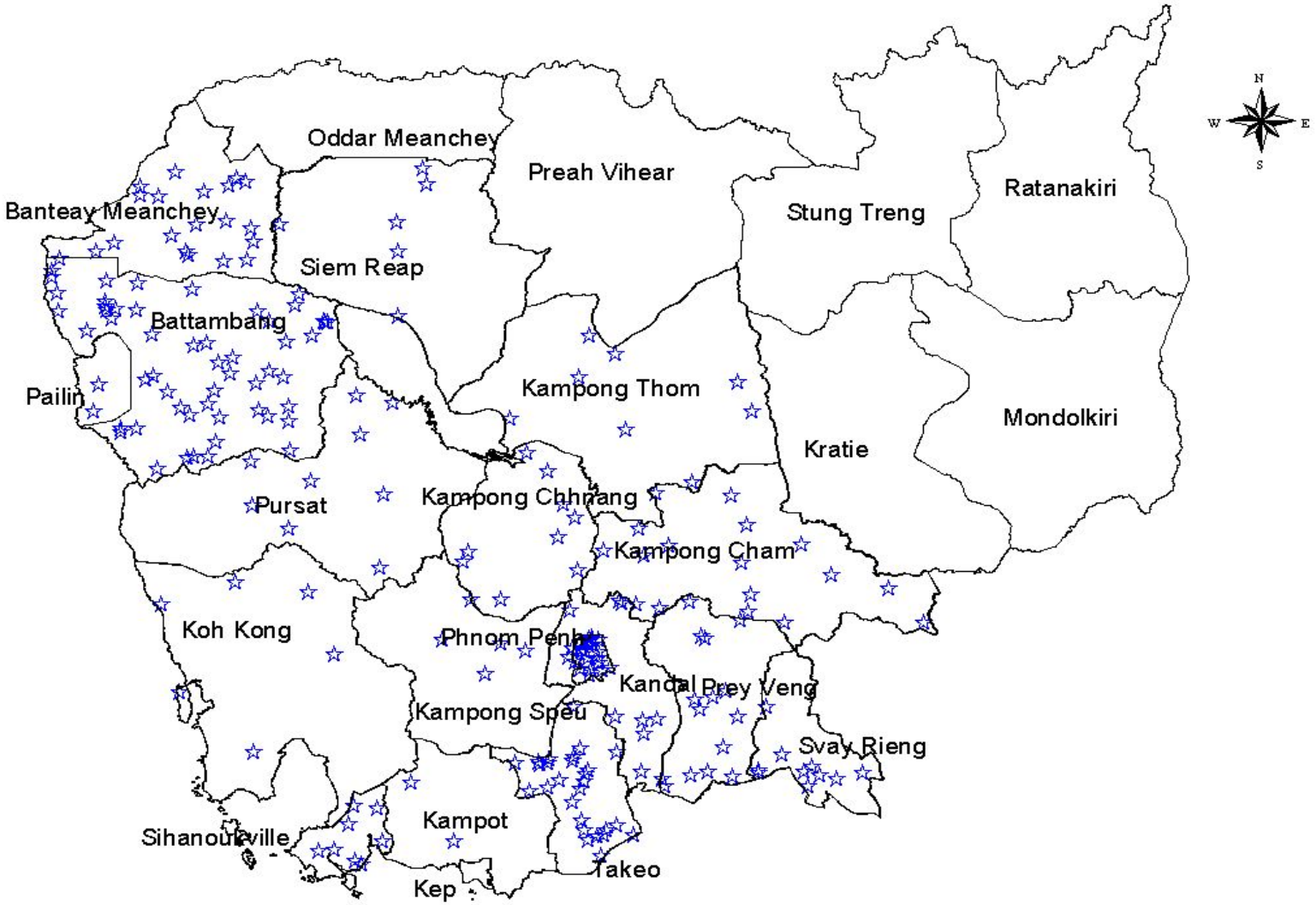

Figure 25. Proportion of PLHA diagnosed with TB and TB patients who are HIV positive

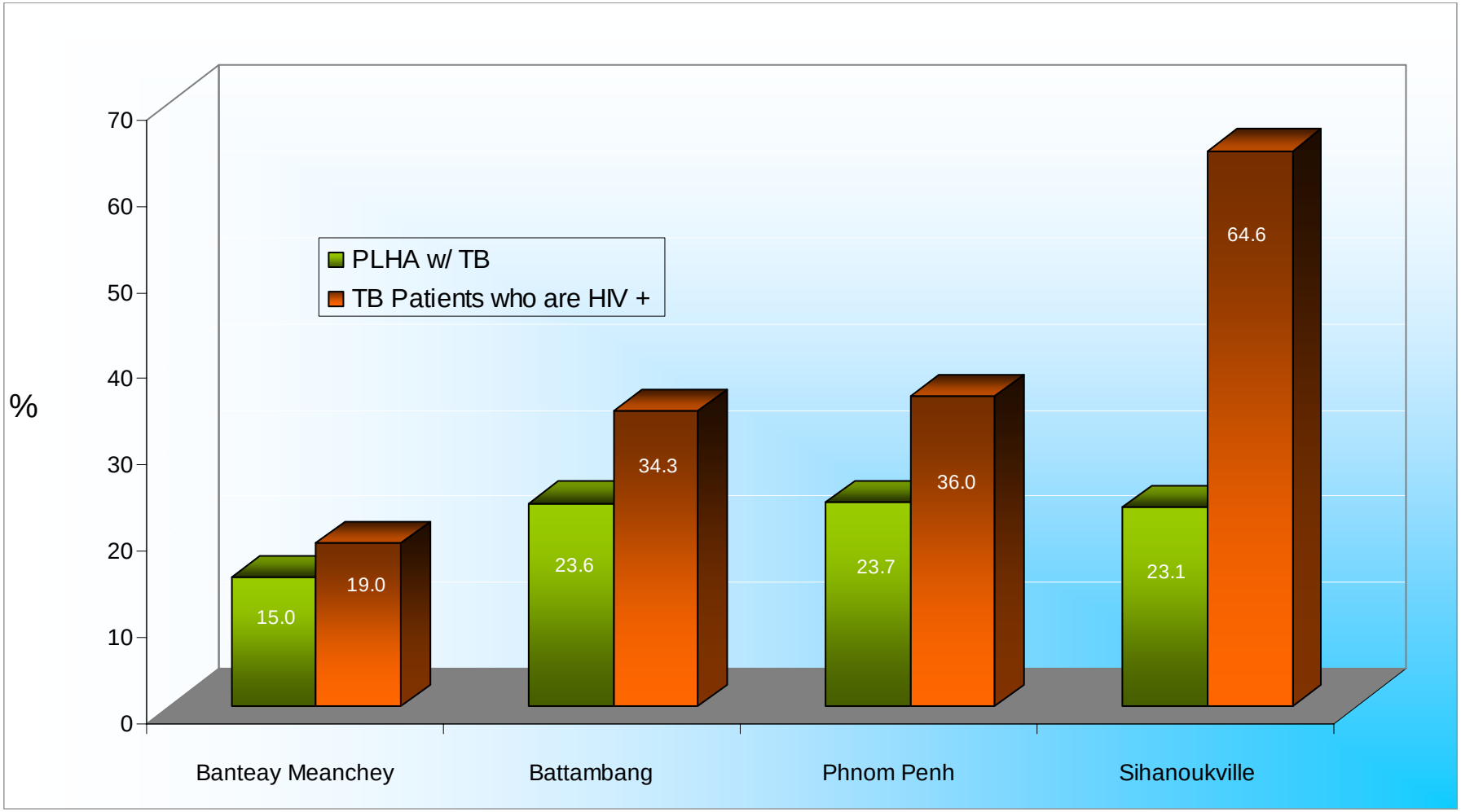

Table 2. Strategic objective 2 – Increased coverage of effective interventions for care and support, additional interventions developed

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
1. Ensure a Continuum of Care (CoC)[17] for PLHA at OD level	1. Expand and strengthen the CoC for PLHA at OD level	Full package of CoC provided in 12 ODs in 9 provinces; partial package in 17 ODs in 12 provinces by MoH, NCHADS , FHI, KHANA, RHAC and other organisations Regional Military Hospital (Region 5) cover all HIV+ military personnel and families in Banteay Meanchey, Battambang, Pailin and Pursat since June 2004 by MoND, NCHADS and FHI USAID supports care and treatment activities of partner organisations including the establishment of CoC in Banteay Meanchey, Battambang, Koh Kong, Siem Reap, and Phnom Penh	Coordination among units, especially PMTCT and TB/HIV and units located in separate physical locations needs improvement, as do referral mechanisms. The effectiveness of this framework has not been evaluated in the Cambodian context.
	2. Integrate CoC fully into the health care system		

[17] Includes institutional care (OI prophylaxis and treatment, ART, IPD, TB/HIV, laboratory), VCCT, PMTCT, home based care, MMM

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
2. Improve and maintain the quality and accessibility of care for PLHA through extension of health facility based care services, including ART	1. Expand coverage of health facility based care services, including provision of ART, nutritional support, treatment literacy, and positive prevention	11 ODs in 8 provinces and 6 sites in Phnom Penh with ARV services provided to 5,816 PLHA, including 452 children Prophylaxis and treatment for opportunistic infections (OI) in 11 provinces in 2004. A total of 32,315 were treated including 802 children in Phnom Penh and Siem Reap 5 NGOs providing care and support with ART to PLHA in Kampong Cham, Phnom Penh, Siem Reap, Sihanoukville, and Takeo Global Fund assisted in the: ▪ expansion of care and treatment programs for PLHA including limited ARV in Round 1; ▪ Provision of ARVs in Phnom Penh and Sihanoukville including children living with AIDS (CLWA), medical care to CLWA at National Pediatric Hospital, laboratory monitoring for ARV patients in Phnom Penh and for OIs in the Dept. of Disease Control in Sihanoukville, training of doctors in AIDS care including ARV provision in Sihanoukville, training of pharmacists, peer educator training and organisation of patient support groups in Round 2	The pool of clinicians available to be trained in management of HIV/AIDS is limited. The most capable doctors already serve a number of functions which compete for limited time. Most clinicians work only half days, using the remaining time for private practice, further limiting time available for management of HIV. The performance-based salary incentive system provided does not preclude the need for working in the private sector. Indirectly, the comprehensive reporting system developed by the NCHADS AIDS Care unit will help to identify clinics with frequent problems in patient treatment adherence and tolerance. Direct observation and supervision may prove more problematic. NCHADS staff have limited to no experience in treatment of OIs and provision of ART. As such, it is difficult for NCHADS staff to provide effective field supervision. In attempt to provide quality supervision, NCHADS has divided the country into four regions, each under the responsibility of an expert clinical AIDS management trainer. It is unclear how the assigned regional expert will provide supervision and support. Refresher training and clinical case conferences will be needed, as well as a mechanism to inform physicians of newly available drugs and treatment regimens.
	2. Integrate PMTCT services and TB/HIV activities within the CoC framework at OD level	TB/HIV referral system piloted in Banteay Meanchey, Battambang, Phnom Penh and Sihanoukville KHANA and partners has initiated the integration of community based TB DOTS and ARV treatment adherence into existing programs	Poor coordination between teams TB teams and care providers (e.g., VCCT and TB units, home DOTS and HBC, etc.) Support for patient referral, standardised follow-up mechanism/system Poor diagnosis of TB in HIV patients (smear negative, extra-pulmonary TB/no X-Ray).

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
3. Increase accessibility of PLHA and their families to quality home-based care services	1. Support the extension and expansion of home-based care in identified areas of need, including nutritional support, mobility of PLHA, and access to equity funds.	227 home-based care teams supported by various NGOs in 17 provinces PLHA organisations contribute significantly to prevention and care work	
	2. Strengthen and expand referral mechanisms between HBC and other parts of the CoC		A coordination of efforts between the HBC teams and PMTCT, TB, and HFBC would be cost effective because of the large number of HBC teams planned
	3. Strengthen and expand PLHA provincial support group networks	With assistance from KHANA, 11 Provincial Home Care Networks provide training and technical support to HBC teams, coordinate activities to ensure even coverage, and arrange regular meetings for teams to share experiences and lessons KHANA helps 12 Provincial PLHA Networks promote active involvement and empower PLHA to advocate and raise awareness	

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	4. Maintain and expand interim social support initiatives responding to the needs of indigent PLHA (e.g. hospice care, equity funds, etc)	MoSVY has established a centre in Kandal where PLHA (women and their children) with no families can stay and provided food, and vocational training MoRD gave support to PLHA, family members and children through provision of food, transport, and small seed money for micro-enterprises FHI and partners assist families and communities to care for PLHA including provision of nutrition support, home-based care for PLHA, and home visits. With partners, KHANA is active in 304 health centres and provides care and support to over 5,000 PLHA through 49 home-based care teams in 14 provinces. Teams provide home visits, basic medical care, referrals to key health services (e.g. OI/STI/TB treatment and VCCT), condom provision, and transport grants. CRC has established community volunteers and a community forum in Kampot and Battambang to provide support to PLHA and family members in terms of giving food and ensuring treatment adherence (w/ MSF-Belgium)	
4. Increased demand for, coverage and quality of VCCT services (NCHADS)	1. Increase number of public and private sector VCCT sites		
	2. Ensure quality of HIV counselling and laboratory testing in public and private sectors		
	3. Promote quality VCCT services		
	4. Ensure continuity of HIV test kits and supplies		
	5. Integrate VCCT into CPA package		

3.1.3 Impact Mitigation

The Ministry of Health and NGOs led efforts in mitigating the impact of HIV/AIDS on families and communities. In 1998 home-based care teams were piloted, the success of which spawned the establishment and presence of many HBC teams, particularly in areas of heavy HIV prevalence. Typically, teams offer food and nutrition support, psychosocial support, encouragement regarding treatment adherence, school support, increasing levels of awareness regarding HIV/AIDS to family members, initiating or diversifying income and livelihood sources, reintegration of orphans to the community, vocational training, school materials support, home-based care for PLHA, home visits, involvement of religious monks, and education sessions in the community to reduce stigma and discrimination. Some programs and projects by government ministries currently in place are:

- MoSVY has established a centre in Kandal where PLHA (women and their children) with no families can stay and are provided with food and vocational training;
- 545 PLHA, OVC and their families were provided with care, counselling and support by MoCR's religious response through 742 monks, achars, and nuns in 7 provinces; and
- MORD supports PLHA, family members and children through provision of food, transport, and small seed money for micro-enterprise.

Parallel efforts are carried out by NGOs, especially large organisations like the Cambodian Red Cross (CRC), KHANA, FHI and their partners. Interventions addressing the specific needs of orphans and vulnerable children (OVC) have been developed and implemented so that by the end of 2004, a total of 7,200 and 3,176 OVC were reached by KHANA and FHI respectively.

Figure 26 shows the location of mitigation interventions being carried out by different organisations at present while Table 3 outlines the proposed activities in the new plan.

Figure 26. Location of impact mitigation projects, 2004

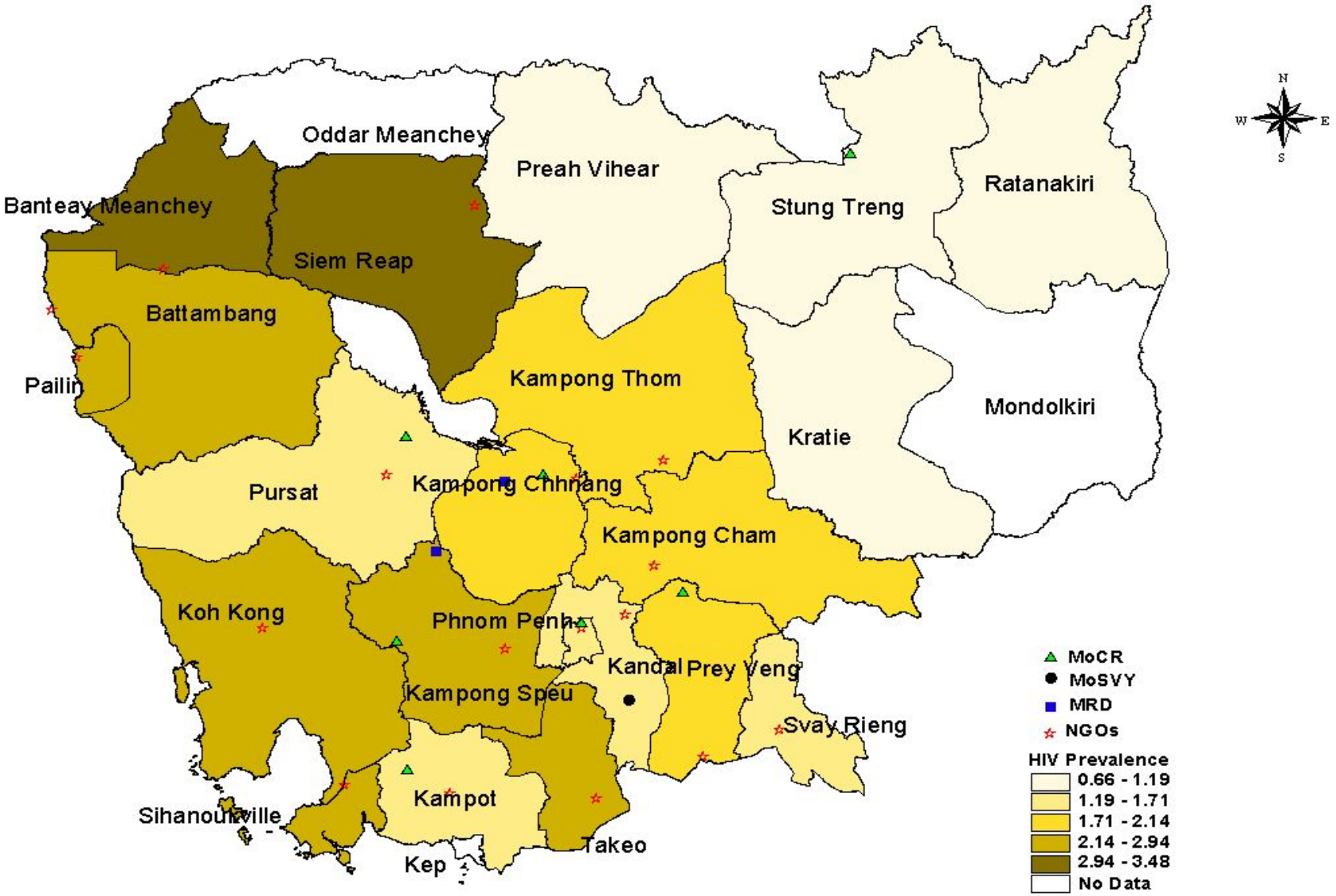

Table 3. Strategic objective 3 - Increased coverage of effective interventions for impact mitigation, additional interventions developed

SPECIFIC OBJECTIVE	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
1. Increased coverage and quality of interventions for children and families affected by HIV/AIDS	1. Increase coverage and effectiveness of self-help & PLHA organisations		Programs have not gone beyond the grassroots level; Strengthening of services is largely driven by NGO and donor involvement, rather than a defined national strategy Limited and non-uniform coverage of government and NGO programs and services
	2. Increase coverage of nutritional support for families affected by HIV/AIDS	MoSVY has established a centre in Kandal where PLHA (women and their children) with no families can stay and provided food, and vocational training MoRD gave support to PLHA, family members and children through provision of food, transport, and small seed money for micro-enterprise FHI and partners assist families and communities to care for PLHA and OVC to mitigate impact of HIV/AIDS, and improve the quality of care and assistance. KHANA and partners provided care and support to over 5,000 PLHA through 49 home-based care teams in 14 provinces. Teams provide home visits, psychosocial support, HIV/AIDS education for family members, training for caregivers, helping families to plan for the future, empowering PLHA to form self help groups, promoting the involvement of faith-based groups in communities, working against stigma and discrimination, and initiating income generating activities. CRC has established community volunteers and a community forum in Kampot and Battambang to provide support to PLHA and family members in terms of livelihood, house repairs, giving certain foodstuffs, and ensuring treatment adherence	
	3. Conduct assessment of numbers of OVCs, needs, and programmatic coverage		
	4. Review and revise existing policies relating to OVC		

SPECIFIC OBJECTIVE	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	5. Improve the coordination mechanisms of policies and programmes at all levels		Limited coordination of efforts between the relevant agencies and institutions that will help map out existing services in the country and plan for joint national priorities
	6. Maintain and increase access to shelter & alternative care of OVC	FHI and partners assisted 3,176 OVC in Battambang and Phnom Penh. Activities comprise of nutrition support, reintegration of orphans to the community, vocational training, income generation support to foster families, school materials support, home visits, involvement of religious monks, psychosocial support and education sessions in the community to reduce stigma and discrimination. KHANA and partners reached 7,252 OVC through home care; 1,931 and 1,438 OVC were supported to attend school and into foster care, respectively. Specific programme activities include negotiating exemption on school fees, buying clothes and materials, providing access to life skills education and vocational training, identifying and supporting foster parents or working with Buddhist monks to provide temporary care in pagodas USAID assisted in: ▪ providing care and support in Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Thom, Kampot, Kratie, Pailin, Phnom Penh, Prey Veng, Pursat, Sihanoukville, Svay Rieng and Takeo. Activities include helping OVC and CAA through HBC networks, and PLHA networks; ▪ developing the religious response to HIV/AIDS and addressing gender issues related to HIV/AIDS Global fund has extended impact mitigation programs in areas of heavy HIV prevalence in Round 1	
	7. Provide nutritional support to OVC and their families		
	8. Improve coverage of and access to quality health care services for OVC, their families & caregivers		

SPECIFIC OBJECTIVE	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	9. Improve coverage of and access to quality psychological & spiritual support services for OVC, their families & caregivers, including guidance for within family disclosure, preparedness for illness and succession planning	545 PLHA, OVC and their families provided care, counselling and support by 742 monks, achars, and nuns participating in MoCR programs in 7 provinces Religious groups including Centre of Hope undertake home-based care and counselling with volunteer outreach teams Sisters of Charity and Peace house started a clinic for people with AIDS. Maryknoll Seedling of Hope provide hospice care, home-based care, counselling, care for orphans, and assistance to children with HIV. Catholic Office for Emergency Relief and Refugees (COERR) has a pagoda-based hospice in Takeo Wat Norea Peaceful Children's Home in Battambang focuses on caring for HIV/AIDS orphans, HIV/AIDS education for monks, and providing care for PLHA	
	10. Increase access to basic formal education for OVC		
	11. Increase coverage of and access to non-formal education for OVC and their families		
	12. Increase access to livelihood opportunities for OVC and their families		
2. Reduced impact of HIV/AIDS on key development sectors	4. Assess impact of HIV/AIDS on economic development, agriculture, tourism, mining, fisheries, etc.		Lack of data and information on the impacts of HIV on sectors and institutions Lack of information on the impacts that initiatives are creating on the community at large which negatively affects the development of new programs that will respond to the changing needs of the community
	5. Support design and implementation of interventions in key sectors		

3.1.4 Capacity building and the multisectoral response

Capacity building has taken place in government and non-government organisations through trainings, study tours, visits, workshops and the like, as enumerated below.

- As part of the 100% CUP, public health centre staff were trained on STI syndromic diagnosis, case referral and prevention IEC under the National Reproductive Health Program;
- NBTC managers participated in the Quality Management Program training organized by WHO and Regional Training Centre in Singapore, and the Regional External Quality Assurance Scheme in collaboration with National Serology Referral Laboratory;
- MoWA organized a high-level inter-ministerial workshop on women and HIV/AIDS in Phnom Penh, Banteay Meanchey, Battambang, Kampong Cham, Kandal, and Svay Rieng, and strengthened the capacity of staff at central and provincial levels;
- Capacity building of MoSVY staff;
- MoCR, with UNICEF, is developing a strategic plan for Buddhist monks, including a sensitization course for the Buddhist University and curriculum for Buddhist morality behaviour to influence behaviour change;
- NAA with UNDP implemented a Leadership Capacity Development Program to develop skills and capabilities of leaders to improve the response to HIV/AIDS;
- NACD has provided computer-based training for drug law enforcement; supported capacity development of NGOs to provide drug awareness information to various at-risk populations especially children and youth; established the Drug Abuse Forum, a coalition of over 40 agencies with an interest in drug control; and, conducted a series of training of trainers to NGOS, IOs and government agencies on the basics and consequences of illicit drug use; and
- NGOs, IOs, and institutions also continuously build capacity of their partners and staff by supporting in service case management and medical training, HIV/AIDS education and training, and counselling courses for health care and non-health care workers employed in government, NGOs, the private sector, and community based personnel.

Table 4. Strategic objective 4 – Increased capacity of government and non-government sectors – at central and local levels – to respond to HIV/AIDS

SPECIFIC OBJECTIVES	MAJOR ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
1. Increased capacity for effective leadership in HIV/AIDS response across all sectors of society (government, private & civil society).	1. Conduct formative research on Leadership and HIV/AIDS		
	2. Provide leadership training for Commune Council members, governors & vice governors, and other political leaders at central & decentralized levels and private sector leaders.	With UNDP, NAA implemented a Leadership Capacity Development Program develops skills and capabilities of leaders to improve the response to HIV/AIDS MoWA organized a high-level inter-ministerial workshop on women and HIV/AIDS in Phnom Penh, Banteay Meanchey, Battambang, Kampong Cham, Kandal, and Svay Rieng CRC's peer education programme includes sensitization of gatekeepers (commanders, teachers, parents etc) to increase awareness levels and gain support for HIV/AIDS related activities	
	3. Conduct leadership & advocacy training with PLHAs and CBOs	PLHA organisations undertake advocacy at all levels	Many PLHA have no skills in developing and implementing projects

SPECIFIC OBJECTIVES	MAJOR ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
2. Increased capacity of relevant ministries to design and implement effective HIV/AIDS programmes.	1. Ensure a coordinated and comprehensive response in the health sector, which includes other MoH departments, provinces and NGOs in the annual work plans	MoH revised its HIV/AIDS strategy after a mid-term review, through NCHADS' 2003-2007 Strategic Plan and Operational Plan Training of public health centres' staff on STI syndromic diagnosis, case referral and prevention IEC under the National Reproductive Health Program FHI's programs include trainings for peer educators, peer leaders, core trainers, and outreach workers; assists NCHADS in training government and NGO health workers on pre- and post-testing for HIV, trains medical staff on diagnosis and treatment of opportunistic infections (OI) and HIV treatment with ARV, and basic HIV/AIDS care to home-based care staff, family members and PLHA KHANA builds and strengthens the capacity of marginalized groups, partner NGOs and CBOs, and KHANA itself through trainings, workshops, conferences, NGO exchange visits, field visits, and partners' meetings NGOs, IOs, and institutions support in service case management and medical training, HIV/AIDS education, and counselling courses for health care workers employed in government, NGOs, the private sector, and community based personnel NACD/UNODC has: ▪ expanded the number of computer-based training for drug law enforcement;	The lack of skilled personnel and organisational capacity in government institutions is a concern that cuts across different types of HIV/AIDS programs Limited structures and financial resources compounded by bureaucratic procedures between and among agencies at both national and local government levels. In TB/HIV activities, the need for: ▪ capacity building of program staff involved; ▪ enhanced counselor training – more effective persuasion for referrals (TB, PMTCT, VCCT, HBC, MMM, etc.); and ▪ operational and clinical guidelines.

SPECIFIC OBJECTIVES	MAJOR ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
		▪ supported capacity development of NGOs to provide drug awareness information to various at-risk populations especially children and youth; ▪ established the Drug Abuse Forum, a coalition of over 40 agencies with an interest in drug control; and ▪ conducted a series of training of trainers to NGOS, IOs and government agencies on the basics and consequences of illicit drug use Global Fund has supported the improvement of National Guidelines on medical treatment and palliative care, increased the capacity of health facilities and communities to provide care and treatment such as OI management, palliative care and counselling for family members and PMTCT services USAID supports capacity building of referral and health centre staff	
	2. TA and funding to MoEYS for education sector programmes and policies	MoEYS has: ▪ developed an annual work plan based on its Strategic Plan 2001-2005; and ▪ created of inter-departmental committee on HIV/AIDS in order to mainstream activities into various networks of the Ministry	
	3. TA and funding to MoPWT and MORD for sectoral programmes and policies	MoRD carries out community resource mobilization through donations which is used to support PLHA; assistance provided by UNICEF MoRD continues to implement its 2002- 2006 strategic plan for a comprehensive response to HIV/AIDS	

SPECIFIC OBJECTIVES	MAJOR ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	4. TA and funding for MoWA, MoSVY, MoLVT, MoFA.	Capacity building activities of MoWA staff at central and provincial level has been strengthened Capacity building of MoSVY staff	
	5. Maintain on-going support to MoInt & MoND programming	FHI's programs include trainings for peer educators, peer leaders, core trainers, outreach workers, implementing agency staff, hospital staff, and government staff as part of capacity building	
3. Increased capacity of provinces, districts and communes to mainstream HIV/AIDS in development planning.	1. Formative research on decentralisation and HIV/AIDS		
	2. TA and capacity development fund for local development & HIV/AIDS planning and implementation, and associated change management		
	3. Support effective provincial coordination mechanisms (PAC, PAS, PAN, etc.) for HIV/AIDS programmes		
	4. Scale up community conversation programme.		
	5. Mainstream HIV/AIDS into CBO-led activities.		
4. Increased involvement of the private sector in the national HIV/AIDS response.	1. Develop business coalition on HIV/AIDS		
	2. Strengthen tripartite partners and workplaces on programme and policy development & implementation.		
	3. TA for workplace-specific policy and programme development & implementation.		

SPECIFIC OBJECTIVES	MAJOR ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
5. Increased effective & appropriate involvement of faith-based organisations in the national HIV/AIDS response.	1. TA and funding for MoCR and FBOs	MoCR, with assistance from UNICEF, is developing a strategic plan for Buddhist monks, including a sensitization course for the Buddhist University and curriculum for Buddhist morality behaviour to influence behaviour change	
	2. Mapping of FBO activities	Buddhist monks have been ▪ Trained to become core trainers in Phnom Penh and Battambang for other monks and for people in their communities with support from UNDP/CARERE and Interchurch Organisation for Development Cooperation (ICCO) ▪ Involved in distribution of IEC materials Religious groups including Centre of Hope undertake home-based care and counselling with volunteer outreach teams Sisters of Charity and Peace house started a clinic for people with AIDS. Maryknoll Seedling of Hope provide hospice care, home-based care, counselling, care for orphans, and assistance to children with HIV. Catholic Office for Emergency Relief and Refugees (COERR) has a pagoda-based hospice in Takeo Wat Norea Peaceful Children's Home in Battambang focuses on caring for HIV/AIDS orphans, HIV/AIDS education for monks, and providing care for PLHA	
	3. Conduct leadership development programme for religious leaders		
	4. Implement and operationalise the Joint Statement of Cambodian Religions		

SPECIFIC OBJECTIVES	MAJOR ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
6. Increased capacity of the media and arts to engage effectively & appropriately in the response to the HIV/AIDS epidemic.	1. Capacity building of mass media and arts in HIV/AIDS prevention and advocacy activities		Media (and the private sector) appreciate the gravity of the HIV epidemic but they are largely passive, cooperating only with clients (donors, NGOs, government). Absence of airtime agreement between health and broadcasting sectors
	2. Develop and produce a guide for the media to support the effective and appropriate coverage of HIV/AIDS issues.		In the use of print media, themes of stigmatization and ethics are not sufficiently covered/addressed Coverage focus more on men, and readers gain the impression that prevention is men's business mostly and the vectors of infection are women. Reporting on HIV/AIDS is focused on special days and not on a regular basis. Existing messages may be inconsistent and confusing Lack of sustained mass media campaign; campaigns focus on certain occasions, events, and holidays
	3. Involve the media in implementing the National BCC Strategy on HIV/AIDS		
7. Increased capacity for coordination and monitoring of the national response.	1. Review roles, TORs and operation procedures for NAA Policy Board/National Council, Technical Board, TWGs		Inadequate capacity to monitor and evaluate mitigation initiatives for PLHA and OVC
	2. Provide TA in response to assessed needs		

3.1.5 Public Policy

To provide direction and shape the response to the epidemic, policies and strategies have been developed, prominent of which are:

- The promulgation and passing of the National AIDS Law;
- MoWA promotes gender equality and empowerment of women among the general population and the development of a multi-sectoral "Policy on Women, the Girl Child and HIV/AIDS";
- MoCR has developed and is implementing its policy on the religious response to HIV/AIDS epidemic;
- MORD continues to implement its 2002-2006 strategic plan for a comprehensive response to HIV/AIDS;
- The Ministry of Labour and Vocational Training (MoLV) has developed guidelines for HIV in the workplace in 2004;
- The Ministry of Tourism (MoT) recently drafted a strategic plan ;
- NAA Secretariat has assisted the development of the MORD and MoSVY strategic plans;
- Strategic plans for Battambang and Siem Reap were developed, with the assistance of NAA;
- The Ministry of Planning 1) finalized and approved the Cambodian Millennium Development Goals 2003 Report and the 2001 Cambodian Human Development Report on HIV/AIDS, and 2) incorporated HIV/AIDS and the guiding principles of a multisectoral response in the Social Economic Development Plan 2001-2005, and the National Poverty Reduction Strategy 2003-2005;
- The National Authority for Combating Drugs (NACD) with the support of the UN Office on Drugs and Crimes (UNODC) has:
  - formulated strategies and long term objectives for a drug free society
  - developed a drug treatment, rehabilitation and reintegration policy
  - signed a Memorandum of Understanding (MoU) with NAA to collaborate in the fight against drug-related HIV/AIDS transmission;
- The Policy Project, with assistance from USAID, works to develop a 'code of conduct' and a dissemination plan regarding the National AIDS Law; assists in advocacy work against stigma and discrimination; and
- The Cambodian Human Rights and HIV/AIDS Network (CHRHAN) established a nationwide database to monitor and document HIV/AIDS related human rights abuses.

Table 5. Strategic objective 5 – Supportive public policy environment for the HIV/AIDS response

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
1. Reduced stigma and discrimination of people affected by HIV/AIDS	1. Scale up introduction of workplace policies addressing prevention, stigma & discrimination to all garment factories		
	2. Expand and integrate GIPA initiatives into various sectors and levels of society		
	3. Increase and strengthen the involvement, representation and participation of PLHAs in advocacy & decision-making	KHANA provides support to national networks: CPN+, HACC, provincial health care networks, and provincial PLHA networks	
	4. Conduct a nationwide information campaign to reduce stigma & discrimination through broadcast media	USAID assists in advocacy work against stigma and discrimination	
	5. Work with MoCR and religious leaders to ensure dissemination & implementation of MoCR's HIV/AIDS Policy & Joint Statement	Development and implementation of policy on the religious response to HIV/AIDS epidemic by MoCR	
	6. Expand & strengthen Community Capacity Enhancement and HIV/AIDS Leadership Programmes	PAS/UNDP implements a community capacity enhancement project in Banteay Meanchey, Battambang, Kampot, Pursat, Siem Reap, Sihanoukville, and Svay Rieng; 50 trained facilitators have reached 35,000 community members	
	7. Increase the coverage of anti-stigma & discrimination training programme for formal & non-formal education.		
2. Ensure inclusion of HIV/AIDS in national development planning	1. Involvement in NSDP 2006-10 development		
3. Disseminate, implement, and review The Law on the Prevention & Control of HIV/AIDS	1. Disseminate implementing guidelines and conduct training for implementation among NGOs, media, judges, police, etc.	USAID with partners works to develop a 'code of conduct' and a dissemination plan regarding the National AIDS Law	The Implementation Guidelines for the National AIDS Law has not been finished
	2. Monitor implementation & enforcement of the Law	Cambodian Human Rights & HIV/AIDS Network established a nationwide database to monitor and document HIV/AIDS related human rights abuses USAID assists in developing a database of human rights violations in relation to HIV/AIDS	

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	3. Conduct a joint review of The Law on the Prevention & Control of HIV/AIDS in 2007		
4. Support development of legislation and sectoral policies	1. Assess need for additional legislation and legislative amendments to ensure consistency with The Law on the Prevention & Control of HIV/AIDS	NACD has developed strategies and outlined long term objectives to fulfil its goal of a drug-free Cambodia A Memorandum of Understanding (MoU) was signed between NACD and NAA to collaborate in the fight against drug-related HIV/AIDS transmission CRC developed HIV/AIDS Strategic Plan for 2004-2010	
	2. Develop legislation and proposals for legislative amendments as necessary	KHANA works closely with NAA, NCHADS, UNODC, MoWA, MoSVY and the Global Fund for policy analysis and development FHI collaborates with NAA, NCHADS, UNICEF in developing public policies	
	3. Conduct an assessment of HIV/AIDS-related policies within line ministries	Continued implementation of 2002- 2006 strategic plan for a comprehensive response to HIV/AIDS by the MORD MoCR developed a policy statement on the role of religious groups in the national response in 2002 Ministry of Labour and Vocational Training (MoLV) has developed guidelines for HIV in the workplace in 2004 Ministry of Tourism (MoT) recently drafted a strategic plan MoND developed annual work plans based on its strategic plan for 2002-2006 NACD has developed a drug treatment, rehabilitation and reintegration policy	
	4. Assist line ministries in developing HIV/AIDS-related policies and operational plans	NAA Secretariat has assisted the development of the MORD and MoSVY strategic plans Strategic plans for Battambang and Siem Reap developed with the assistance of NAA	Translating policies and strategies into concrete responses to HIV/AIDS

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	5. Endorse & implement policies and operational plans of MoWA, MoSVY & MoEYS	MoWA has ▪ promoted gender equality and empowerment of women among the general population ▪ developed of multi-sectoral Policy on Women, the Girl Child and HIV/AIDS ▪ started to advocate to policy makers in Banteay Meanchey, Battambang, Koh Kong, Phnom Penh, and Siem Reap MoSVY has developed a strategic plan for 2002-2006 and has initiated activities with PLHA and families in Kandal province MoEYS has ▪ developed an annual work plan based on its Strategic Plan 2001-2005 ▪ created of inter-departmental committee on HIV/AIDS in order to mainstream activities into various networks of the Ministry	
	6. Review, update and implement national policies on internal and cross-border migration and HIV/AIDS vulnerability		

3.1.6 Monitoring, evaluation and research

Monitoring and evaluation take place as both a part of donor requirements and to meet ad hoc needs. A great deal of research has been conducted on HIV/AIDS in Cambodia, the more recent of which are listed below.

- Cambodia has one of the most advanced surveillance systems in the developing world, which incorporates both serological and behavioural data from a range of sentinel populations across the country;
- A demographic survey was carried out by the National Institute of Statistics and the MoH in 2000, which included a module on HIV/AIDS knowledge and attitudes and sexual behaviour. Other recent research includes studies investigating the risk behaviours of youth (MOEYS, 2004); HIV related knowledge, attitudes and behaviour of adults (PSI, 2004); the behaviours of men who have sex with men (FHI, 2004); the status of orphans and vulnerable children (UNICEF 2004); qualitative assessment of HIV risk among injecting drug users (WHO/CDC, 2004); and drug use and HIV risk among street children (Friends, 2004);
- NACD/UNODC, and Mith Samlanh/KHANA did rapid appraisals, regular data collection, and assessment of vulnerability to HIV/AIDS by illicit drug users; and
- NACD coordinates research and the development of responses to drug related HIV/AIDS transmission in collaboration with MoEYS, MoSVY, NGOs, and IOs.

In addition, links have been made with international academic institutions although these links are with programs, rather than local research organisations or academic institutions.

Table 6. Strategic objective 6 – Increased availability of information for policy makers and programme planners through monitoring, evaluation & research

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
1. Finalise national M&E system	1. Establish M&E framework for the national response, including national indicators, data sources and reporting periods		Lack of a national level multisectoral M&E system which collates available information on the response Standardised joint M&E and recording and reporting systems for TB/HIV activities
	2. Strengthen M&E capacity within programmes		
	3. Collate and analyse core indicator data set and prepare annual national report		
	4. Assess the feasibility of including financial tracking data in national M&E framework, linking these data to programme outputs		
2. Monitor the epidemic and the response	1. Conduct HIV Sentinel Surveillance (HSS) bi-annually	HIV surveillance carried out by NCHADS FHI works closely with NCHADS and CDC in survey planning, protocol development, data collection, analysis and reporting as part of surveillance systems	Lack of HIV prevalence data for young people
	2. Integrate incidence estimation into HSS		
	3. Revise HIV projections in light of increased survival of PLWHA due to ART scale up and increased accuracy of prevalence estimates		
	4. Conduct STI Surveillance (SSS) every 3 or 4 years	BSS and STI surveillance carried out by NCHADS FHI works closely with NCHADS and CDC in survey planning, protocol development, data collection, analysis and reporting as part of surveillance systems	Lack of HIV behavioural data for young people
	5. Conduct Behavioural Surveillance (BSS) and household male survey bi-annually		
	6. Establish and improve the passive surveillance system		Data collection for VCCT needs strengthening
	7. Conduct demographic and health survey		
	8. Integrate HIV into national information systems (Health, Education, Defence)		

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
3. Regular review and revision of NSP 2006-10	1. Undertake annual joint review of the NSP 2006-10		
4. Ensure a sound evidence base for HIV/AIDS/STD related programmes and policies	1. Establish national level research coordination mechanism		No overall coordination of HIV related research Limited research capacity, both within and independent of programs
	2. Develop national research agenda and strategy	Social and behavioural research around vulnerable such as MSM and drug users completed by several NGOs; sexual attitudes and behaviours by PSI; and youth by MoEYS Public health policy research around legislation and policy development done by the Policy Project NACD/UNDC, and Mith Samlanh/KHANA did rapid appraisals, regular data collection, and assessment of vulnerability to HIV/AIDS by illicit drug users USAID works to develop a focused and coordinated research agenda	Lack of consistency and redundancy of information gathering on prevention activities.
	3. Undertake evaluation research		
	4. Organise annual conference and report of HIV/AIDS related research		
	5. Training programme to build national capacity to undertake research		
	6. Develop and implement knowledge translation strategy		
5. Disseminate information to planners, policy makers and donors	1. Establish NAA website and other communication tools and utilize to disseminate regular updates on the national response (i.e. annual national report, resource tracking exercises etc)		
	2. Publish passive surveillance report		
	3. Provide epidemiological and behavioural data to inform programming		

SPECIFIC OBJECTIVES	ACTIVITIES	RESPONSES to HV/AIDS, 2001-2005	GAPS ADDRESSED
	4. Conduct regular resource allocation and expenditure tracking exercise to provide data needed to advocate for resource mobilization among policy makers and donor agencies		
	5. Disseminate annual national report of the response according to the national core indicator data set (service data disaggregated by quarter)		

3.2 Achievements by Province

The following table presents the responses of government ministries and various organisations at the national and provincial level, by thematic area.

Table 7. Responses to HIV/AIDS at the national and provincial level, 2004

NATIONAL[18]	HIV prevalence: 1.9%[19]
	Estimated number of HIV cases: 12,183[20]
	Estimated number of persons with AIDS: 19,814[21]
	Number of districts: 183
	Total population: 12,824[22]

Agency/ Organisation	Prevention	Care & Treatment	Support & Impact Mitigation	Policy, Advocacy & Research	Others
Ministry of Health (MOH) – Prevention of Mother to Child Transmission (PMTCT)	13 centres established in 8 provinces as of 2004; 9,680 pregnant women and 2,650 husband provided pre-test counselling; 96.6% and 99.9% of pregnant women and husbands were tested; 1.7% of women and husbands were HIV positive				

[18] Unless otherwise indicated, 2004 data are presented

[19] Based on 2003 HIV surveillance data; adjusted, weighted data smoothed with EPP

[20] Sopheap, 2004: p.8; data available only at the national level

[21] 8,344 men and 11,470 women, NAA 2005: p.27

[22] Population presented in this matrix are in thousands

MOH – 100% Condom Use Program (CUP)	The nationwide 100%CUP campaign employs peer education, STI treatment, advocacy with brothel owners, and enforcement through outreach teams There are 543 DSW-peer educators and 395 IDSW-peer educators; 589 integrated STI services and 30 special STI clinics. Special STI clinics cover 3,637 brothel based sex workers and 2,284 karaoke workers				Training of public health centres' staff on STI syndromic diagnosis, case referral and prevention IEC under the National Reproductive Health Program
NCHADS, MOH/NGOs	82,521 clients in 76 functional VCCT centres (63 supported by public sector/ NCHADS and 23 run by NGOs),[23] 55% of whom were females. 16.5% of all clients tested HIV+				

[23] Statistics regarding clients who tested for HIV are available only for 55 sites including the national STI clinic

National Blood Transfusion Centre, MOH (NBTC)[24]	22,723 units of blood collected in 18 provinces[25] and the NBTC; all tested and 2.1% HIV+ With Cambodian Red Cross (CRC) Initiated a recruitment drive for voluntary and non-remunerated donations from the youth and Buddhist monks IEC materials (video spots and documentary, leaflets) have been developed to promote voluntary blood donations Training materials developed, a circular released, and a technical document on blood usage completed Technical support to the Blood Safety Program and equipment for peripheral laboratories provided by WHO, US CDC, JICA, and UNICEF A training module on blood transfusion was included in the curriculum of the Faculty of Medicine				NBTC managers participated in Quality Management Program training organized by WHO and Regional Training Centre in Singapore Regional External Quality Assurance Scheme in collaboration with National Serology Referral Laboratory
MOH, MSF-France, MSF-France/Esther, MSF-Belgium		11 ODs in 8 provinces and 6 sites in Phnom Penh with ARV services provided to 5.816 PLHA (including 452 children)			

[24] Only 2003 data available for Kantha Bopha hospitals: 8,972 units of blood were collected, 1.5% of which were found HIV positive

[25] Donations take place in provincial transfusion centres located at the referral hospitals

MOH/NGOs		Prophylaxis and treatment for opportunistic infections (OI) in 11 provinces in 2004. A total of 32,315 were treated including 802 children in Phnom Penh and Siem Reap.			
MOH/NGOs	Full package of Continuum of Care[26] (CoC) provided in 12 ODs in 9 provinces; partial in 17 ODs in 12 provinces				
CENAT, MOH	Established small VCCT centre in CENAT to facilitate counselling of TB or suspected TB patients	TB/HIV framework piloted in 4 provinces: 5,352 PLHA referred from VCCT centres for testing for TB and 597[27] TB patients referred for HIV testing			
National Centre in HIV Epidemiology & Clinical Research (NCHECR/ NCHADS)		HIV care and support including ARV			

[26] Includes VCCT, clinical care for OIs, ART, TB/HIV care, PMCTC, MMM, and HBC

[27] Excludes Phnom Penh

Ministry of Women's Affairs (MoWA)	Pilot project in Takeo on education/discussion on HIV/AIDS issues as integrated activities with projects on credit, literacy/child care and domestic violence in the community Organized public forum on gender and HIV/AIDS with students and community members Developed a video spot on "Women and AIDS" MoWA implements community-based IEC for rural women and men by trained RH volunteers			Promotion of gender equality and empowerment of women among the general population Development of multi-sectoral Policy on Women, the Girl Child and HIV/AIDS"	Organized high-level inter-ministerial workshop on women and HIV/AIDS in Phnom Penh, Banteay Meanchey, Battambang, Kampong Cham, Kandal, and Svay Rieng Strengthen the capacity building of staff at central and provincial level
Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY)	332 peer educators provided life skills training and health promotion to 9,960 workers in 6 factories in Kandal and Phnom Penh		Established a centre in Kandal where PLHA (women and their children) with no families can stay and provided food, and vocational training		Capacity building of MoSVY staff
Ministry of Rural Development (MORD)	Implemented peer education, outreach activities and promoted VCCT through community based youth volunteer groups (CYVG) in two provinces; coordinate with MoEYS on prevention activities for youth		Support to PLHA, family members and children through provision of food, transport, and small seed money for micro-enterprise	Continued implementation of 2002- 2006 strategic plan for a comprehensive response to HIV/AIDS	Community resource mobilization through donations and used to support PLHA; assistance provided by UNICEF

Ministry of Cults and Religions (MoCR)	576 monks, achars, and nuns in 336 pagodas in 7 provinces include prevention messages when preaching/giving advice Monks have been Trained to become core trainers in Phnom Penh and Battambang for other monks and for people in their communities with support from UNDP/CARERE and Interchurch Organisation for Development Cooperation (ICCO) Involved in distribution of IEC materials		545 PLHA, OVC and their families provided care, counselling and support by 742 monks, achars, and nuns in 7 provinces	Development and implementation of policy on the religious response to HIV/AIDS epidemic	With UNICEF, developing a strategic plan for Buddhist monks, including a sensitization course for the Buddhist University and curriculum for Buddhist morality behaviour to influence behaviour change
Ministry of Education, Youth and Sports (MoEYS)	HIV/AIDS integrated in national textbooks and taught in 4 subjects Developed IEC materials for teachers, learners and education stakeholders Community learning centres at commune level provide non-formal education including life skills, HIV/AIDS, and vocational training Promotion of the hotline INTHANOU at school using well-known Cambodian athletes Training of pre-service teachers				Creation of inter-departmental committee on HIV/AIDS in order to mainstream activities into various networks of the Ministry

Ministry of National Defence (MoND)	Life skills training provided to all military personnel by peer educators in 24 provinces; referral system part of training provided to peer educators	Regional Military Hospital (Region 5) cover all HIV+ military personnel and families in Banteay Meanchey, Battambang, Pailin and Pursat since June 2004			
Ministry of Interior (MoInt)	Life skills training provided to 23,395 police by 1,344 peer educators in 11 provinces				
Cambodian Red Cross (CRC)	Life skills training provided to 16,810 police by 894 peer educators in 7 provinces Youth peer educators reaching 60, 240 students and 28,750 family members in Phnom Penh, Siem Reap, Pailin, Kampot, Banteay Meanchey, and Battambang[28]		Establish community volunteers and community forum in Kampot and Battambang to provide support to PLHA and family members in terms of livelihood, house repairs, giving food, and ensuring treatment adherence (w/ MSF-Belgium)	Developed HIV/AIDS Strategic Plan 2004-2010	Sensitize gatekeepers (commanders, teachers, parents etc) to increase awareness levels and gain support for HIV/AIDS related activities
Ministry of Culture and Fine Arts	Developed cultural performances on HIV/AIDS using traditional and folk theater				

[28] Breakdown by province is not available

National AIDS Authority (NAA)	Formal collaboration with NACD established with the formation of a Technical Working Group on issues related to HIV transmission through drug use			NAA Secretariat has assisted the development of the MORD and MoSVY strategic plans Strategic plans for Battambang and Siem Reap developed with the assistance of NAA	With UNDP, Leadership Capacity Development Program develops skills and capabilities of leaders to improve the response to HIV/AIDS
Ministry of Planning (MoP)				Finalized and approved the Cambodian Millennium Development Goals 2003 Report and the 2001 Cambodian Human Development Report on HIV/AIDS Incorporated HIV/AIDS and the guiding principles of a multisectoral response in the Social Economic Development Plan 2001-2005, and the National Poverty Reduction Strategy 2003-2005	
Ministry of Labour and Vocational Training (MoLV)				Developed guidelines for HIV in the workplace in 2004	
Ministry of Tourism (MoT)				Drafted a strategic plan	

National Authority for Combating Drugs (NACD)/ UN Office on Drugs and Crimes (UNODC)	NACD hosted a national workshop on drugs, the representatives of which represented a cross-section of society UNODC, NACD conducted campaigns during Water Festivals to raise awareness regarding the detrimental impact of illicit drug use UNODC has supported the development of a 5-year master plan covering law enforcement, health, social services, awareness, prevention, treatment and rehabilitation, legislation, and regional and international cooperation	A Phnom Penh facility accommodates 100 children who are mild users and treatment limited to shelter and counselling. A detoxification and rehabilitation facility, and a harm reduction programme has been initiated by Mith Samlanh		Formulated strategies and long term objectives for a drug free society Development of a drug treatment, rehabilitation and reintegration policy A Memorandum of Understanding (MoU) was signed between NACD and NAA to collaborate in the fight against drug-related HIV/AIDS transmission NACD/UNDC, and Mith Samlanh/KHANA did rapid appraisals, regular data collection, and assessment of vulnerability to HIV/AIDS by illicit drug users Coordinates research and the development of responses to drug related HIV/AIDS transmission in collaboration with MoEYS, MoSVY, NGOs, and IOs	Expanded the number of computer-based training for drug law enforcement Supported capacity development of NGOs to provide drug awareness information to various at-risk populations especially children and youth Established the Drug Abuse Forum, a coalition of over 40 agencies with an interest in drug control Conducted a series of training of trainers to NGOS, IOs and government agencies on the basics and consequences of illicit drug use
Provincial AIDS Secretariat (PAS)/ United Nations Development Programme (UNDP)	Community capacity enhancement implemented in 7 provinces; 50 trained facilitators have reached 35,000 community members				

	Peer education programmes in the uniformed services reached 97,639 military personnel in 19 provinces. Programme components include raising STI/HIV/AIDS awareness, assessing and reducing risks, and developing skills to enable behaviour change Outreach/peer education, access to services and counselling at drop-in centres were provided to around 1,174 MSM in Phnom Penh and Kandal				

Family Health International (FHI) and partners	Reducing HIV vulnerabilities of 500 military families in Kampong Cham with reproductive health, PMTCT, STI and VCCT services, and condom promotion forming the basis of activities Prevention and care for about 9,000 women-at-risk (direct, indirect and freelance sex workers) in 14 provinces. Programme activities include outreach, peer education, advocacy and social mobilization, promotion of STI clinic attendance, VCCT and treatment for HIV/AIDS, savings schemes and alternative income generation activities Work with government and NGOs to strengthen STI case management capacity and service delivery through capacity building and quality assurance. An average of 3,060 sex workers per month receive services in 13 provinces	With the MoH, NCHADS and other organisations implements the CoC in 5 ODs in Battambang province reaching 888,246 of the population. CoC package includes facility- and home-based care, VCCT, OI/ ART management, PLHA support mechanisms (MMM), TB/HIV, PMTCT, and home and community based support. Collaborates with MoND and NCHADS to improve HIV/AIDS care and support and treatment services for military personnel and family members in Military Region 5 (Battambang, Banteay Meanchey, Pursat and Pailin)	With partners, 3,176 OVC assisted and HBC strengthened in Battambang and Phnom Penh. Activities comprise of nutrition support, reintegration of orphans to the community, vocational training, income generation support to foster families, school materials support, home-based care for PLHA, home visits, involvement of religious monks, psychosocial support and education sessions in the community to reduce stigma and discrimination.	Works closely with NCHADS and CDC in survey planning, protocol development, data collection, analysis and reporting as part of surveillance systems Collaborates with NAA, NCHADS, UNICEF in developing public policies	FHI's programmes include trainings for peer educators, peer leaders, core trainers, and outreach workers; assists NCHADS in training government and NGO health workers on pre- and post-testing for HIV, trains medical staff on diagnosis and treatment of opportunistic infections (OI) and HIV treatment with ARV, and basic HIV/AIDS care to home-based care staff, family members and PLHA

		Collaborated with the government and a range of partners (FHI, CARE, RACHA) in implementing CoC in Battambang, Takeo, Siem Reap and Kampong Cham With partners, active in 304 health centres and provided care and support to over 5,000 PLHA through 49 home-based care teams in 14 provinces.			

Khmer HIV/AIDS NGO Alliance (KHANA) and partners	Reached 24,652 youth in and out of school, 42,560 married people, 6,348 factory workers, and 9,281 members of key populations (1,748 direct and 2,856 indirect sex workers and 4,677 MSM) in 13 provinces. Activities comprised of reducing stigma, increasing self esteem and social capital, building knowledge and skills in risk-reduction/safer sex, encouraging the use of sexual health services, VCCT, and building support among peers for HIV/STI risk reduction, and youth camps Provided support to Mith Samlanh to conduct a pioneering assessment of illicit drug use in Phnom Penh and develop indicators to monitor a pilot needle and syringe exchange programme	Teams provide home visits, basic medical care, referrals to key health services (e.g. OI/STI/TB treatment and VCCT), transport grants, psychosocial support, condom provision, HIV/AIDS education for family members, training for caregivers, helping families to plan for the future, empowering PLHA to form self help groups, promoting the involvement of faith-based groups in communities, working against stigma and discrimination, and initiating income generating activities. 11 Provincial Home Care Networks provide training and technical support to HBC teams, coordinates activities to ensure even coverage, and arranges regular meetings for teams to share experiences and lessons 12 Provincial PLHA Networks promote active involvement and empower PLHA to advocate and raise awareness Initiate the integration of community based TB DOTS and ARV treatment adherence into existing programmes	7,252 OVC reached through home care; 1,931and 1,438 OVC were supported to attend school and into foster care, respectively. Specific activities include negotiating exemption on school fees, buying clothes and materials, providing access to life skills education and vocational training, identifying and supporting foster parents or working with Buddhist monks to provide temporary care in pagodas	Works closely with NAA, NCHADS, UNODC, MoWA, MoSVY and the Global Fund for policy analysis and development. Provided support to national networks: CPN+, HACC, provincial health care networks, and provincial PLHA networks	Building and strengthening the capacity of marginalized groups, partner NGOs and CBOs, and KHANA itself through trainings, workshops, conferences, NGO exchange visits, field visits, and partners' meetings Creating, documenting, translating, and disseminating of training and resource materials in Khmer and English. Production of IEC materials including advocacy posters, billboards, and pamphlets for MSM and SW.

	Condom distribution reached 20 million in 2003; 97% of brothels nationwide provided clients with Number 1 condoms				

Population Services International (PSI)	Introduced other condom brands aimed at specific groups (OK for couples in relationships, Number 1 Plus for MSM, Care female condoms for DSW and IDSW) Opened regional offices in 3 provinces that carries out sales functions and outreach through mobile video units Established the United Health Network with 26 member-organisations in 18 provinces; UHN members use social marketing to provide access to PSI's products and health information Established the Sun Quality Health Network which comprise of private health practitioners providing STI treatment and VCCT services in 3 provinces and Phnom Penh Employed a variety of media channels to broadcast messages on HIV/AIDS Showed short video clips about HIV/AIDS in 5 Phnom Penh cinemas, targeting youth Used puppetry to communicate messages pertaining to HIV/AIDS, condom use and safe sexual behaviour Launched mobile video units to educate harder to reach audiences regarding key health messages including HIV/AIDS Developed a comic book and distributed by partner NGOs to				

NGOs		227 Home-based Care Teams in 17 provinces		

Other organisations[29]	CARE has initiated prevention and care activities with Heineken Breweries and Tiger Beer, including access to ARV; worked with factories in collaboration with government and NGO partners in 2001 initially targeting 35,000 workers and expanded in 2003 to 25 factories targeting 50,000 workers World Vision implemented an HIV/STI prevention project along Highway 4 including 14 factories located along the road; provided peer education to garment factory workers, uniformed personnel, and community youth Prevention and care for employees of the Sihanoukville Port includes treatment and employment opportunities for families of workers who are too sick to continue working Mith Samlanh, CARE, MSF-B has developed IEC materials for street children, mobile populations, and sex workers, respectively International Labour Organisation (ILO) launched the HIV/AIDS Workplace Education Program to expand the involvement of the private sector in the response to HIV/AIDS through advocacy and technical guidance on HIV/AIDS workplace policies and programs.				

[29] NGOs and other organisations

	183 organisations focusing on prevention in 22 provinces. Activities comprise of Peer education and outreach Behaviour change and empowerment interventions Advocacy with government and international organisations Mass media campaigns Establishment of information centres Providing testing and counselling centres Undertaking resource mobilization activities	5 organisations providing care and support with ART to PLHA in 4 provinces	125 organisations providing care and support to PLHA and OVC in 21 provinces, mainly through home and community based care and support networks PLHA organisations contribute significantly to prevention and care work	18 organisations undertaking advocacy in 11 provinces PLHA organisations undertake advocacy at all levels	NGOs, IOs, and institutions support in service case management and medical training, HIV/AIDS education, and counselling courses for health care workers employed in government, NGOs, the private sector, and community based personnel
	<u>Round 1</u> Extending peer education to the military and police, garment factory workers, youth and to newly identified populations at-risk Extending model STI case management not yet covered by national STI programme Extending social marketing of condoms Principal recipient is MoH and sub recipients are MoND, MoSVY, CRC, Youth Council of Cambodia, NCHADS, KHANA, PSI, KHANA, Sihanouk Centre of Hope, Douleur sans Frontieres (DSF), Pharmaciens sans Frontieres (PSF)	<u>Round 1</u> Expanding care and treatment programmes for PLHA, including limited ARV			

Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	Round 2 Increased availability of VCCT, information, education and communication (IEC) strategies for rural villages, PMTCT for HIV positive women, IEC and STI treatment for migrant and indirect sex workers, and increased awareness and safer behaviour among youth Principal recipient is MOH and sub recipients are Reproductive Health Association of Cambodia, NMTCT, NCHADS, MoSVY, PSF, French Red Cross, Sihanouk Hospital Centre of Hope, Garments Manufacturers' Association of Cambodia	Round 2 Provision of ARVs in Phnom Penh and Sihanoukville including children living with AIDS (CLWA), medical care to CLWA at National Pediatric Hospital, laboratory monitoring for ARV patients in Phnom Penh and for OIs in the Dept. of Disease Control in Sihanoukville, training of doctors in AIDS care including ARV provision in Sihanoukville, training of pharmacists, peer educator training and organisation of patient support groups	Round 1 Extending impact mitigation programs in areas of heavy HIV prevalence		Round 2 Improve National Guidelines on medical treatment and palliative care, increase the capacity of health facilities and communities to provide care and treatment such as OI management, palliative care and counselling for family members and PMTCT services
USAID and partners	Supports targeted prevention interventions focusing on high risk groups (sex workers, MSM, migrant populations) and prevention activities that are part of care, treatment and support in 23 provinces. Activities include outreach, peer education, condom promotion, behaviour change communication, STI treatment promotion and technical support, VVCT AND PMTCT	Supports care and treatment activities including the establishment of CoC in 5 provinces	Provides assistance for care and support activities in 13 provinces. Activities include helping OVC and CAA through HBC networks, and PLHA networks Assists in the religious response to HIV/AIDS and addressing gender issues related to HIV/AIDS	Works to develop a 'code of conduct' and a dissemination plan regarding the National AIDS Law Helps in advocacy work against stigma and discrimination Assists in developing a database of human rights violations in relation to HIV/AIDS Works to develop a focused and coordinated research agenda	Supports capacity building of referral hospital and health centre staff

BANTEAY MEANCHEY

Estimated HIV prevalence in ANC clients: 3.3%

Number of districts: 8

Total population: 679

Agency/ Organisation	Prevention	Care & Treatment	Support & Impact Mitigation	Policy, Advocacy & Research	Others
MOH - PMTCT	1,726 pregnant women & 86 husbands given pre-test counselling; 99.8% of women and 98.8 of husbands tested; 3.6% and 15.3% HIV+, respectively	28 pregnant women & 28 infants treated with nevirapine			
NBTC, MOH	860 units of blood collected; 1.3% HIV+				
MoH - 100% CUP	56 DSW-peer educators and 45 IDSW-peer educators; 44 integrated STI services and 2 special STI clinics. Special STI clinics cover 391 brothel based sex workers and 331 karaoke workers				
NCHADS, MOH	7,505 clients in 4 VCCT centres had; 57% were female. 16.4% of all clients tested HIV+				
MOH/FHI		15% of 58 PLHA referred from VCCT had TB; 19% of 409 TB patients tested HIV+			
MOH/NGOs		Prophylaxis and treatment to 129 patients with OI in 4 sites			
MOH/NGOs	Full package of continuum of care (CoC) provided in Sisophon OD; in Mongkol Borey, Or Chrov and Thmar Puok ODs, HBCV, IC, and VCCT provided				

MoWA				Advocacy for gender-responsive HIV policies and programs for key decision and policy makers	
CRC	Life skills training provided to 3,332 police by 119 peer educators				
PAS-UNDP	Community capacity enhancement implemented with assistance from around 6 trained facilitators among community members				
NGOs		19 Home-based Care Teams in 3 ODs			
Other organisations	10 organisations focusing on prevention		8 organisations providing care and support to PLHA & OVC	1 organisation undertaking advocacy for gender responsive HIV/AIDS policies and programs	

BATTAMBANG

Estimated HIV prevalence in ANC clients: 2.5%

Number of districts: 12

Total population: 972

Agency/ Organisation	Prevention	Care & Treatment	Support & Impact Mitigation	Policy, Advocacy & Research	Others
MOH - PMTCT	1,467 pregnant women & 513 husbands given pre-test counselling in Battambang and Maung Russey ODs. All tested; 1.4% of women and husbands HIV+	16 pregnant women & 17 infants treated with nevirapine			
NBTC, MOH	2,997 units of blood collected; 1.6% HIV+				
MOH - 100% CUP	25 DSW-peer educators and 35 IDSW-peer educators; 26 integrated STI services and 2 special STI clinics. Special STI clinics cover 148 brothel based sex workers and 421 karaoke workers				
NCHADS, MOH/RHAC	9,522 clients in 5 VCCT centres supported by NCHADS and in 1 supported by RHAC; 61% were female. 14.6% of all clients were HIV+				
MOH		ARV services in Maung Russey OD and Battambang Hospital provided to 132 and 22 PLHA respectively			
MOH/FHI		24% of 762 PLHA referred from VCCT had TB; 34% of 140 TB patients tested HIV+			

MOH/NGOs		Prophylaxis and treatment to 1,228 patients with OI in 2 sites			
MOH/NGOs	Full package of CoC provided in Battambang, Maung Russey and Sampoeu Loun ODs				
MoWA				Advocacy for gender-responsive HIV policies and programs for key decision and policy makers	
MoND/FHI		Regional Military Hospital (Region 5) covering HIV+ military personnel and families in Banteay Meanchey, Battambang, Pailin and Pursat since June 2004			
CRC	Life skills training provided to 3,672 police by 114 peer educators Peer educators/community volunteers undertake prevention related activities and aim to reduce stigma and discrimination		Provide support to 500 PLHA and family members		
PAS-UNDP	Community capacity enhancement implemented with assistance from around 6 trained facilitators among community members				
NGOs		54 Home-based Care Teams in 5 ODs			
Other organisations	15 organisations focusing on prevention		9 organisations providing care and support to PLHA & OVC	3 organisation undertaking advocacy	

KAMPONG CHAM	Estimated HIV prevalence in ANC clients: 2.1% Number of districts: 16 Total population: 1,656				
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - PMTCT	72 pregnant women and 17 husbands provided pre-test counselling; 100% tested; all HIV-				
NBTC, MOH	1,468 units of blood collected; 0.3% HIV+				
MOH - 100% CUP	25 DSW-peer educators and 25 IDSW-peer educators; 58 integrated STI services and 1 special STI clinic. Special STI clinics cover 257 brothel based sex workers and 307 karaoke workers				
NCHADS, MOH/RHAC	5,250 clients in 5 VCCT centres supported by NCHADS and in 2 supported by RHAC; 53% were female. 17.9% of all clients were HIV+				
MSF-France		ARV services provided to 499 (458 adults and 41 children) PLHA in Kampong Cham Hospital			
MOH/NGOs		Prophylaxis and treatment to 1,054 patients with OI in Kampong Cham Hospital			
MOH; MSF-France; RHAC	HBC, IC, VCCT, MMM provided as part of CoC in Kampong Cham OD; HBC, IC, VCCT provided in Memut OD; in Tbong Khmom OD, HBC and VCCT provided				

CRC	Life skills training provided to 3,823 police by 340 peer educators				
NGOs		17 Home-based Care Teams in 11 ODs			
Other organisations	10 organisations focusing on prevention	1 organisation providing care, support and ART to PLHA	5 organisations providing care and support to PLHA & OVC	1 organisation undertaking advocacy	

KAMPONG CHHNANG	Estimated HIV prevalence in ANC clients: 2.0% Number of districts: 8 Total population: 532				
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
NBTC, MOH	653 units of blood collected; 0.9% HIV+				
MOH - 100% CUP	35 DSW-peer educators and 30 IDSW-peer educators; 30 integrated STI services and 1 special STI clinic. Special STI clinics cover 112 brothel based sex workers and 52 karaoke workers				
NCHADS, MOH	1,411 clients in 2 VCCT centres supported by NCHADS; 50% were females. 18.3% of all clients tested HIV+				
MOH	HBC, IC, VCCT provided as part of CoC in Kampong Chhnang OD				
MoCR	101 monks, in 80 pagodas include prevention messages when preaching/ giving advice, reaching approximately 11,005 community members		152 PLHA and their families provided food supplies, counselling, and transport cost to obtain treatment by monks, nuns and achars	Advocacy	

MORD	Implemented peer education, outreach activities and promoted VCCT through CYVG in 4 communes and 2 districts with 150 members		Support to PLHA, family members and children through provision of food, transport, and small seed money for micro-enterprise		Community resource mobilization through donations and used to support PLHA; with the assistance of UNICEF
MoInt	Life skills training provided to 1,400 police by 107 peer educators				
NGOs		9 Home-based Care Teams in 2 ODs			
Other organisations	9 organisations focusing on prevention		7 organisations providing care and support to PLHA & OVC		

KAMPONG SPEU	Estimated HIV prevalence in ANC clients: 2.9% Number of districts: 8 Total population: 677				
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - PMTCT	25 pregnant women and 20 husbands provided pre-test counselling; 100% of women and husbands tested; all HIV-				
NBTC, MOH	724 units of blood collected; 0.6% HIV+				
MOH - 100% CUP	31 DSW-peer educators and 5 IDSW-peer educators; 30 integrated STI services and 1 special STI clinic. Special STI clinics cover 136 brothel based sex workers.				
NCHADS, MOH	699 clients in 2 VCCT centres supported by NCHADS; 55% were female. 22.2% of all clients tested HIV+				
MOH	HBC and VCCT provided as part of CoC in Kampong Speu OD				
MoCR	97 monk in 125 pagodas include prevention messages when preaching/ giving advice, reaching approximately 3,307 community members Participated in special campaigns during World AIDS Day		PLHA and their families provided counselling and support 10 of 20 donation boxes set up to support OVC received donations from UNICEF	Advocacy	

MORD	Implemented peer education, outreach activities and promoted VCCT through CYVG in 2 communes and 1 districts with 60 members		Support to PLHA, family members and children through provision of food, transport, and small seed money for micro-enterprise		Community resource mobilization through donations and used to support PLHA; with the assistance of UNICEF
MoInt	Life skills training provided to 1,758 police by 135 peer educators				
NGOs		5 Home-based Care Teams in 1 OD			
Other organisations	9 organisations focusing on prevention		7 organisations providing care and support to PLHA & OVC	1 organisation undertaking advocacy	

KAMPONG THOM		Estimated HIV prevalence in ANC clients: 1.8% Number of districts: 8 Total population: 607			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - PMTCT	278 pregnant women and 66 husbands provided pre-test counselling; 99.6% of women and 100% of husbands tested; 1.4% and 1.5% HIV+ respectively	1 pregnant woman and 1 infant treated			
NBTC, MOH	1,008 units of blood collected; 0.9% HIV+				
MOH - 100% CUP	25 DSW-peer educators and 25 IDSW-peer educators; 34 integrated STI services and 1 special STI clinic. Special STI clinics cover 78 brothel based sex workers and 43 karaoke workers				
NCHADS, MOH	1,588 clients in 2 VCCT centres supported by NCHADS; 59% were females. 13.3% of all clients tested HIV+				
MOH	HBC, IC and VCCT provided in Kampong Thom OD				
MoCR		Care, counselling and support for PLHA, OVC and their families, and monks		Advocacy	
MoInt	Life skills training provided to 1,463 police by 97 peer educators				
NGOs		8 Home-based Care Teams in 3 ODs			
Other organisations	6 organisations focusing on prevention		5 organisations providing care and support to PLHA & OVC	1 organisation undertaking advocacy	

KAMPOT	Estimated HIV prevalence in ANC clients: 1.4% Number of districts: 8 Total population: 596				
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
NBTC, MOH	303 units of blood collected; 0.7% HIV+				
MOH - 100% CUP	13 DSW-peer educators and 12 IDSW-peer educators; 44 integrated STI services and 1 special STI clinic. Special STI clinics cover 83 brothel based sex workers and 34 karaoke workers				
NCHADS, MOH/RACHA	2,150 clients in 3 VCCT centres supported by NCHADS and in 1 by RACHA; 46% were females. 20.8% of all clients were HIV+				
MOH	HB, IC and VCCT offered in Kampot OD				
MoCR	120 monks, heads of monasteries and achars in 41 pagodas include prevention messages when preaching/ giving advice, reaching approximately 1,609 community members		32 PLHA, OVC and their families provided food supplies, and counselling by monks, achars, heads of pagodas, and officials from the Department of Cults and Religions Donation boxes set up in 11 pagodas to support OVC	Advocacy	
PAS-UNDP	Community capacity enhancement implemented with assistance from around 6 trained facilitators among community members				

CRC	Peer educators/community volunteers undertake prevention related activities and aim to reduce stigma and discrimination		Provide support to 500 PLHA and family members		
NGOs		2 Home-based Care Teams in 2 ODs			
Other organisations	6 organisations focusing on prevention		5 organisations providing care and support to PLHA & OVC	1 organisation undertaking advocacy	

KEP		Estimated HIV prevalence in ANC clients: *no information* Number of districts: 2 Total population: 58			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - 100% CUP	25 IDSW-peer educators; 4 integrated STI services; no special STI clinic				
NCHADS, MOH	1 VCCT centre supported by NCHADS				
Other organisations	1 organisation focusing on prevention				

KANDAL		Estimated HIV prevalence in ANC clients: 1.6% Number of districts: 11 Total population: 1,203			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - 100% CUP	33 DSW-peer educators; 58 integrated STI services and 1 special STI clinic. Special STI clinics cover 130 brothel based sex workers.				
NCHADS, MOH	470 clients in 4 VCCT centres supported by NCHADS; 49% were female. 18.1% of the total tested HIV+				
MOH	HBC, IC and VCCT provided in Tamaul OD				
MoSVY	269 women sent for blood testing after being counseled 3,298 have been educated on HIV as part of centre's activities in Kampong Kantout		Established a centre iwhere PLHA (women and their children) with no families can stay and provided food, and vocational training		
MoInt	Life skills training provided to 2,318 police by 254 peer educators				
NGOs		10 Home-based Care Teams in 3 ODs			
Other organisations	16 organisations focusing on prevention		6 organisations providing care and support to PLHA & OVC		

KOH KONG	Estimated HIV prevalence in ANC clients: 2.9% Number of districts: 8 Total population: 118				
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - 100% CUP	25 DSW-peer educators and 25 IDSW-peer educators; 7 integrated STI services and 2 special STI clinics. Special STI clinics cover 126 brothel based sex workers and 177 karaoke workers				
NCHADS, MOH	800 clients in 1 centre supported by NCHADS; 48% were female. 29.1% of all clients tested HIV+				
MOH		ARV services in Smach Meanchey OD provided to 11 PLHA			
MOH	Full package of CoC provided Smach Meanchey OD				
MoWA				Advocacy for gender-responsive HIV policies and programs among key decision and policy makers	
CRC	Life skills training provided to 833 police by 68 peer educators				
NGOs		6 Home-based Care Teams in 2 ODs			
Other organisations	4 organisations focusing on prevention		2 organisations providing care and support to PLHA & OVC	1 organisation undertaking advocacy	

KRATIE	Estimated HIV prevalence in ANC clients: 0.6% Number of districts: 5 Total population: 329				
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
NBTC, MOH	289 units of blood collected; all HIV-				
MOH - 100% CUP	10 DSW-peer educators and 15 IDSW-peer educators; 21 integrated STI services and 1 special STI clinic. Special STI clinics cover 31 brothel based sex workers and 30 karaoke workers				
NCHADS, MOH	737 clients in 1 VCCT centre supported by NCHADS; 46% were female; 9.6% of all clients tested HIV+				
MOH/NGOs		Prophylaxis and treatment to 59 patients with OI in Smach Meanchey Referral Hospital			
MOH	VCCT and IC provided in Kratie OD				
MoInt	Life skills training provided to 1,317 police by 64 peer educators				
Other organisations	2 organisations focusing on prevention		3 organisations providing care and support to PLHA & OVC		

MONDULKIRI

Estimated HIV prevalence in ANC clients: *no information*
Number of districts: 5
Total population: 37

Agency/ Organisation	Prevention	Care & Treatment	Support & Impact Mitigation	Policy, Advocacy & Research	Others
MOH - 100% CUP	7 IDSW-peer educators; 5 integrated STI services; no special STI clinic				
NCHADS	1 VCCT centre supported by public sector				

ODDAR MEANCHEY

Estimated HIV prevalence in ANC clients: *no information*
Number of districts: 3
Total population: 130

Agency/ Organisation	Prevention	Care & Treatment	Support & Impact Mitigation	Policy, Advocacy & Research	Others
NBTC, MOH	101 units of blood collected; 1% HIV+				
MOH - 100% CUP	20 DSW-peer educators and 13 IDSW-peer educators; 11 integrated STI services and 1 special STI clinic. Special STI clinics cover 156 brothel based sex workers and 76 karaoke workers				
NCHADS, MOH	239 clients in 1 VCCT centre supported by NCHADS; 52% were female. 10.9% of all clients tested HIV+				
Other organisations	3 organisations focusing on prevention				

PAILIN		Estimated HIV prevalence in ANC clients: 2.7% Number of districts: 2 Total population: 41			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
NBTC, MOH	139 units of blood collected; 3.6% HIV+				
MOH - 100% CUP	13 DSW-peer educators and 8 IDSW-peer educators; 2 integrated STI services and 1 special STI clinic. Special STI clinics cover 128 brothel based sex workers and 52 karaoke workers				
NCHADS, MOH	590 clients in 1 VCCT centre supported by NCHADS; 48% were female. 13.4% of all clients tested HIV+				
MoInt	Life skills training provided to 336 police by 2 peer educator trainers				
NGOs		2 Home-based Care Teams in 1 OD			
Other organisations	6 organisations focusing on prevention		2 organisations providing care and support to PLHA & OVC		

PHNOM PENH		Estimated HIV prevalence in ANC clients: 1.7% Number of districts: 7 Total population: 1,044			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
National Maternal and Child Health Centre	2,810 pregnant women & 1,405 husbands given pre-test counselling; 100% tested; 3% of women and 0.6% of husbands HIV+ respectively	25 pregnant women & 28 infants treated with nevirapine			
Calmette Hospital	1,966 pregnant women given pre-test counselling; 83.5% tested and 0.7% HIV+	95 pregnant women & 95 infants treated with nevirapine			
NBTC, MOH	11,160 units of blood collected; 3.3% HIV+				
MOH - 100% CUP	16 DSW-peer educators and 16 IDSW-peer educators; 8 integrated STI services and 5 special STI clinics. Special STI clinics cover 752 brothel based sex workers.				
NCHADS, MOH/NGOs	27,699 clients in 10 VCCT centres supported by public sector/NCHADS and in 10 centres supported by NGOs; 57% were female. 15% were HIV+				
Centre of Hope; Maryknoll; Medecins du Monde (MDM); Esther; MSF-France; CTAP/NCHADS; National Pediatric Hospital, MOH		ARV services provided to 3,235 (2,943 adults and 292 children) PLHA			

CENAT, MOH		24% of 2,909 PLHA referred from VCCT tested TB+; 36% of TB patients tested HIV+			
MOH/NGOs		Prophylaxis and treatment to 23,886 patients with OI in 7 sites			
MoWA				Advocacy for gender-responsive HIV policies and programs among key decision and policy makers	
MoCR	110 monks, nuns, achars, and laymen in 5 pagodas include prevention messages when preaching/ giving advice, reaching approximately 4,275 community members		170 PLHA and their families provided food supplies, counselling, and brought to pagodas for meditation 15 donation boxes set up to support PLHA and children	Advocacy	
MoInt	Life skills training provided to 7,718 police and bodyguards by 187 peer educators				
NGOs		20 Home-based Care Teams in 5 ODs			
Other organisations	35 organisations focusing on prevention		27 organisations providing care and support to PLHA & OVC	3 organisation undertaking advocacy	

PREAH VIHEAR

Estimated HIV prevalence in ANC clients: 1.2%
Number of districts: 7
Total population: 150

Agency/ Organisation	Prevention	Care & Treatment	Support & Impact Mitigation	Policy, Advocacy & Research	Others
NBTC, MOH	35 units of blood collected; all HIV-				
MOH - 100% CUP	17 DSW-peer educators and 8 IDSW-peer educators; 9 integrated STI services and 1 special STI clinic. Special STI clinics cover 75 brothel based sex workers.				
Other organisations	3 organisations focusing on prevention		1 organisation providing care and support to PLHA & OVC		

PREY VENG

Estimated HIV prevalence in ANC clients: 1.8%
Number of districts: 12
Total population: 1,013

Agency/ Organisation	Prevention	Care & Treatment	Support & Impact Mitigation	Policy, Advocacy & Research	Others
NBTC, MOH	190 units of blood collected; all HIV-				
MOH - 100% CUP	38 DSW-peer educators and 33 IDSW-peer educators; 26 integrated STI services and 2 special STI clinics. Special STI clinics cover 99 brothel based sex workers and 196 karaoke workers				

NCHADS, MOH	3,378 clients in 4 VCCT centres supported by NCHADS; 50% were female. 21.9% tested HIV+				
MOH/NGOs		Prophylaxis and treatment to 171 patients with OI in 2 sites			
MOH	Full package of CoC provided in Prey Veng and Neak Loeung ODs				
MoCR	55 monks in 57 pagodas include prevention messages when preaching/ giving advice, reaching approximately 3,366 community members		165 PLHA taught meditation Money from donation boxes in 20 pagodas given to PLHA and OVC	Advocacy	
CRC	Life skills training provided to 2,224 police by 102 peer educators				
NGOs		15 Home-based Care Teams in 3 ODs			
Other organisations	5 organisations focusing on prevention		7 organisations providing care and support to PLHA & OVC	1 organisation undertaking advocacy	

PURSAT		Estimated HIV prevalence in ANC clients: 1.5% Number of districts: 5 Total population: 456			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - PMTCT	679 pregnant women and 255 husbands provided pre-test counselling; 99.7% of women and 99.2% of husbands tested; 1.8% and 4.3% HIV+ respectively	6 pregnant mothers and 8 infants treated with nevirapine			
NBTC, MOH	376 units of blood collected; all HIV-				
MOH - 100% CUP	19 DSW-peer educators and 2 IDSW-peer educators; 13 integrated STI services and 1 special STI clinic. Special STI clinics cover 75 brothel based sex workers and 44 karaoke workers				
NCHADS, MOH/RACHA	2,413 clients in 2 VCCT centres supported by NCHADS and in 2 centres supported by RACHA; 50% were female. 11.9% tested HIV+				
MOH/NGOs		Prophylaxis and treatment to 141 patients with OI in Sampov Meas			
MOH; EuropAid	Full package of CoC provided in Sampoeu Meas OD; HB and IC provided in Bakan OD				

MoCR	26 monks and achars in 13 pagodas include prevention messages when preaching/ giving advice, reaching approximately 14,370 community members 51 monks and achars participate in special campaign during World AIDS Days		26 PLHA, their families and old people provided counselling and support (clothes, coffins, and other donations) by monks 13 donation boxes set up, receiving $750 from UNICEF and 774,100 Riel from other persons	Advocacy	
MoInt	Life skills training provided to 1,448 police by 79 peer educators				
PAS-UNDP	Community capacity enhancement implemented with assistance from around 6 trained facilitators among community members				
NGOs		9 Home-based Care Teams in 2 ODs			
Other organisations	5 organisations focusing on prevention		5 organisations providing care and support to PLHA & OVC		

RATANAKIRI	
	Estimated HIV prevalence in ANC clients: 1.1%
	Number of districts: 9
	Total population: 100

Agency/ Organisation	Prevention	Care & Treatment	Support & Impact Mitigation	Policy, Advocacy & Research	Others
NBTC, MOH	101 units of blood collected; 1% HIV+				

MOH – 100% CUP	7 DSW-peer educators; 7 integrated STI services and 1 special STI clinic. Special STI clinics cover 37 brothel based sex workers and 1 karaoke worker				
NCHADS, MOH	1 VCCT centre supported by NCHADS				
Other organisations	1 organisation focusing on prevention		1 organisation providing care and support to PLHA & OVC		

SIEM REAP					
	Estimated HIV prevalence in ANC clients: 3.5%				
	Number of districts: 14				
	Total population: 755				
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
NBTC, MOH	912 units of blood collected; 0.5% HIV+				
MOH – 100% CUP	35 DSW-peer educators and 40 IDSW-peer educators; 49 integrated STI services and 1 special STI clinic. Special STI clinics cover 221 brothel based sex workers and 145 karaoke workers.				
NCHADS, MOH/RHAC/ RACHA/ NGOs	6,043 clients in 2 VCCT centres supported by NCHADS, in 1 centre supported by RHAC, in 1 by RACHA, and in 3 by other NGOs; 53% were female. 19.8% were HIV+				

MOH		ARV services in Siem Reap and Sothnikom ODs, and Komar Angkor Hospital provided to 1,034 (915 adults and 119 children) PLHA			
MOH/NGOs		Prophylaxis and treatment to 2,222 patients with OI in 2 sites			
MSF/Esther; MSF-Belgium	Full package of CoC provided in Siem Reap OD; HBC, IC and VCCT provided in Sothnikom OD				
MoWA				Advocacy for gender-responsive HIV policies and programs among key decision and policy makers	
MoCR		Care, counselling and support for PLHA, OVC and their families, and monks		Advocacy	
MoInt	Life skills training provided to 2,414 police by 202 peer educators				
NGOs		6 Home-based Care Teams in 4 ODs			
Other organisations	13 organisations focusing on prevention	1 organisation providing care, support and ART	6 organisations providing care and support to PLHA & OVC	3 organisations undertaking advocacy	

SIHANOUKVILLE		Estimated HIV prevalence in ANC clients: 2.9% Number of districts: 3 Total population: 187			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
NBTC, MOH	123 units of blood collected; 3.3% HIV+				
MOH - 100% CUP	44 DSW-peer educators; 9 integrated STI services and 1 special STI clinic. Special STI clinics cover 306 brothel based sex workers and 224 karaoke workers.				
NCHADS, MOH/RHAC	3,633 clients in 2 VCCT centres supported by NCHADS and in 1 centre supported by RHAC; 16.4% of all clients were HIV+				
		23% of 337 PLHA referred from VCCT had TB; 65% of 48 TB patients tested HIV+			
MOH/NGOs		Prophylaxis and treatment to 313 patients with OI in Sihanoukville Hospital			
MOH/FRC/GFATM II/WHO		ARV services provided to 25 PLHA			
	Full package of CoC provided in Sihanoukville OD				
MoCR		Care, counselling and support for PLHA, OVC and their families, and monks		Advocacy	
CRC	Life skills training provided to 1,144 police by 50 peer educators				

PAS-UNDP	Community capacity enhancement implemented with assistance from around 6 trained facilitators among community members				
NGOs		8 Home-based Care Teams in 1 OD			
Other organisations	6 organisations focusing on prevention	1 organisation providing care, support and ART	4 organisations providing care and support to PLHA & OVC		

STUNG TRENG		Estimated HIV prevalence in ANC clients: 1.1% Number of districts: 5 Total population: 90			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - 100% CUP	20 DSW-peer educators and 4 IDSW-peer educators; 8 integrated STI services and 1 special STI clinic. Special STI clinics cover 61 brothel based sex workers.				
NCHADS, MOH	391 clients in 1 VCCT centre supported by NCHADS; 56% were female. 11% tested HIV+				
MoCR	33 monks, nuns, achars, and laymen in 15 pagodas include prevention messages when preaching/ giving advice, reaching approximately 690 community members		PLHA and families provided food supplies and counselling; several provided transport to medical facilities for treatment	Advocacy	
MoInt	Life skills training provided to 776 police by 51 peer educators				
Other organisations			1 organisation providing care and support to PLHA & OVC		

SVAY RIENG	Estimated HIV prevalence in ANC clients: 1.6% Number of districts: 7 Total population: 514				
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
MOH - PMTCT	657 pregnant women & 288 husbands provided pre-test counselling; 100% tested; 0.9% and 1.4% HIV+ respectively	6 pregnant women & 6 infants treated with nevirapine			
NBTC, MOH	736 units of blood collected; 0.5% HIV-				
MOH - 100% CUP	15 DSW-peer educators and 13 IDSW-peer educators; 27 integrated STI services and 1 special STI clinic. Special STI clinics cover 64 brothel based sex workers and 32 karaoke workers.				
NCHADS, MOH/RHAC	3,117 clients in 5 VCCT centres supported by NCHADS and in 1 supported by RHAC; 57% were female. 12.6% tested HIV+				
MOH		ARV services in Svay Rieng OD provided to 101 PLHA			
MOH/NGOs		Prophylaxis and treatment to 329 patients with OI in Svay Rieng Hospital			
MOH	Full package of CoC provided in Svay Rieng OD; HBC, IC and VCCT provided in Romeas Haek OD				
MoCR		Care, counselling and support for PLHA, OVC and their families, and monks		Advocacy	

CRC	Life skills training provided to 1,782 police by 101 peer educators				
PAS-UNDP	Community capacity enhancement implemented with assistance from around 6 trained facilitators among community members				
NGOs		10 Home-based Care Teams in 2 ODs			
Other organisations	5 organisations focusing on prevention		5 organisations providing care and support to PLHA & OVC	1 organisation undertaking advocacy	

TAKEO		Estimated HIV prevalence in ANC clients: 2.8% Number of districts: 10 Total population: 880			
Agency/ Organisation	**Prevention**	**Care & Treatment**	**Support & Impact Mitigation**	**Policy, Advocacy & Research**	**Others**
NBTC, MOH	548 units of blood collected; 0.7% HIV+				
MOH - 100% CUP	20 DSW-peer educators and 10 IDSW-peer educators; 59 integrated STI services and 1 special STI clinic. Special STI clinics cover 143 brothel based sex workers and 98 karaoke workers				
NCHADS, MOH/NGOs	5,196 clients in 3 VCCT centres supported by NCHADS and in 1 centre supported by NGOs; 55% were female. 21.8% were HIV+				
MOH		ARV services provided to 757 PLHA in Daun Keo OD			
MoWA	Pilot project in 3 districts and 48 villages in Takeo on education/discussion on HIV/AIDS issues as integrated activities with projects on credit, literacy/child care and domestic violence in the community				
MOH/NGOs		Prophylaxis and treatment to 1,981 patients with OI in Takeo Hospital			
MSF-Belgium; EuropAid-SRC	Full package of CoC provided in Daun Keo OD; IC and VCCT provided in Kirivong OD; IC provided in Ang Roka OD				

MoCR		Care, counselling and support for PLHA, OVC and their families, and monks		Advocacy	
MoInt	Lifeskills training provided to 2,447 police by 168 peer educators				
NGOs		27 Home-based Care Teams in 5 ODs			
Other organisations	9 organisations focusing on prevention	1 organisation providing care, support and ART	6 organisations providing care and support to PLHA & OVC	2 organisations undertaking advocacy	

4 - Conclusions

Nearly all ministries, international and local organisations, with the support of donors, have implemented HIV activities (e.g. MoH/NCHADS) or have begun to integrate HIV/AIDS-related interventions in their policies and work plans. Prevention interventions are common to almost all government agencies and organisations, followed by activities in treatment and care, and in impact mitigation. The development of policies and strategic plans has taken place as well, at the national and provincial levels, and in various ministries and non-government organisations.

To date, most interventions have tightly focused on prevention. This has resulted in a wide and creative array of approaches and activities that relate to increasing levels of knowledge about the epidemic in specific population sub-groups and in the general population. Present interventions in prevention can be roughly grouped into the following.

- Effective interventions that should continue to be pursued, notably peer education and outreach, condom promotion and social marketing, employing IEC, and the 100% Condom Use Program among groups with known high-risk behaviour.
- Prevention measures that merit strengthening, such as:
  - giving equal attention to other safer sex and risk reduction strategies, besides consistent condom use;
  - elicit greater use of STI, PMTCT and VCCT services among vulnerable groups and the general populations;
  - participation of PLHA in prevention interventions;
  - integration of HIV/AIDS activities into existing MPA/CPA;
  - integration of advocacy, and stigma and discrimination reduction in prevention efforts; and
  - facilitating greater access to essential HIV/AIDS information, services, commodities and programs.
- Prevention interventions that require scaling up:
  - incipient programmes for substance abusers;
  - the PMTCT, and VCCT programmes;
  - the blood safety programme;
  - the coverage and quality of universal precautions; and
  - prevention measures in institutional settings (e.g. orphanages, prisons, etc).
- Programmes that need to be initiated, such as positive prevention;

For care and treatment, a host of programs and projects addressing the health care needs of PLHA are already in place. What remains are strengthening and scaling up to expand coverage and facilitate greater access to these services and facilities. It is also necessary to:

- strengthen, expand and integrate CoC (including PMTCT, VCCT, facility and home-based care) fully into the health care system; and
- strengthen and expand referral mechanisms, PLHA networks, and support initiatives.

In impact mitigation, virtually all types of support are provided by HBC teams run by NGOs, and by some government agencies. The most prominent national needs for impact mitigation are:

- expanding the reach and coverage of these programs;

- increasing the effectiveness of self-help and PLHA organisations;
- assessing and addressing the needs of orphans and vulnerable children, and families affected by AIDS;
- assessing and reducing the impact of HIV/AIDS on economic development; and
- designing and implementing interventions in key sectors.

At the national and provincial levels, policies and strategies have been developed, HIV/AIDS has been integrated in national development plans, and a National AIDS Law has been promulgated. However, translating these into everyday reality that will positively impact on the epidemic remains a challenge. Other concerns that warrant attention are:

- introducing workplace policies;
- greater representation and participation of PLHA at all levels;
- reducing stigma and discrimination; and
- assessing HIV/AIDS related policies and operational plans within line ministries and providing assistance where necessary.

Tracking and understanding the epidemic is essential. Existing monitoring, evaluation and research activities are dictated by donors or ad hoc. The planned M & E framework in the current NSP must be realized in the strategic plan for 2006-2010. The research and evaluation agenda require prioritization and coordination. Other needs that should be addressed are:

- strengthening M & E capacity within programmes;
- establishing and improving tracking mechanisms such as:
    - assessing the feasibility of financial tracking in the national M & E framework,
    - periodic demographic and health surveys,
    - regular BSS, HSS, SSS studies
    - the passive surveillance system,
    - integrating HIV into national information systems, and
    - joint reviews of the new NSP.
- developing and implementing knowledge translation strategies; and
- disseminating monitoring, evaluation and research findings.

A concern that cuts through all of the above is the national capacity necessary to design, develop, implement and monitor the epidemic in such as way that will allow policy makers, programmers, researchers, implementers and PLHA to continuously respond to the changing nature of the epidemic. Some of the priority issues outlined in the new plan relate to capacity development, specifically:

- Training and research on leadership and HIV/AIDS;
- Ensuring a coordinated and comprehensive response in the health sector;
- Technical assistance and funding for various ministries' programmes and policies;
- Capacity development for:
    - Mass media and the arts in HIV/AIDS advocacy and prevention,
    - local development and HIV/AIDS planning and implementation,
    - effective provincial coordination mechanisms, and
    - tripartite partners and workplaces on programme and policy development and implementation;
- Implementing community level activities; and
- Mapping faith-based organisations.

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Annex 2. Data tables

Number and coverage of STI clinics, 2004 (data used in Figures 4 and 5)

Province	Number of integrated clinics	Number of special clinics	Brothel based SW	Karaoke Workers	Total	Ratio of SW to special clinics
Banteay Meanchey	46	2	391	331	722	361
Battambang	28	2	148	421	569	285
Kampong Cham	59	1	257	307	564	564
Kampong Chhnang	31	1	112	52	164	164
Kampong Speu	31	1	136		136	136
Kampong Thom	35	1	78	43	121	121
Kampot	45	1	83	34	117	117
Kep	4	0			0	0
Kandal	59	1	130		130	130
Koh Kong	9	2	126	177	303	152
Kratie	22	1	31	30	61	61
Mondulkiri	5	0			0	0
Oddar Meanchey	12	1	156	76	232	232
Pailin	3	1	128	52	180	180
Phnom Penh	13	5	752		752	150
Preah Vihear	10	1	75		75	75
Prey Veng	28	2	99	196	295	148
Pursat	14	1	75	44	119	119
Ratanakiri	8	1	37	16	53	53
Siem Reap	50	1	221	145	366	366
Sihanoukville	10	1	306	224	530	530
Stung Treng	9	1	61		61	61
Svay Rieng	28	1	64	32	96	96
Takeo	60	1	143	98	241	241
Total	619	30	3,609	2,278	5,887	196

Source of data: Behavioral Change Communication Unit, NCHADS

Percent of ANC clients tested for HIV and treated with nevirapine, 2002 – 2004 (data used in Figures 6, 7 and 8)

	Battambang			Banteay Meanchey	Kng Chham	Kng Thom	Kng Speu	Phnom Penh			Pursat		Svy Rieng		TOTAL			TOTAL
	2002	2003	2004	2004	2004	2004	2004	2002	2003	2004	2003	2004	2003	2004	2002	2003	2004	
Pregnant women ANC/VCT																		
# of ANC clients	2,575	7,645	10,270	5,123	303	794	136	26,044	35,358	36,936	911	2,623	1,205	2,844	28,619	45,119	59,029	132,767
# of pre-test counselling	326	1,097	1,467	1,726	72	278	25	856	2,824	4,776	327	679	390	657	1,182	4,638	9,680	15,500
# of HIV tested	326	1,095	1,467	1,723	72	277	25	853	2,763	4,452	327	677	388	657	1,179	4,573	9,350	15,102
# of HIV positive	9	36	21	63	–	4	–	23	42	53	7	12	5	6	32	90	159	281
# of started NVP this month	1	19	19	28	–	1	–	15	86	120	1	6	1	6	16	107	180	303

Percent of husbands of ANC clients who had pre-test counselling and tested for HIV (data used in Figure 9)

	Bty Meanchey	Battambang			Kng Cham	Kng Speu	Kampong Thom	Phnom Penh			Pursat	Svay Rieng			Total		
	2004	2002	2003	2004	2004	2004	2004	2002	2003	2004	2003	2004	2003	2004	2002	2003	2004
# of ANC clients attend the mother class (H)	159	92	242	318	28	40	69	549	1377	1702	81	266	126	224	641	1826	2806
# of pre-test counselling (H)	86	81	314	513	17	20	66	358	579	1405	84	255	166	288	439	1143	2650
# of HIV tested (H)	85	81	320	513	17	20	66	356	577	1405	84	253	166	288	437	1147	2647
# of HIV positive (H)	13	4	9	7	0	0	1	6	11	8	1	11	5	4	10	26	44

Source of data: PMTCT Centre, NMCHC

Number of clients at VCCT centres, 2004 (data used in Figure 10)

LOCATION	GENDER	NUMBER	%	HIV+	%
Banteay Meanchey	Male	3,237	43.13	549	16.96
	Female	4,268	56.87	678	15.89
	Total	**7,505**	**100.00**	**1,227**	**16.35**
Battambang	Male	3,278	39.15	519	16.60
	Female	5,794	60.85	771	13.31
	Total	**9,072**	**100.00**	**1,290**	**14.60**
Kampong Cham	Male	2,443	46.35	464	18.99
	Female	2,807	53.47	480	17.10
	Total	**5,250**	**100.00**	**944**	**17.98**
Kampong Chhnang	Male	546	49.59	91	16.67
	Female	555	50.41	110	19.82
	Total	**1,101**	**100.00**	**201**	**18.26**
Kampong Speu	Male	312	44.64	58	18.59
	Female	387	55.36	97	25.06
	Total	**699**	**100.00**	**155**	**22.17**
Kampong Thom	Male	652	41.06	94	14.42
	Female	936	58.94	118	12.61
	Total	**1,588**	**100.00**	**212**	**13.35**
Kampot	Male	1,160	53.95	215	18.53
	Female	990	46.05	232	23.43
	Total	**2,150**	**100.00**	**447**	**20.79**
Kandal	Male	240	51.06	30	12.50
	Female	230	48.94	55	23.91
	Total	**470**	**100.00**	**85**	**18.09**
Koh Kong	Male	415	51.88	114	27.47
	Female	385	48.13	119	30.91
	Total	**800**	**100.00**	**233**	**29.13**
Kratie	Male	394	53.46	32	8.12
	Female	343	46.54	39	11.37
	Total	**737**	**100.00**	**71**	**9.63**
Oddar Meanchey	Male	114	47.70	7	6.14
	Female	125	52.30	19	15.20
	Total	**239**	**100.00**	**26**	**10.88**
Paillin	Male	309	52.37	29	9.39
	Female	281	47.63	50	17.79
	Total	**590**	**100.00**	**79**	**13.39**
Prey Veng	Male	1,677	49.64	403	24.03
	Female	1,701	50.36	336	19.75
	Total	**3,378**	**100.00**	**739**	**21.88**

LOCATION	GENDER	NUMBER	%	HIV+	%
Pursat	Male	1,213	49.64	403	24.03
	Female	1,200	50.36	336	19.75
	Total	**2,413**	**100.00**	**739**	**21.88**
Siem Reap	Male	2,483	47.05	573	20.15
	Female	3,200	52.95	623	19.47
	Total	**5,683**	**100.00**	**1,196**	**19.79**
Sihanoukville	Male	1,680	46.24	320	19.05
	Female	1,953	53.76	275	14.08
	Total	**3,633**	**100.00**	**595**	**16.38**
Stung Treng	Male	188	48.08	20	10.64
	Female	203	51.92	23	11.33
	Total	**391**	**100.00**	**43**	**11.00**
Svay Rieng	Male	1,345	43.15	172	12.79
	Female	1,772	56.85	220	12.42
	Total	**3,117**	**100.00**	**392**	**12.58**
Takeo	Male	2,341	45.05	557	23.79
	Female	2,855	54.95	578	20.25
	Total	**5,196**	**100.00**	**1,135**	**21.84**
IPC, Phnom Penh	Male	3,118	60.79	403	12.92
	Female	2,011	39.21	401	19.94
	Total	**5,129**	**100.00**	**804**	**15.68**
NIPH, Phnom Penh	Male	892	65.64	37	4.15
	Female	467	34.36	24	5.14
	Total	**1,359**	**100.00**	**61**	**4.49**
NPH, Phnom Penh	Male	170	50.90	103	60.59
	Female	164	49.10	110	67.07
	Total	**334**	**100.00**	**213**	**63.77**
PNSH, Phnom Penh	Male	474	50.16	280	59.07
	Female	471	49.84	249	52.87
	Total	**945**	**100.00**	**529**	**55.98**
STD Clinic, Phnom Penh	Male	2,461	54.05	473	19.22
	Female	2,092	45.95	557	26.63
	Total	**4,553**	**100.00**	**1,030**	**22.62**
RCHC, Phnom Penh	Male	1,405	38.82	336	23.91
	Female	2,214	61.18	505	22.81
	Total	**3,619**	**100.00**	**841**	**23.24**
RHAC, Phnom Penh	Male	3,485	29.63	272	7.80
	Female	8,275	70.37	409	4.94
	Total	**11,760**	**100.00**	**681**	**5.79**
Sub-Total	Male	12,005	43.34	1,904	15.86

LOCATION	GENDER	NUMBER	%	HIV+	%
	Female	15,694	56.66	2,255	14.37
	Total	**27,699**	**100.00**	**4,159**	**15.01**
GRAND TOTAL	Male	36,032	44.65	6,554	17.35
	Female	45,679	55.35	7,414	15.81
	Total	**81,711**	**100.00**	**13,968**	**16.50**

Source: VCCT Unit, NCHADS, 2004

Ratio of VCCT clients to number of centres (data used in Figure 11)

LOCATION	Number of Clients	HIV+	Number of Centres	Ratio of Clients to Centres	Ratio of HIV+ Clients to Centre
Banteay Meanchey	7,505	1,227	4	1,876	307
Battambang	9,072	1,290	6	1,512	215
Kampong Cham	5,250	944	6	875	157
Kampong Chhnang	1,101	201	2	551	101
Kampong Speu	699	155	2	350	78
Kampong Thom	1,588	212	2	794	106
Kampot	2,150	447	3	717	149
Kandal	470	85	3	157	28
Koh Kong	800	233	1	800	233
Kratie	737	71	1	737	71
Oddar Meanchey	239	26	1	239	26
Pailin	590	79	1	590	79
Phnom Penh	27,699	4,159	20	1,385	208
Prey Veng	3,378	739	3	1,126	246
Pursat	2,413	739	2	1,207	370
Siem Reap	5,683	1,196	6	947	199
Sihanoukville	3,633	595	3	1,211	198
Stung Treng	391	43	1	391	43
Svay Rieng	3,117	392	3	1,039	131
Takeo	5,196	1,135	4	1,299	284
Grand Total	81,711	13,968	74	1,104	189

Source of Data: VCCT Unit, NCHADS

Proportion of HIV positive clients to total VCCT clients by province, 2004 (data used in Figure 12)

Province	Male	Female	Total	Male	Female	Total
Battambang	519	771	9,072	5.7	8.5	14.2
Banteay Meanchey	549	678	7,505	7.3	9.0	16.3
Kampot	215	232	2,150	10.0	10.8	20.8
Kandal	30	55	470	6.4	11.7	18.1
Kampong Cham	464	480	5,250	8.8	9.1	18.0
Kampong Chhnang	91	110	1,101	8.3	10.0	18.3
Kampong Speu	58	97	699	8.3	13.9	22.2
Kampong Thom	94	118	1,588	5.9	7.4	13.4
Koh Kong	114	119	800	14.3	14.9	29.1
Kratie	32	39	737	4.3	5.3	9.6
Oddar Meanchey	7	19	239	2.9	7.9	10.9
Paillin	29	50	590	4.9	8.5	13.4
Phnom Penh	1,904	2255	27,699	6.9	8.1	15.0
Prey Veng	403	336	3,378	11.9	9.9	21.9
Pursat	403	336	2,413	16.7	13.9	30.6
Siem Reap	573	623	5,683	10.1	11.0	21.0
Sihanoukville	320	275	3,633	8.8	7.6	16.4
Stungg Treng	20	23	391	5.1	5.9	11.0
Svay Rieng	172	220	3,117	5.5	7.1	12.6
Takeo	557	578	5,196	10.7	11.1	21.8
Total	6,554	7,414	81,711	8.0	9.1	17.1

Source of Data: VCCT Unit, NCHADS

Proportion of VCCT clients to the 15-49 age group in Cambodia, 2004 (data used in Figure 13)

LOCATION	Male	Female	15 - 49 Total	Male	Female	Total
Banteay Meanchey	3,237	4,268	349,563	0.93	1.22	2.15
Battambang	3,278	5,794	421,473	0.78	1.37	2.15
Kampong Cham	2,443	2,807	917,656	0.27	0.31	0.58
Kampong Chhnang	546	555	232,379	0.23	0.24	0.47
Kampong Speu	312	387	407,176	0.08	0.10	0.18
Kampong Thom	652	936	358,796	0.18	0.26	0.44
Kampot	1,160	990	278,944	0.42	0.35	0.77
Kandal	240	230	675,169	0.04	0.03	0.07
Kratie	394	343	139,332	0.28	0.25	0.53
Koh Kong	415	385	94,224	0.44	0.41	0.85
Oddar Meanchey	114	125	45,059	0.25	0.28	0.53
Pailin	309	281	0	-	-	
Phnom Penh	12,005	15,694	714,051	1.68	2.20	3.88
Prey Veng	1,677	1,701	561,647	0.30	0.30	0.60
Pursat	1,213	1,200	213,173	0.57	0.56	1.13
Siem Reap	2,483	3,200	433,507	0.57	0.74	1.31
Sihanoukville	1,680	1,953	102,457	1.64	1.91	3.56
Stung Treng	188	203	31,636	0.59	0.64	1.23
Svay Rieng	1,345	1,772	273,319	0.49	0.65	1.14
Takeo	2,341	2,855	444,191	0.53	0.64	1.17
Total	36,032	45,679	6,693,752	0.54	0.68	1.22

Source: VCCT, NCHADS, 2004
Cambodia Socio-Economic Survey 2003-04

Proportion of VCCT clients who are HIV positive to the 15-49 age group in Cambodia, 2004 (data used in Figure 14)

LOCATION	Male	Female	15 - 49 Total	Male	Female	Total
Banteay Meanchey	549	678	349,563	0.16	0.19	0.35
Battambang	519	771	421,473	0.12	0.18	0.30
Kampong Cham	464	480	917,656	0.05	0.05	0.10
Kampong Chhnang	91	110	232,379	0.04	0.05	0.09
Kampong Speu	58	97	407,176	0.01	0.02	0.04
Kampong Thom	94	118	358,796	0.03	0.03	0.06
Kampot	215	232	278,944	0.08	0.08	0.16
Kandal	30	55	675,169	0.00	0.01	0.01
Koh Kong	114	119	94,224	0.12	0.13	0.25
Kratie	32	39	139,332	0.02	0.03	0.05
Oddar Meanchey	7	19	45,059	0.02	0.04	0.06
Phnom Penh	1,904	2,255	714,051	0.27	0.32	0.58
Prey Veng	403	336	561,647	0.07	0.06	0.13
Pursat	403	336	213,173	0.19	0.16	0.35
Siem Reap	573	623	433,507	0.13	0.14	0.27
Sihanoukville	320	275	102,457	0.31	0.27	0.58
Stung Treng	20	23	31,636	0.06	0.07	0.13
Svay Rieng	172	220	273,319	0.06	0.08	0.14
Takeo	557	578	444,191	0.13	0.13	0.26
Total	6,554	7,414	6,693,752	0.09	0.11	0.20

Source: VCCT, NCHADS, 2004
Cambodia Socio-Economic Survey 2003-04

Distribution of blood donations, 2001-2004 (data used in Figures 15 and 16)

	2001	2002	2003	2004
Banteay Meanchey	670	835	663	860
Battambang	2,836	2,738	2,967	2,997
Kampong Cham	1,377	1,671	1,461	1,468
Kampong Chnnang	706	676	832	653
Kampong Speu	446	615	673	724
Kampong Thom	1,100	1,146	946	1,008
Kampot	478	492	273	303
Koh Kong	56	28	0	0
Kratie	392	502	449	289
Oddar Meanchey	0	30	189	101
Pailin	0	84	108	139
Phnom Penh	7,626	8,914	9,483	11,160
Phreah Vihear	0	0	0	35
Prey Veng	290	328	342	190
Pursat	501	380	404	376
Ratanakiri	0	0	0	101
Siem Reap	476	493	843	912
Sihanoukville	106	152	163	123
Svay Rieng	597	564	588	736
Takeo	579	594	490	548

[a/] No data regarding donations made at Kantha Bopha Hospitals

Source of data: National Blood Transfusion Centre, 2004

Prevalence of HIV among blood donations, 2004 (data used in Figure 17)

Blood Centre	2001	2002	2003	2004
Banteay Meanchey	2.2	1.3	1.4	1.3
Battambang	3.8	2.2	1.6	1.6
Kampong Cham	2.3	1.6	1.5	0.3
Kampong Chnnang	3.5	2.8	0.7	0.9
Kampong Speu	0.4	1.0	0.7	0.6
Kampong Thom	1.5	1.7	0.8	0.9
Kampot	1.0	0.6	0.7	0.7
Koh Kong	1.8	3.6	0.0	0.0
Kratie	2.8	0.8	1.3	0.0
Oddar Meanchey	0.0	0.0	0.5	1.0
Pailin	0.0	1.2	2.8	3.6
Phnom Penh	2.2	2.0	0.0	3.3
Prey Veng	1.7	1.5	2.0	0.0
Pursat	0.0	0.5	0.5	0.0
Ratanakiri	0.0	0.0	0.0	1.0
Siem Reap	1.5	1.6	1.3	0.5
Sihanoukville	8.5	2.0	4.3	3.3
Svay Rieng	1.7	1.1	0.0	0.5
Takeo	0.2	0.5	1.0	0.7
Total	2.3	1.8	1.9	2.1

Source of data: National Blood Transfusion Centre, 2004

Comparison of HSS & NBTC HIV prevalence data, and proportion of VCCT clients who are HIV positive (data used in Figure 18)

	HSS (ANC clients)	NBTC	VCCT[a/]
Banteay Meanchey	3.33	1.3	16.4
Battambang	2.46	1.6	14.6
Kampong Cham	2.14	0.3	18.0
Kampong Chhnang	2.03	0.9	18.3
Kampong Speu	2.90	0.6	22.2
Kampong Thom	1.83	0.9	13.4
Kampot	1.40	0.7	20.8
Kandal	1.60		18.1
Koh Kong	2.94		29.1
Kratie	0.66	0.0	9.6
Oddar Meanchey		1.0	10.9
Pailin	2.74	3.6	13.4
Phnom Penh	1.71	3.3	15.0
Preah Vihear	1.19	0.0	
Prey Veng	1.85	0.0	21.9
Pursat	1.55	0.0	21.9
Ratanakiri	1.06	1.0	
Seam Reap	3.48	0.5	19.8
Sihanoukville	2.88	3.3	16.4
Stung Treng	1.09		11.0
Svay Rieng	1.61	0.5	12.6
Takeo	2.77	0.7	21.8

[a/]The proportion of HIV positive persons to total clients

Source of data: *Secondary analysis of HIV sentinel surveillance* data

FHI personal communication, 2005
VCCT Unit, NCHADS, 2004
National Blood Transfusion Centre, 2004

Number PLHA on ART (data used in Figures 20 and 21)

Province	Number of PLHA on ART by end of 2004	
	Adults	Children
Battambang	154	
Kampong Cham	458	41
Koh Kong	11	
Phnom Penh	2,943	292
Siem Reap	915	119
Sihanoukville	25	

Svay Rieng	101	
Takeo	757	
Total	5,364	452

Source: AIDS Care Unit, NCHADS, 2004

Treatment of opportunistic infections (data used in Figures 22 and 23)

	Adults	Children	Total
Banteay Meanchey	129		129
Battambang	1,228		1,228
Kampong Cham	1,054		1,054
Koh Kong	59		59
Phnom Penh	23,886	539	24,425
Prey Veng	171		171
Pursat	141		141
Siem Reap	2,222	263	2,485
Sihanoukville	313		313
Svay Rieng	329		329
Takeo	1,981		1,981
Total	31,513	802	32,315

Source of data: AIDS Care Unit, NCHADS

Distribution of Home-based Care Teams (data used in Figure 24)

Province	HBC Teams	% to total
Banteay Meanchey	19	8.4
Battambang	54	23.8
Kampong Cham	17	7.5
Kampong Chhnang	9	4.0
Kampong Speu	5	2.2
Kampong Thom	8	3.5
Kampot	2	0.9
Kandal	10	4.4
Koh Kong	6	2.6
Pailin	2	0.9
Phnom Penh	20	8.8
Prey Veng	15	6.6
Pursat	9	4.0
Siem Reap	6	2.6
Sihanoukville	8	3.5
Svay Rieng	10	4.4
Takeo	27	11.9
Total	227	100.0

Source: AIDS Care Unit, NCHADS

Proportion of PLHA diagnosed with TB and TB patients who are HIV positive
(data used in Figure 25)

Province	PLHA	TB positive	%	TB patients	HIV +	%
Banteay Meanchey	207	31	15.0	409	78	19.0
Battambang	762	180	23.6	140	48	34.3
Phnom Penh	2,909	690	23.7	-	-	36.0
Sihanoukville	337	78	23.1	48	31	64.6

Source: National Centre for Tuberculosis and Leprosy