Capacity Assessment of National People Living with HIV and Key Population Networks in Cambodia

November 2020

HACC | Network of NGOs on Health
Health Action Coordinating Committee

UNAIDS

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ACRONYMS

APN+	Asian Network of People living with HIV
ART	Anti-Retroviral Therapy
AUA	ARV Users Association
BC	Bandanh Chaktomuk
CLO	Community-led organization
CNPUD	Cambodian Network of People Who Use Drugs
CPN+	Cambodian People Living with HIV Network
CSO	Civil society organization
DFoNPAM	District Joint Forum of Networks of PLHIV and Most-at-risk population
EWNet	National Female Entertainment Workers Network
FoNPAM	National Joint Forum of Networks of PLHIV and Most-at-risk population
GF	Global Fund to fight AIDS, TB and Malaria
GNP+	Global Network of People living with HIV
HACC	Health Action Coordinating Committee
KI	Key informant
KP	Key populations
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases
OD	Operational Districts
PLHIV	People living with HIV

BACKGROUND

National networks of people living with HIV (PLHIV) and key populations (KP) in Cambodia comprise the Cambodian People Living with HIV Network (CPN+), ARV Users Association (AUA), National Female Entertainment Workers Network (EWNet), Bandanh Chaktomuk (BC) representing men who have sex with men and transgender people and Cambodian Network of People Who Use Drugs (CNPUD). The Joint Forum of Networks of PLHIV and Most-at-risk population (FoNPAM) consists of members from CPN+, AUA, BC, EWNet and CNPUD together with Korsang (working with people who use/inject drugs in Phnom Penh) and WNU representing and working with sex workers. FoNPAM is currently coordinated by the Health Action Coordinating Committee (HACC) with funding from the Global Fund. In some Operational Districts (OD), an Operational District Forum exists (currently in 33 operational districts): these are known as DFoNPAM.

To ensure continued active contribution and meaningful engagement of the community networks in Cambodia, it is essential to assess and, where needed, build their capacity to enable them to represent their community members, provide a voice and advocate for actions to address their community's demands and concerns. To understand the capacity gaps, HACC with support from UNAIDS has carried out a capacity needs assessment of the PLHIV and KP networks and FoNPAM and, based on the identified needs in this report, will develop a capacity building package which will be then used for capacity building activities of the networks. APMG Health is assisting HACC and UNAIDS in carrying out these tasks.

OBJECTIVES

The objectives of the assignment are:

- To identify capacity gaps and needs of individual PLHIV and KP networks and FoNPAM as the Joint Forum;
- To develop key recommendations and ways forward to respond to identified capacity gaps and needs;
- Based on identified capacity needs, to develop a set of capacity building packages/ materials to be used for future capacity building of the networks through the Joint Forum.

METHODS

This Capacity Assessment was carried out in two phases. In Phase 1, the consultant reviewed key documents related to the role of community organizations, networks and communities in Cambodia's current HIV response, as well as the response envisaged in the Comprehensive and Multisectoral HIV Strategic Plan (2019-2023) and the Strategic Plan for HIV and STI Prevention and Control in the Health Sector (2021-2025), as well as reports on

activities by FoNPAM and its members. From these, probe questions were developed for Stakeholder Meeting 1, comprising HACC, UNAIDS, FoNPAM and its members, as well as key CSO and government partners (See Annex 1 for meeting notes and participant list).

In Phase 2, Key Informant (KI) interviews were carried out by Zoom with representatives from FoNPAM, its member networks, and key CSO and government partners (see Annex 2 for list of interviewees and interview questions). These interviews sought deeper understanding of the specific capacity needs of PLHIV and KP networks and FoNPAM – from both representatives of the networks and stakeholders who interact with the networks - in terms of both areas of need and modes of delivery of capacity building. For KI representing the networks, questions were focused on their own network. For stakeholder KI, the focus was on all the PLHIV and KP networks as well as FoNPAM as the joint forum.

Notes from these interviews were analyzed to determine capacity gaps as well as the highest priority needs for capacity building. A draft of this report was presented and discussed with HACC, UNAIDS, FoNPAM and its members as well as key CSO and government partners at Stakeholder Meeting 2 on 5 November 2020 to develop key recommendations, ways forward and prioritize identified capacity needs (see Annex 3 for participants and summary report). This capacity needs assessment report was then finalized to reflect the comments and inputs from the stakeholder meeting, clearly highlighting priority capacity needs.

FINDINGS

There was agreement among most key informants that most of the PLHIV and KP networks are lacking capacity in at least some core areas. KI were questioned about the networks' and FoNPAM's capacity related to:

- Financial management and reporting
- Governance (including registration, structure, Board structure and activities, representation of members' concerns)
- Community mobilization
- Advocacy and communications, including communicating with members about their concerns, as well as communicating to other networks (through FoNPAM), government, donors etc. Includes evidence-based advocacy.
- Human resources management, including volunteer coordination, filling paid roles with suitably qualified staff, staff policies and procedures
- Data systems, including reporting on your own activities as a network and helping to ensure that members report appropriately on their activities
- Other activities
- Social contracting
- Improving quality of services provided to their communities

Capacity gaps acknowledged by the five community networks, together with any questions raised by other stakeholders appear in Table 1 below. (An "x" in the column for each network represents an acknowledgement from that network's KI(s) that capacity building is needed in that area; a question mark means that the network believed no capacity building was needed but other stakeholders raised concerns about their capacity.)

Table 1: Capacity gaps in national PLHIV and KP networks

	CPN+	AUA	CNPUD	EWNet	BC
Financial management			X	X	X
Human resources management			X	X	X
Governance	?	?	X	X	?
Community mobilization	?	?	?	X	?
Advocacy and communications	X	X	X	X	X
Data systems	?	?	X	X	X
Other activities					
Social contracting		?	X	X	X
Improving quality of services			X	X	

1. FINANCIAL MANAGEMENT AND REPORTING

CPN+ and AUA KI felt their networks were already well set up to provide sound financial management and reporting. All other networks saw weaknesses in their financial systems. Due to the low levels of funding of the KP networks, this was not seen by the network representatives as a major problem, but stakeholder KI stated that adequate financial management and reporting will be needed for the networks to receive any substantial funding. It should be noted that BC, while already managing higher levels of funds than CNPUD and EWNet, felt the need for capacity building for its financial systems.

Size: Large (the work of building capacity in financial management and reporting takes significant time in training, establishment of systems and monitoring/ support/ retraining)

Importance: Very high

Urgency: Urgent

Availability of materials: According to FHI360, there is a range of Khmer-language capacity building materials that may be able to be used with the KP networks with little or no adaptation.

2. HUMAN RESOURCES MANAGEMENT

Apart from CPN+ and AUA, most of the networks have no or very few staff. For this reason, human resources management was not seen by most network representatives as a high priority for capacity building. However, if the networks are to achieve their goals, it is likely that both paid (or stipended) staff and volunteers will be required. This will mean that policies and procedures will be required for volunteer coordination, recruiting suitably qualified staff, remuneration, workplace issues, etc.

Size: Medium (the work of building capacity in human resources management takes some time in training and development of policies and procedures, but these can largely be adapted from documents that already exist at CSOs and at networks such as CPN+ and AUA)

Importance: High

Urgency: Less urgent

Availability of materials: While no specific investigation has yet been carried out into Khmer-language staff policy and procedure documents, it is likely that these already exist in forms that will be suitable for the networks with some additions related to representation and advocacy

3. GOVERNANCE

The governance question resulted in a unanimous view among the networks that their governance processes were working well, with the exception of the lack of registration for EWNet and CNPUD. From the view of external stakeholders, there were significant concerns. These related to:

- **Registration:** neither CNPUD nor EWNet are registered with the Ministry of Interior: representatives of these networks believe it will be very difficult or impossible to achieve registration due to their focus on criminalized populations
- **Executive Committee structure:** each network uses a similar Executive Committee structure of usually five members and Focal Points in the provinces or ODs where they are active. The ways that members are elected/ selected to Executive Committees vary across the networks, and the election/selection of Focal Points also varies. Concern was expressed by some stakeholders that these election/ selection processes were not always effective and that some holders of these positions were not active or were not well-trained or experienced in advocacy
- **Representation of members' concerns through the Executive Committee/ Focal Point structures:** while this issue will be dealt with more fully below in the Advocacy section, it was clear from most KI interviews that the people representing PLHIV and each KP were from those communities and were at least capable of being in touch with their members to ascertain community concerns. However, some KI among stakeholders suggested that specific groups had long been left out of this representation process: these included young men who have sex with men, street sex workers and poorer or more marginalized KP and PLHIV

In addition, AUA and CPN+ stated that, while they considered they have good governance within their internal organizations, this does not necessarily extend to all volunteers and community members.

Size: Small (the work of ensuring that the above issues are addressed through governance activities is not very time-consuming; however, several issues such as registration with the Ministry of the Interior and representation of under-represented KP/PLHIV voices may require activities other than capacity building)

Importance: Very high

Urgency: Urgent

Availability of materials: Unknown at this point.

4. COMMUNITY MOBILIZATION

All KI from networks saw themselves as fully capable of community mobilization. However, as some of the stakeholder KI noted, this reflects a fairly narrow view of community mobilization. From the network KI, it seemed that simply being able to call or talk to some members of their community was sufficient, whereas UN Family materials on community mobilization recommend a much larger range of activities. For AUA and CPN+, community mobilization capacity is currently limited to PLHIV clients receiving ART services at the ART sites where they provide services, not to the broader PLHIV community.

An issue affecting both community mobilization and advocacy is the gaps in linkages between community networks (at both national and subnational level) with CSOs providing HIV prevention, care and support and other services providers: this has led to limited coordination and information sharing.

Size: Medium (training may be needed in community mobilization techniques based on UN Family materials)

Importance: High

Urgency: Urgent

Availability of materials: UN Family has already developed global guidance for KP organizations and networks, including:

- SWIT (*Implementing Comprehensive HIV/STI Programmes with Sex Workers*) published in 2013: WHO/ UNFPA/, UNAIDS/ Global Network of Sex Work Projects/ World Bank 2013
- *MSMIT (Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men) published in 2015: UNFPA/ Global Forum on MSM & HIV/ UNDP/ WHO/ USAID/ World Bank*

- *TRANSIT (Implementing Comprehensive HIV and STI Programmes with Transgender People) published in 2016: UNDP/ IRGT (a Global Network of Transgender Women and HIV)/ UNFPA/ UCSF Center of Excellence for Transgender Health/ Johns Hopkins Bloomberg School of Public Health/ WHO/ UNAIDS/ USAID*
- *IDUIT (Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs) was published in 2017: UNODC/ UNAIDS/ UNDP/ United Nations Population Fund/ WHO/ USAID*

For PLHIV, no similar guidance has been developed but the Global Network of PLHIV (GNP+) and Asian Network of PLHIV (APN+) published in 2018 guidance on mobilizing the PLHIV community to ensure positive voices are heard in the planning, implementation and CCM/oversight processes related to Global Fund grants: *Voicing Community Interests in the Global Fund: A Guideline for the Involvement of People Living with HIV in the Global Fund To Fight AIDS, Tuberculosis and Malaria's Country Coordination Mechanism*.

It is unknown at present if any of these materials are in Khmer language.

5. ADVOCACY AND COMMUNICATIONS

This was the one area where all five networks agreed they need capacity building; this view was shared by virtually all non-network KI. Connected to the previous area of community mobilization, this was referred to by multiple KI as the ability to reach out to community members, understand the community's needs in a systematic way, report effectively on those needs and use these reports for advocacy that achieves needed changes. None of the networks felt they were doing an adequate job in this area: one important issue mentioned was the lack of systematic community-based monitoring which can provide data/evidence for use in advocacy. In addition, all networks felt the need for improved capacity in effective negotiation skills and writing reports, and pointed out there were no or limited connections between Cambodian community networks and regional networks, which prevent them from bringing their advocacy beyond the country level and from accessing small grants might be available for the Cambodian networks.

In addition, FoNPAM was seen by non-network KI as having a very strong advocacy role which generally was ineffective due to several factors:

- Whoever attends meetings with the MoH from FoNPAM or DFoNPAM only advocates for their own community, and not for all KP plus PLHIV
- Uneven quality of FoNPAM or DFoNPAM representatives who attend meetings and workshops: some are shy or not trained in clearly advocating on an issue or do not feel that they can speak on behalf of other communities
- A strong sense that FoNPAM or DFoNPAM representatives are representing only themselves and a small group with whom they are in regular contact

The KIs from the networks referred to FoNPAM and DFoNPAM, mostly only in terms of information sharing. It appeared from the interviews that the hope that the networks could work towards a unified voice on KP/PLHIV issues has not yet been achieved. This may be a misunderstanding on the part of FoNPAM members about their roles and a lack of knowledge or information about FoNPAM and DFoNPAM among stakeholders. Greater efforts may be needed to help FoNPAM members understand their roles and to help stakeholders see the value of involving FoNPAM and DFoNPAM in decision-making.

Size: Medium (the work of ensuring that the above issues are addressed through capacity-building is not very time-consuming; however, several issues may require activities other than capacity building)

Importance: Very high

Urgency: Very urgent

Availability of materials: Unknown at this point.

6. DATA SYSTEMS

The KP networks all agreed they needed assistance with data systems, including systematic monitoring and data collection. Networks carry out ad hoc quarterly data collection only when funds are available to support field trips. While the PLHIV networks believed they have high capacity in working with data systems (as they relate to PLHIV on ART), scepticism was expressed by the non-network KI. Given the essential links between data systems and effective advocacy, it is likely that capacity building to improve data systems will be of assistance to all networks.

Size: Medium (While data systems are notoriously difficult to get right for service delivery, here the concentration would be on generating adequate data for advocacy which is less time-consuming)

Importance: Very high

Urgency: Very urgent

Availability of materials: A significant number of training materials and courses are available on a wide range of data systems but whether there is a specific set of materials to assist KP and PLHIV networks is unknown at this point.

7. OTHER ACTIVITIES, INCLUDING MONITORING SERVICE QUALITY

CPN+ and AUA provide direct service delivery to their community in ways that the three KP networks do not. This means that the capacity building process for PLHIV networks may need to be somewhat different to that for the KP networks.

Services provided by CPN+ includes assistance with care and support at ART sites and home-based care in four provinces (Svay Rieng, Sihanouk Ville, Koh Kong and Kampong Thom). AUA continues to provide treatment literacy, counselling to PLHIV in ART sites in Phnom Penh facilitating access for PLHIV to other services, assisting with partner notification, tracing and testing, and in other three provinces (Banteay Meanchey, Steung Treng and Ratanakity) for providing social supports to PLHIV, including running of PLHIV self-help groups

For the three KP networks, direct service delivery is constrained to assistance to KP members detained by police, mistreated in health facilities and, in the case of people who use drugs, detained in drug treatment. (It should be noted that all the KP CSOs interviewed felt that this was the most important current activity of the KP networks.)

Both CPN+ and AUA already monitor and strive to improve service quality for PLHIV. The KP networks try to do so to varying degrees but feel the lack of funding for this activity thwarts their ambitions. It is possible that the improvement of data systems could be combined with quality monitoring in capacity building on community-led monitoring.

Size: Small (if combined with other efforts on data systems, community mobilization and advocacy)

Importance: Very high

Urgency: Urgent

Availability of materials: Unknown at this point.

8. SOCIAL CONTRACTING

Most networks require capacity building to participate in social contracting. Several network representatives were surprised at the concept of potential government funding for the networks. Only CPN+ seemed to have a clear understanding of and plan for working with social contracting at the OD and commune level.

Size: Large (social contracting in a decentralized health system requires a multi-pronged approach for capacity building all levels of a network's staff and volunteers from national to at least OD level)

Importance: High

Urgency: Less urgent

Availability of materials: It is unlikely that international guidance will be useful in the Cambodian situation. Specific guidance and training materials will need to be developed for Cambodian networks as well as for CSOs more generally.

DISCUSSION

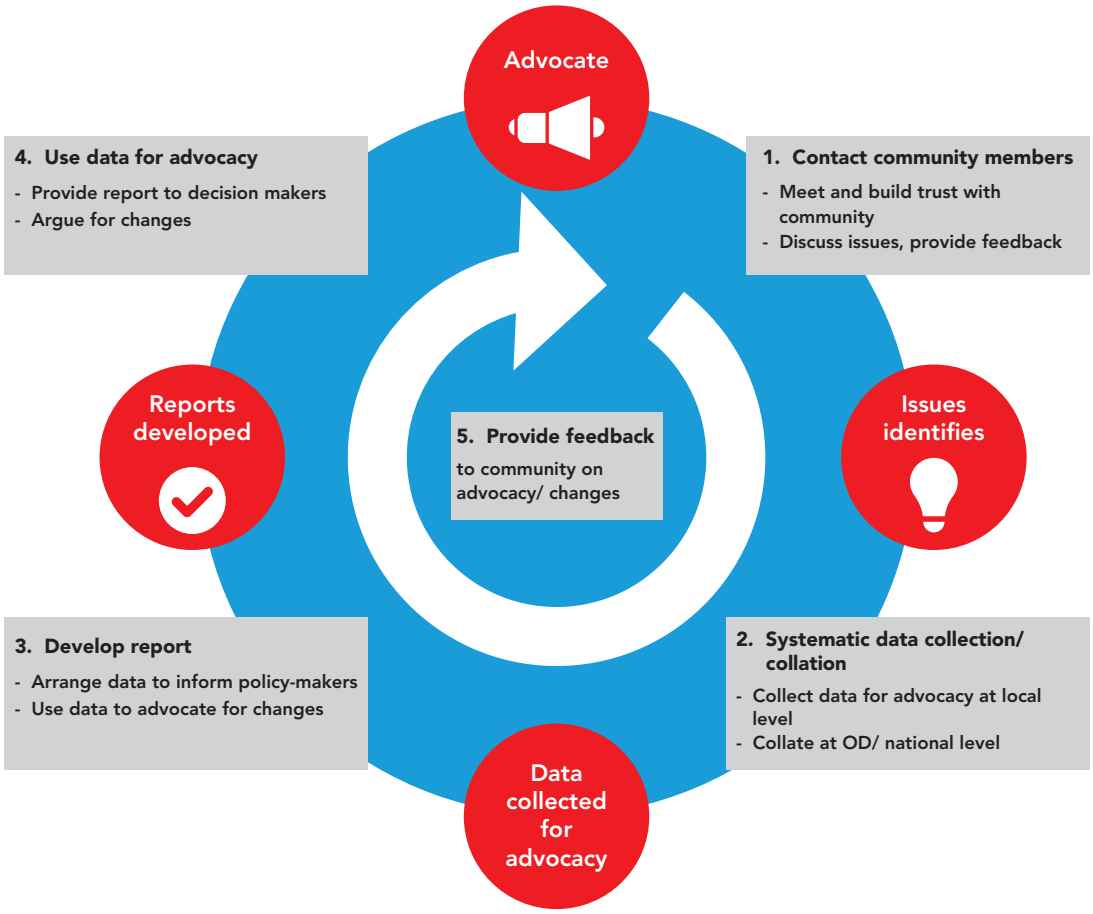
When considering which capacity gaps are the highest priorities for urgent action, it is important to define the roles of the networks. Here we need to split the PLHIV networks – CPN+ and AUA – from the KP networks.

For the PLHIV networks, their roles encompass both advocacy on behalf of all PLHIV and all ART patients in the country, together with specific service delivery in certain provinces and ODs. Due to the nature of their service delivery work and their much larger staff – when compared to the KP networks – the PLHIV networks are in a good position to be able to participate in the kinds of feedback loops described below. It does not appear that this type of feedback process is systematically carried out and reported on at present by these PLHIV networks, but the provision of some guidance and training should be sufficient to ensure that they can implement community mobilization, data capture and reporting as part of community-led monitoring, followed by advocacy and reporting back to their communities.

For the KP networks – EWNet, BC and CNPUD – the situation is more complex. How can any group claim to represent all MSM in Cambodia, all TG, all entertainment and sex workers, all people who use drugs? There are no convenient central points – in the way that ART clinics regularly see PLHIV - where these populations can be regularly found and the networks are not funded to carry out outreach to their communities across the country. The main roles ascribed to the KP networks were advocacy and assisting individual community members who are detained by police or other institutions or facing discrimination in health facilities.

Both PLHIV and KP networks need a systemic approach to ensuring that a wide range of voices from each community is heard at the OD and national level, and that government, health facility and CSO partners can trust the networks to represent their communities in meetings and through advocacy materials. The recommended process is to set up feedback loops as shown in the diagram below.

Figure 1. Example of client feedback loops to improve quality of commodities and services



For each network, the processes used to achieve each step in the feedback process may be somewhat different but the principles will be the same:

- Establish communication with as wide a group of community members as possible: consider gender, age, geographic location, vulnerability in trying to attract a large group to this process
- Build trust and ensure that regular communication can be held with the community members. In these times of COVID-19, communications based on cellphones should be prioritized unless there are logistical obstacles (lack of cellphones) or privacy concerns (such as criminalized populations not wanting to provide their phone numbers to the network). If cellphone-based communication is impossible, other methods need to be trialed: social media should also be used for gathering data where possible.
- Use these contacts and communications systems to collect data for advocacy. Different data may be needed for different networks but all should have a systematic way of capturing:

- Human rights abuses and cases of discrimination
- Cases of individuals seeking but not receiving health services
- Quality problems in government or CSO services directed at that community

- As there are not many members of all networks across the country, there should be a link between prevention staff and outreach workers in each community and their community network to collect the latest issues from the community to add to the evidence base
- Network Focal Points or provincial/ OD representatives should be trained in and use a systematic method of collating this data on a regular basis, both for use at DFoNPAM and to be transmitted to the network's Executive Committee. Training may also be needed in converting data into infographics, designing and delivering presentation and using data for advocacy (such as suggesting solutions to problems identified by the community)
- Executive Committee members should be trained in the above methods and would be responsible for collating responses from provinces/ ODs into national reports. Greater training may be needed at this level (as well as repetitive training due to turnover of Committee members), particularly in developing and costing solutions to problems identified by the community
- To close the loop, these advocacy reports should be provided back to the community members, at the same time collecting data on further issues and problems on which to base advocacy.

Building capacity of the networks in developing and refining these feedback loops will not solve all problems related to FoNPAM and DFoNPAM. The Joint Forum requires capacity building (again, repeated regularly due to turnover of members) in how to represent the issues of all KP and PLHIV. This will be simpler if each network develops written reports, infographics and recommendations for changes on a regular basis. These would be shared at FoNPAM and DFoNPAM meetings and anyone attending a meeting as a representative of the Joint Forum would be able to provide presentations relating to all KP and PLHIV. In addition, Joint Forum meetings would be used to discuss common advocacy agendas and common issues among KP that might require an approach to the Ministry of Interior, the Ministry of Health, or some other agencies.

The capacity building steps described above address most needs of networks related to community mobilization, data systems, advocacy and communications, community-led monitoring and improving quality of services. Some other areas where capacity building is required can be addressed through Khmer-language materials on project management, financial management and reporting and human resources management.

Two areas that require a somewhat different approach are in governance and in preparing networks for social contracting. For governance, it would be useful to ensure that all networks are using the types of processes outlined in the GNP+/APN+ guidance (*Voicing Community Interests in the Global Fund*) in which selection criteria are published for

representative positions and Focal Points and Executive Committee members are selected (by vote if possible of the full membership of either the province for FP or nationally for the Executive Committee). Individuals filling these positions would require training in the above feedback steps as well as in representing the interests of their community, the importance of timely reporting, and how to work within the structure of both the network and FoNPAM/ DFoNPAM. Training and mentoring in leadership would also be useful for Executive Committee members.

Registration of CNPUD and EWNet at the Ministry of Interior needs to be carried out as soon as possible: this is not a capacity building issue but it needs to be noted that these two networks in particular will struggle to achieve any increase in capacity without a reliable method of funding staff and activities.

Social contracting may need to be considered differently for the PLHIV and KP networks. CPN+ already has contacts down to the commune level – due to previous funded work with PLHIV at a very large scale – and the network's representatives feel confident that social contracting funds that would be made available at the commune level will be able to be effectively accessed and used by the network. AUA's representatives did not express the same confidence but it appears likely that the network's staffing, systems, policies and activities will allow AUA to achieve local funding in each OD where ART is provided. Substantial capacity building will be required for both networks but this should be able to be carried out by NAA, NCHADS, HACC and others involved in the social contracting process.

For the KP networks, it is unlikely that commune-based payments will be effective except in perhaps large cities where key populations may congregate. It may therefore be more effective to provide training to the Executive Committees of the KP networks in ways to access, expend and report on social contracting funds at the national level.

CONCLUSIONS/ RECOMMENDATIONS

The areas of most widespread and urgent capacity building needs appear to be (in order of urgency):

- Advocacy and communications, with links to community mobilization, data systems and community-led monitoring for service quality improvement
- Governance
- Program management, including financial management and reporting and human resources management
- Social contracting

It is recommended that the UNAIDS funding available for development of highest-priority capacity development materials be allocated to the development of guidance and training materials related to the feedback loops described above. These will address advocacy and communications, with links to community mobilization, data systems and community-led monitoring for service quality improvement.

For governance, the GNP+/APN+ guidance (*Voicing Community Interests in the Global Fund*) will be reviewed and adapted for the Cambodian networks as needed. Khmer-language training programs in program management, including financial management and reporting and human resources management will also be sought.

For capacity building in social contracting, it is recommended that this be done after the other capacity building has been done (over 12-18 months). At that point, the viability and best methods of funding KP and PLHIV networks at national and/or OD/ commune level should be investigated.

Capacity building should be organized as training in workshops (preferably face to face), and materials should include a training manual (including a specific manual developed for participants), tools for community-led monitoring, data collection, analyzing and reporting, Flipchart, posters and leaflets. It is recommended that training takes a mixed-methods approach, using group discussion, role plays, brainstorming, open-ended questions and presentations.

ANNEX

ANNEX 1

Report of Stakeholders Meeting 1

A Stakeholders Meeting was held in person and on Zoom on 23 September, 2020. The meeting was attended by:

Names	Positions	Organizations
Seum Sophal	Programme Officer	Cambodian People Living with HIV Network (CPN+)
Han Sieng Horn	Executive Director	ARV Users Association (AUA)
Ouk Somalay	Chair of Excom	National EW Network (NEWN)
So Mayounang	Excom Member	National EW Network (NEWN)
Keth Sophy	Excom Member	National EW Network (NEWN)
Kong Bunthorn	Excom Member	Bandanh Chaktomuk (BC)
Keo Ramduol	Focal Point	Bandanh Chaktomuk (BC)
Ouk Tha	Chair of Excom	Cambodian Network for People Who Use Drugs (CNPUD)
Rath Samath	Excom Member	Cambodian Network for People Who Use Drugs (CNPUD)
Taing Veng Huy	Excom Member	Cambodian Network for People Who Use Drugs (CNPUD)
Heng Kiry	Programme Officer	KHANA
H.E Tia Phalla	Vice Chair	National AIDS Authorithy
Veth Sreng	Programme Manager	RHAC
Steve Wignall	Programme Director	LINKAGES/FHI360
Nith Sopha	HIV Testing Services Technical Advisor	LINKAGES/FHI360
So Kimhai	Technical Officer	LINKAGES/FHI360
Phal Sophat	S&D Technical Adviser	LINKAGES/FHI360
Tim Vora	Executive Director	HACC
Khun Rathana	Coordinator	HACC
Polin Ung	Community Support Adviser	UNAIDS
Dave Burrows	Director	APMG Health

The meeting discussed the following questions:

What are the most important current roles of PLHIV/KP networks and the Joint Forum in Cambodia's HIV response?

Answers included:

- Advocacy at national and sub-national level on KP and PLHIV concerns and needs
- Document and report key issues affecting KP and PLHIV, including human rights abuses: so far, this is anecdotal but a system is needed. There needs to be a connection between these issues and those responsible for these issues: i.e., a reporting system that ensures that the issues are raised with those who can address or resolve the issues.
- Community mobilization, especially for KP not reached by services, ensuring support for those left behind
- Support members to access social protection measures and schemes; many KPs have challenges in accessing health services. At commune level, facilitate coverage of KP by IDPoor programs
- Disseminate information to members: what types of services are available, where they can be accessed
- Generating strategic information. So far, some NGOs do not want to share information with networks.
- Provision of services including a major role in HIV prevention and testing including partner notification, index testing, self-testing, differentiated prevention, PrEP, micro-targeting
- Work with local authorities and police: improve enabling environment, advocate and negotiate for release of detained KP, address stigma and discrimination, sensitize officials to needs of KP
- Ensure the network functions properly and fully engage members; most networks are dispersed. We need to build the institutional capacity of networks: most are volunteers.
- Raise awareness among KP of services they can access, including IDPoor programs, and help communities understand how they can access these programs, including through social media

Looking to the Comprehensive and Multisectoral HIV Strategic Plan (2019-23) and the upcoming Strategic Plan for HIV and STI Prevention and Control in the Health Sector (2021-2025), what new roles will be played by PLHIV/KP networks and the Joint Forum in Cambodia's HIV response over the next five years?

Answers included:

- **Decentralization:** networks should ensure that communities are represented at provincial and Commune/ local AIDS Committees which requires active members in that Province/ Commune
- Legal services
- Working on internalized stigma
- **Social contracting:** determine how it will work at national and decentralized levels. CSOs need to prove their worth/value-add: there is limited recognition of the usefulness or value of networks among key stakeholders.
- Need to deal with tax exemption on salary etc..
- Communicating with networks and with other stakeholders: how do we represent all PLHIV or all Cambodian PWID, MSM, SW? How do we ensure acceptance by our peers?
- **Governance of networks and FoNPAM:** 2- or 3-year mandate of Executive Committee members of the networks can lead to a lack of institutional memory (including but not limited to progress of work, processes and decisions as well as lesson learned). Need to transfer skills from one leader to another, otherwise, skills/ capacity gaps of Executive Committee exist while changing Executive Committee membership from one to another mandate.

What are the most important capacities needed to carry out both current and future roles?

Discussion ended before this topic was discussed. It will form the main part of the KI questionnaires.

ANNEX 2

Capacity Assessment Question Guide

1. What is the name of your network? When was it founded? Does it have articles of incorporation/ a written purpose or function?
2. FoNPAM has been functioning at both national and subnational level in particular at 33 priority operational districts across Cambodia: in how many district does your network operate? Is the level of operations similar across all districts?
3. How many members are in your network?
4. How does your network interact with its members: how regularly, through what means (email, phone calls, face to face etc)? What are these interactions? Informing members of activities? How regularly do you gather data from members?
5. What do you see as the most important roles of your network currently?
6. How does your network interact with FoNPAM? What do you believe are the most important roles of FonPAM?
7. What have been the successes to date of the national key population networks? In what ways do you think the lives of key populations have been improved through the work of the networks and of FoNPAM?
8. What are the weaknesses or challenges for your network to carry out its current tasks?
9. What are the weaknesses or challenges for FoNPAM to carry out its current tasks?
10. What is the value of FoNPAM? How can this value be increased?
11. What is your opinion of the capacity of your network to do its current tasks? Generally, pls state whether you feel that your network has comprehensive capacity to do each tasks, or requires capacity building (including key areas in which capacity building is needed):
    a. Financial management and reporting
    b. Governance (including registration, structure, Board structure and activities, representation of members' concerns)
    c. Community mobilization
    d. Advocacy and communications, including communicating with members about their concerns, as well as communicating to other networks (through FoNPAM), government, donors etc. Includes evidence-based advocacy.
    e. Human resources management, including volunteer coordination, filling paid roles with suitably qualified staff, staff policies and procedures
    f. Data systems, including reporting on your own activities as a network and helping to ensure that member NGOs report appropriately on their activities
    g. Other activities: please list capacity issues related to any non-advocacy work, activity by activity
12. In coming years, there will be more focus on sustainability and on issues such as social contracting. How confident do you feel that your network will be able to negotiate effectively with the government for social contracting (both for your network and for your members)?
13. Quality improvement of member organizations is a common activity of networks: do you feel confident that your network has the skills and staff needed to carry out capacity assessments and address quality improvement in member organizations?

ANNEX 3

Report of Stakeholders Meeting 2

A Stakeholders Meeting was held in person on 5 November, 2020. The meeting was attended by:

Names	Organizations
Sorn Sothearidh	Cambodian People Living with HIV Network (CPN+)
Sou Savun	CPN+
Krorn Sarith	CPN+
Han Sieng Horn	ARV Users Association (AUA)
Ouk Somalay	National EW Network (NEWN)
Keth Sophy	NEWN
Un Vanny	NEWN
So Mayounang	NEWN
Khut Navy	NEWN
Kong Bunthorn	Bandanh Chaktomuk (BC)
Doung Vantha	BC
Keo Ramduol	BC
Chhun Mony Vichera	BC
Ouk Tha	Cambodian Network for People Who Use Drugs (CNPUD)
Rath Samath	CNPUD
Taing Veng Huy	CNPUD
Proeung Savuth	CNPUD
Man Samy	CNPUD
H.E Tia Phalla	National AIDS Authority
Hout Sereyroth	National AIDS Authority
Veth Sreng	RHAC
Chhorn Ann	CWPD
Dork Pagna	MHSS
Kem Vichet	Men Health Cambodia (MHC)
Thy Sokminea	CRS
Choub Sokchamreun	KHANA

Names	Organizations
Oeu Sadath	KHANA
Kith Vanthy	CCC
Tim Vora	HACC
Khun Rathana	HACC
Mouy Sodavy	HACC
Chum Samnag	HACC
Polin Ung	UNAIDS
Dave Burrows	APMG Health

Summary of Key Stakeholders consultation on key findings of Community Capacity Needs Assessment

5 November 2020

- In overall, community networks and key stakeholders agreed with identified capacity needs and with suggested prioritization made.
- AUA and CPN+ clarified on '?' in table that:
  - **Governance:** it was clarified that they considered to have good governance within their internal organizations (more limit to staff), but not all volunteers and their community members at the ground.
  - **Community mobilization:** it was noted that CPN+ and AUA have implemented care and support programme at ART sites, so their community mobilization capacity limit to PLHIV clients receiving ART services at the ART sites where they served, but not much to broader PLHIV community
  - **Data systems:** similar to community mobilization above. The data system from data collection, organizing, analyzing to data use is limited to data from ART sites where CPN+ and AUA are operating services, but very limited to go beyond this.
  - AUA also clarified in term of their capacity gaps in area of social contracting. Many capacity buildings will be required to make sure they are capable to access funding from government.
- All community networks saw their capacity gaps in effective negotiation skills and writing the reports which is one of important steps in feedback loop and advocacy.
- Suggested to highlight no or limited connections of Cambodian community networks with regional networks which prevent them from bringing their advocacy beyond the country level, and from accessing small grants which would be available for the networks
- Though capacity of networks is very important, but resources (including but not limited to financial and human resources) are something seen critical to allow networks to function and play their roles.

- Roles of FoNPAM and DFoNPAM should be revisited and define more clear roles and responsibilities. The defined roles of FoNPAM and DFoNPAM should be widely shared and disseminated with key partners, including government, and make sure that they have seats in and link to different HIV mechanisms (national and subnational level), including with CCM.
- Gaps in linkage of community networks (both national and subnational level) with CSO (prevention, care and support) and other services providers, which has led to limited coordination as well as information shared from both sides.
- Capacity building should be built for both FoNPAM and DFoNPAM.
- In addition to capacity, formalization, acceptance and recognition of community networks are key. FoNPAM is an informal joint forum of networks, so how to formalize it to make it more visible and recognized by the government entities. Stigma and discrimination against PLHIV and KP would prevent/limit the works of community networks at the first place, in particular with broader government partners from national to commune/village level.
- Ownership and leadership are key to be developed in addition to capacity building.
- Suggestion for capacity building:
  - the capacity building should be organized in a form of training and workshop (preferably face to face), and materials should include training manual (including specific manual developed for participants), tools for community-led monitoring, data collection, analyzing and reporting, Flipchart, posters and leaflets
  - Methods: a mixed method was suggested: group discussion, role plays, brainstorming, open-ended questions and presentation.
  - Materials in Khmer language on project management, financial management and reporting and human resource management could not be identified through the consultation.