Joint UN Team on HIV/AIDS

United Nations HIV/AIDS Joint Support Programme
Operational Plan and Budget
(2007-2010)

Cambodia

2010 Progress Report

Source: UNAIDS Cambodia

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Acronyms

AIDS	Acquired immune deficiency syndrome
APLF	Asia-Pacific Leadership Forum
ANC	Ante Natal Care
APHEDA	Union Aid Abroad
ART	Antiretroviral therapy
ARV	Antiretroviral Drugs
ATS	Amphetamine-type stimulants
BLI	Buddhist Leadership Initiative
BTS	Blood transfusion centre
CCC	Cambodia Coordinating Committee
CCW	Cambodian Community of Positive Women
CBHI	Community Based Health Insurance
CDC	Centers for Disease Control
CENAT	National Centre for Tuberculosis and Leprosy Control
CLC	Community Learning Centre
CO	Country Office
CoC	Continuum of care
CoATS	Coordinating AIDS technical support database
CPN+	Cambodian Network of People Living with HIV/AIDS
CQI	Continued Quality Improvement
CRIS	Country Response Information System
CRS	Catholic Relief Services
CSO	Civil Society Organization
EW	Entertainment Worker
DOSH	Department of Occupational Safety and Health
DHA	Drugs and HIV/AIDS
DTMT	District Training and Management Teams
FHI	Family Health International
FTA	Functional Task Analysis
GDoP	General Directorate of Prisons, Ministry of Interior
GFATM	Global Fund to Fight AIDS, TB and Malaria
HACC	HIV/AIDS Coordinating Committee
HBC	Home Based Care
HBT	Home Base Team
HEF	Health Equity Fund
HIV	Human Immunodeficiency Virus
ICHA	Inter-Departmental Committee on HIV/AIDS
IDU/DU	Injecting Drug user/Drug user
ICAAP	International Conference on AIDS in Asia and the Pacific
IEC	Information Education Communication
ILO	International Labour Organisation
IOM	International Organization for Migration
JSP	Joint Support Programme for Cambodia
JUTH	Joint UN Team on HIV/AIDS
KHANA	Khmer HIV/AIDS NGO Alliance
MARA	Most at risk adolescents
MARPs	Most at risk populations
MBPI	Merit Based Performance Incentive
M&E	Monitoring and evaluation
M&E SSP	Monitoring and evaluation system strengthening plan
MHSS	Men's Health Social Services
MMT	Methadone Maintenance Therapy
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoI	Ministry of Information
MoLVT	Ministry of Labour and Vocational Training

MoND	Ministry of National Defence
MoSAVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoU	Memorandum of Understanding
MoWA	Ministry of Women's Affairs
MSM	Males who have sex with males
NAA	National AIDS Authority
NACD	National Authority for Combating Drugs
NASA	National AIDS Spending Assessment
NBTC	National Blood Transfusion Centre
NCHADS	National Centre for HIV/AIDS, Dermatology and STD
NCMCH	National Centre for Maternal and Child Health
NGO	Non-government organisation
NOVCTF	National Orphans and Vulnerable Children Task Force
NSP II	National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS, 2006-2010
NPMH	National Programme for Mental Health
OD	Operational District
OPB	Operational Plan & Budget
OST	Opiate Substitution Therapy
OVC	Orphans and vulnerable children
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
POVCTF	Provincial Orphans and Vulnerable Children Task Force
PSI	Population Services International
RL	Religious leaders
SOP	Standard operating procedures
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SW	Sex worker
SWOT	Strengths, weaknesses, opportunities and threats
TB	Tuberculosis
TRP	Technical Review Panel
TSF	South-East Asia Technical Support Facility
TWG	Technical Working Group
UA	Universal Access
UCO	Joint United Nations Programme on HIV/AIDS Country Office
UN	United Nations
UNDAF	UN Development Assistance Framework
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Emergency Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
UNV	United Nations Volunteers
VBD	Voluntary blood donor
VCCT	Voluntary confidential counselling and testing
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation
WNU	Women's Network Union

Introduction

The United Nations HIV/AIDS Joint Support Programme 2006-2010 (UN JSP) reflects the UN's collective support to the implementation of Cambodia's second National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS, 2006-2010 (NSP II). The development of the UN JSP, which was followed by the preparation of the UN JSP Operational Plan and Budget (UNJSP-OPB), has represented an important step in the alignment and harmonization of the support provided by UN agencies to the national response to the HIV epidemic.

Six areas of support have been identified through an analysis of how the UN can jointly exercise its comparative advantages. The support areas for joint UN system action in Cambodia are:

- Technical support for achieving universal access
- Technical support to decrease vulnerability
- Building capacity for leadership and governance
- Technical support for an enabling environment
- Production, analysis and use of strategic information
- Promoting results through harmonization and alignment

These support areas relate to one or more of the strategies in the Cambodian NSP II. Activities have been developed to achieve the outputs and outcomes for each support area as set out in the UN JSP-OPB of the Joint UN Team on HIV/AIDS (JUTH). These activities are undertaken by the UN organizations that make up the JUTH in collaboration with the Cambodian Government, civil society and other partners. The lead UN organizations under the thematic areas are consistent with the Division of Labour.

The UN JSP-OPB is used by the JUTH for ongoing, detailed planning of work. A review of progress against the Annual OPB plan takes place at the end of each year in conjunction with an identification of emerging needs. The findings and recommendations inform the joint development of the OPB for the next year. The JUTH is collectively and individually accountable for its work through this annual review of progress made for all activities. The JUTH comprises HIV technical staff, working full time or part time on HIV, from each participating UN organization under the framework of one joint programme of support, namely: ILO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, UNODC, UNV and WHO. The UNAIDS Country Coordinator convenes, coordinates and facilitates the JUTH. The purpose of the JUTH is to promote coherent and effective UN action in support of an expanded national response to HIV/AIDS. The cooperation and collaboration between UN agencies to address HIV is considerably enhanced by the JUTH.

The areas of work covered by the UN JSP – OPB include: Prisoners; Sex workers (SW) and Entertainment Workers (EW); Drug Users (DU); Men who have sex with Men (MSM); Youth; Supply management; Impact Mitigation and Orphans and Vulnerable Children (OVC); Enabling Environment; Care and support; Prevention of Mother to Child Transmission (PMTCT) and Voluntary and Confidential Counselling and Testing (VCCT); Strategic information; Institutional support; Multi-sectoral cooperation; Private sector and workplace; and Infrastructure.

This 2010 Progress Report outlines the specific achievements made by the JUTH with a focus on the objectives presented in the UN JSP-OPB. JUTH members have reported to UNAIDS against the documented plans summarized and included in the OPB and compiled into this joint reporting document.

Summary of Achievements

PRISON SETTINGS

In 2010, the prison population in Cambodia reached 13, 325, far exceeding the current capacity of 8,000 inmates across 26 prison facilities. This represents a 167% stretch of current capacity[1] Prisoners are commonly classified as one of the most at risk populations for HIV. MSF has reported a HIV prevalence rate of 6% among 750 prisoners tested in two Cambodian prison facilities (CC1 and CC2)[2]. Unsafe sexual practices, sharing of unsterilised needles for tattooing and drug use increase the susceptibility of prisoners to HIV infection, while poor emotional and psychological states often lead many prisoners to risky behaviours such as drug use and unsafe sex, as outlets

To address this risk, the UN JSP sought to develop a comprehensive package of HIV prevention services for populations in closed settings, such as prisons and drug rehabilitation centres. This area was led by UNODC who has been working with the General Department of Prisons (GDoP) since 2007, with support from WHO and UNAIDS.

During the reporting year, UNODC supported MoI in the formalisation of a technical working group on Prison Health with a focus on TB/HIV. A Term of Reference has been developed for and the TWG will commence meeting in early 2011. However, ad hoc TWG meetings were held throughout the year on a bi-monthly basis, and led by the ICRC with participation of key stakeholders with the aim of moving health in prison agenda forward.

UNODC, in collaboration with WHO, supported six government officials to participate in a study tour to Bali, Indonesia. The tour provided an opportunity for Cambodian officials to experience and learn from the community- and prison-based harm reduction programmes, and to meet with local Indonesian health and prison officials.

UNODC, WHO and UNAIDS continued working on the development of a National Strategic and Operational Plan for addressing Health/HIV in Prison Settings - 2011-2015 which was developed and piloted during the reporting year. This SOP will be reviewed in early 2011 based on the experiences of the pilots.

WHO are planning to undertake an assessment of health in prisons in early 2011. The outcome of this assessment will be used as the basis for a national training programme for prison staff in Cambodia.

[1] Licahdo (2010) Beyond Capacity: Cambodia's Exploding Prison Population and Correctional Centre 4.
2 MSF (2010) TB/HIV Screening Project in CC1, CC2 and PJ Prisons. Concept paper.

PEOPLE USING DRUGS

According to most recent estimates, there are approximately 13,000 drug users in Cambodia, which includes 2,000 injecting drug users (IDU).[3] Evidence suggests that drug use has increased considerably in the last few years, accompanied by an increased availability of drugs. Drug users are at an increased risk of HIV infection, especially through the sharing of needles, and an association with unsafe sex. In Cambodia, 35% of IDU reported sharing needles and syringes at last injection. HIV prevalence among drug users is thought to be 24.4% among IDU and 1.1% in DU[4] .

The UN JSP aims to improve the quality, coverage and delivery of scaled up interventions for substance users. In 2010, WHO, with support from UNODC and UNESCO, provided support to the Illicit Drug related HIV/AIDS working group (DHAWG), co-chaired by NACD and the NAA. Quarterly meetings were held throughout 2010 and mentoring was regularly provided to the staff of the DHA Secretariat. This increased the functionality of the unit and led to the development of a range of materials, including a draft 2011 DHA work plan. Technical assistance was also provided to finalize the National Strategic Plan for Illicit Drug Use related HIV/AIDS 2011-2015. This was developed in an inclusive manner with all stakeholders and printed and disseminated in both the Khmer and English languages in 2010.

Significant work was done in 2010 to support the development of counselling, testing and treatment facilities for DU/IDU in health facilities, prisons and compulsory drug treatment centres. In May 2010, the UN Country Team (UNCT) released an official common view point to support the Government of Cambodia to deliver evidence-based drug dependence detoxification, treatment and aftercare for people who use drugs. This position advocates for treatment which is grounded in evidence and respects the rights and dignity of the user.

In October 2010, a letter of intent was signed between the National Authority for Combating Drugs (NACD) and the UN on the implementation of a five year programme for Community-Based Drug Treatment and Care. One key aspect of this programme, Cambodia's first Methadone Maintenance Treatment (MMT) clinic, opened in Phnom Penh in July 2010. Since then 61 patients have enrolled, of which 25% are female. At least 100 people are expected to be enrolled in the MMT programme by the end of the pilot phase on June 30, 2011.

WHO and UNODC supported the development of a National Strategic Plan for 2011 – 2015 for Mental Health which has a focus on substance use, and integrates illicit drug use treatment into an overall approach and plan of the Ministry of Health. A total of 5 days basic and intermediate training on psychological treatment and care was provided by WHO and UNODC at Banteay Meanchey Province for provincial health department (PHD) and OD Staff, nurses in health centres and NGOs. 6 MoH staff from the MMT clinic also participated in counselling training in 2010, and 61 methadone clients were provided with basic counselling.

Regarding the scale up of harm reduction services, WHO, UNAIDS and UNODC supported the development of guidelines for the Needle and Syringe Programme (NSP) in collaboration with the DHA Secretariat and partners. These guidelines have been published and disseminated both in Khmer and English.

The NACD, HIV/AIDS Asia Regional Programme (HAARP) KHANA, FHI, WHO, UNODC and UNAIDS have been working hard to improve the awareness and understanding about harm reduction among the public and local authorities. A series of two-day harm reduction trainings

[3] Surveillance Unit, National Center for HIV/AIDS, Dermatology and STD, 2007, Drug User Population size estimates 2007

[4] NCHADS (2007) HIV Prevalence Study Among Drug Users.

for law enforcement officials were conducted in nine priority provinces throughout the reporting year. A similar training was also carried out in Phnom Penh in October 2010. This training has helped inform law enforcement officials about the principles of harm reduction, and to clarify their expected involvement in support for such interventions.

UNODC and WHO supported the establishment of support groups for people who use drugs. In 2010, a client/patient advisory group of people enrolled in the methadone programme was under initial development in the final quarter. It is hoped that this group will support linkages to a network which advocates on the rights of drugs users.

Box 1: Visit of Deputy Executive Director, Ms Jan Beagle, and visit of United Nation's Secretary General Ban Ki-Moon

Ms Jan Beagle, Deputy Executive Director of UNAIDS visited Cambodia from 17-20 October 2010. The objectives of this mission were to learn about the current HIV and AIDS situation and the continuing efforts of the government to address the epidemic, to advocate for the accelerated expansion of HIV prevention for MARPS; and to support the Royal Government of Cambodia in advocating for the technical and financial resources to achieve the strategies and objectives of the NSP III.

In meetings with Deputy Prime Minister Ke Kim Yan and other top government officials, Ms Beagle stressed the need to address underlying risk factors that contribute to the HIV epidemic, including poverty, gender inequality and stigma and discrimination. Ms Beagle underlined the importance of reaching vulnerable populations—such as sex workers, injecting drug users and men who have sex with men—to avert a new wave of HIV infections

The United Nations Secretary General H.E. Ban Ki-moon visited Cambodia in October 2010. During the visit, the Secretary General congratulated the Government its receipt of an MDG Award in September 2010, acknowledging the country's remarkable achievement in halting and reversing the HIV epidemic (MDG6) through a comprehensive and innovative HIV/AIDS response. Secretary General Ban Ki Moon reinforced the UN's commitment to aligning activities to the national development priorities as stated in the Rectangular Strategy and NSDP.

During his visit, H.E. Ban Ki-moon officially launched Cambodia's First Methadone Maintenance Therapy (MMT) Clinic, Khmer-Soviet Friendship Hospital in Phnom Penh, accompanied by the Minister of Health and other key officials.

YOUTH

Youth interventions under the UN JSP were led by UNICEF, UNESCO, and UNFPA, in collaboration with NGOs and relevant Government Ministries. This thematic area aimed to improve the quality, coverage and delivery of scaled up interventions for Most at Risk Adolescents (MARA), including street children, and in- and out- of school youths.

In 2010, UNICEF scaled up and expanded existing DU/IDU HIV prevention activities. 4,940 IDU and DU youth were reached with HIV prevention activities through outreach and drop in centre services in Phnom Penh. This was expanded to Takeo province in 2010 which reached 98 DU under 25 years of age.

UNICEF and UNESCO led on activities targeting in - and out-of school youth. UNESCO has supported the Ministry of Education, Youth and Sport (MoEYS) in the development of a national youth policy and strategy, which will be submitted to Council Ministers for approval after the review of senior MoEYS staff. This policy aims to support Cambodian youth through a positive policy environment that enables them to develop their potential, especially in the areas of education, work, health, participation in decision making and contribution to family and the community through providing more equitable access to quality education, formalising and expanding mechanisms that foster youth participation and providing opportunities for youth to be part of decision making.

UNICEF promoted access to information and anonymous counselling through Inthanou hotline, a discrete and private information service for young people which expanded its services in 2010 from two to four lines. Taking almost 13,000 calls between January and June 2010[5], mostly from young people, the phone hotline provides answers to questions and counselling on HIV, STIs, family planning and pregnancy. A new communication campaign was also developed during the reporting year to support the increased demand for the service. The service was also promoted through the inclusion of the Inthanou hotline number in 250 copies of a 2011 year planner.

UNESCO continued to integrate HIV/AIDS awareness raising activities into Community Learning Centres (CLC) through the training of teachers. This year, 31 CLC teachers from 10 provinces were trained in HIV/AIDS awareness and prevention. Furthermore, 30 directors from 10 provinces underwent training on how to integrate HIV/AIDS programmes into their centres. 19 CLC and literacy classes in 6 selected provinces were reached by MoEYS mobile learning van activities, which allowed appropriate and practical HIV/AIDS messages to be imparted to the community, especially the non-formal education learners.

UNFPA also continued with Adolescent Reproductive and Sexual Health (ASRH) activities during the reporting year. UNFPA reached 14,351 young people, 7,655 of them female, with ASRH activities, representing 57% of the total young people living in target areas. 2,303 parents, teachers and stakeholders, 1,386 of them female, participated in education sessions. Among those young people reached by the programme, 1,241 were referred to the public health facilities, of which 566 arrived at and received health services for anaemia and underweight (85%), tetanus (3%), STI (2%), birth spacing (2%), blood testing (3%), and menstruation and irregular period (10%).

UNFPA supported the integration of youth focused sexual and reproductive health (YFSRH) services into the annual operational plan of the ODs, and supported the National Reproductive Health Programme and OD officials with the roll out of training for health centre staff. This has increased the availability of youth-friendly clinical services, as by the end of 2010, 110 health

[5] Inthanou Hotline Newsletter, 1, November 2010.

centres and referral hospitals were providing sexual reproductive health services and information to adolescents and youth.

UNFPA also supported the implementation of HIV life skills programme for primary, secondary and out of school youth. This year, MoEYS directly implemented life skills programming which include RH, gender and drug issues. A total of 279 DTMT (District of Training and Monitoring Team) members from all 107 districts in 13 provinces were oriented on planning and monitoring the Life skills on HIV and AIDS education programme in all 3,000 primary schools.

A total number of 321,034 school children (144,242 females) of grade 5 and grade 6 from schools in 14 provinces were taught life skills on HIV and AIDS education programme as part of local life skill classes. Child friendly approaches have been used as methodology for teaching all life skill topics. HIV/RH topics have also been mainstreamed in regular classes as well as part of health education approaches into all primary schools in those provinces.

In regards to secondary schools, a total of 51,958 students (22,321 females) of grade 8 and grade 11 in the 3 provinces were trained on the subjects (HIV/AIDS, reproductive health, sexual transmitted infections, drug, gender-based violence) through their teachers as part of mainstreaming into regular class curriculum.

4,300 manuals on “Integrated HIV and AIDS for primary school” were printed, and used for teacher training at regional and provincial levels. A total of 1,150 secondary teacher manuals and 1,150 secondary student manuals on HIV/AIDS, RH, STI, Drug and Gender-based violence (GBV) were printed through a public bidding process.

Additionally, a total of 626 peer educators (313 females) from 16 secondary schools in 4 target provinces, with support from UNICEF, have carried out their roles as peer educators in their schools and communities. 21,909 students (12,640 females) have participated in peer activity sessions through face to face peer training, group peer discussions, library sessions, and other school performance activities.

In regards to out-of-school activities, all 237 CLCs were providing life skills in 2010, which included HIV, SRH, STI, GBV and drug education. 100% of Literacy Classes provided life skills on HIV/AIDS through a non-formal education approach, reaching approximately 54,102 students in 24 provinces. 8,005 vocational students across all CLCs were also educated about HIV/AIDS, reproductive health, STI, and drug use, through integration of these topics into the vocational training skills provided by the CLCs.

Youths receive HIV preventive education through mobile learning van activities (UNESCO Archives)

MEN WHO HAVE SEX WITH MEN

There is a concentrated epidemic of HIV among men who have sex with men (MSM). National prevalence among all MSM in 2007 was 5.1%, and an even higher rate of 8.7% was found among MSM in Phnom Penh. UN JSP activities regarding MSM were led by UNESCO, with support from UNAIDS, and aimed to increase support and coordination for the delivery of scaled up interventions for MSM.

Technical support was provided by UNESCO for the development of MSM subcomponent of GFTAM Round 10 which aimed to intensify HIV prevention efforts among MSM. Support was also given to MSM network Bandanh Chaktomuk (BC) by UNESCO and UNAIDS to increase their capacity to manage and deliver improved targeted interventions, such as links between MSM and other MARPS. This was formalised through the development of a five year Strategic Framework and Operational Plan which will be completed in 2011.

Through the National MSM Technical Working Group (NMSMTWG), UNESCO and UNAIDS supported the development of National Operational Guidelines for Responding to MSM, Transgender and Transsexual People, which was piloted in Battambang, Sihanoukville, and Siem Reap provinces in 2010. These guidelines to manage MSM prevention, treatment and support will be incorporated into the SOP for the Continuum of Prevention to Treatment and Care for EW, and will address issues such as overall coordination, policy environment, policy development and implementation, as well as systems to collect standardised routine monitoring data to track progress made by MSM programmes, allowing the NMSMTWG to examine their coverage and the access of MSM to comprehensive prevention, treatment and care services.

Box 2: Socio economic Impact of HIV at the Household Level in Cambodia (SEIS)

Through supported provided by UNAIDS and UNDP, the Socio Economic Impact of HIV Study at the Household Level in Cambodia was completed.

The profile of the households and PLHIV clearly showed the significant impact which the diagnosis of HIV has on the socio-economic status of Cambodian families. For example, the study found that not only are PLHIV more likely to hold a lower paying job, but in jobs of the same category, they are likely to earn less. A large proportion (27%) of PLHIV stopped earning income all together after their diagnosis and those who continued working experienced over 50% reduction in their earnings. Although PLHIV receive government subsidized care, expenditures for long-standing illness prior to diagnosis caused many to sell assets or spend down savings to pay for care.

The study is intended for use as a base line data and advocacy tool by a wide range of key stakeholders. It also is an instrument to link the national HIV/AIDS response to poverty reduction interventions and overall development plans.

This report is scheduled will be dissemination in an official launch scheduled for early 2011.

SEX WORKERS AND ENTERTAINMENT ESTABLISHMENT WORKERS

In 2006, HIV Sentinel Surveillance (HSS) reported a prevalence of HIV among brothel based entertainment workers (BB-EW) of 14.7%, down from 23.4% in 2003[6]. The last available data on HIV prevalence among non-brothel based entertainment workers (NBB-EW) was reported in the HSS in 2003 at 11.7%, also down from the 1999 prevalence of 16.7% among "freelance sex workers" and 19.8% among beer girls.[7]

UN JSP activities in this area, led by UNFPA, UNAIDS and WHO, aimed to improve capacity available for the delivery of scaled up interventions for sex workers and to provide technical support to strengthen and improve access by sex workers to information, services and protection. The MARPS Community Partnership Initiative, jointly supported by UNFPA and UNAIDS, was recently implemented in three provinces in Phnom Penh. The aims were: to sensitize entertainment establishment owners, entertainment workers, and government authorities such as police officers, and local communities; reinforce implementation of the 100% Condom Use Policy (Prakas 66); and build an enabling environment for EW, MSM/TG and IDU to access HIV/AIDS information and health services. This is a major innovation which creates a 'safe space' for MARPS to access health and non-health services.

UNFPA, UNESCO and UNAIDS provided technical inputs for the development of Global Fund Round 10 proposal for interventions among MARPs (EW, MSM/TG). The proposals were subsequently submitted to the GFATM and focused on HIV prevention among MARPS, impact mitigation and strengthening the core functions of the NAA. Total resources requested for HIV/AIDS was approximately $47 million. The proposal was rated 3; key features (focusing on MARPs) will be re-submitted in Round 11.

Financial and technical support was provided by UNAIDS and UNFPA to Women Network for Unity (WNU), the national sex worker network to strengthen their capacity, particularly at the provincial level. A confederation of EW in Banteay Meanchey province was established and three provincial representatives for the EW network were subsequently elected through a collective EW participation process. These representatives have begun to support the local EW network to enable them to voice their concerns and needs to the government and key partners. A capacity assessment of relevant people working with the EW network, NGOs and establishments was conducted as part of an ongoing strengthening process and a skills building plan was developed which focuses on advocacy, negotiating and policy dialogue skills to build the capacity of the network to actively engage in policy dialogues and to articulate critical issues.

UNAIDS supported the development of Standard Operational Procedures for the Continuum of Prevention to Care and Treatment for Female Entertainment workers, which was revised based on the field implementation carried out in 5 provinces. The revised SOP covers MSM/TG and sharpened links such as referral and follow up to SRH/FP as well as VCCT and STI services. Support was also provided by UNAIDS to NCHADS to organize trainings for the roll out the SOP in three provinces.

Feasibility work for the establishment of an EW/SW legal service was supported by UNAIDS, UNFPA and ILO and undertaken by the Michael Kirby Centre for Public Health & Human Rights. The Joint UN Team on AIDS will contribute Project Acceleration Funds for programme start-up in 2011. Initial focus for the legal service will be "hot spot" districts of Phnom Penh.

[6] NCHADS (2006). HIV Sentinel Surveillance Survey (HSS 2006).
[7] Hor, B.L. et al. (2000). Cambodia: STD and HIV Prevention and Control Efforts, Prepared for Phase-Specific Strategies for the Prevention, Control and Elimination of Sexually Transmitted Disease: Implications for Research, Policies and Programmes. Paper prepared for meeting in Rome, Italy, October 3-6, 2000.

PRIVATE SECTOR AND WORKPLACE

The workplace environment has the potential to play a vital role in wider efforts to contain the HIV epidemic. Workplace programmes can reach many with prevention and anti-discrimination messages, as well as expanding access to care and treatment. In 2010, UN JSP activities aimed to improve the quality, coverage and delivery of scaled up interventions for factory and other workers in vulnerable settings.

UNICEF, ILO and UNAIDS worked collaboratively to integrate HIV/AIDS into garment factory Occupational Health and Safety committees through workplace sensitization, mobilisation and management. A national sensitization workshop was carried out for over 200 representatives from government, employers, workers and enterprises on the importance of implementing HIV/AIDS programmes and policies in the workplace, and explored how workplace responses in Cambodia can be scaled up in partnership with government, employer and worker organizations and NGOs. The Ministry of Labour and Vocational Training (MoLVT) used the event as an opportunity to award 73 enterprises with HIV/AIDS Committees and education programmes in their workplaces. Technical discussion on Prakas 86 (on the Creation of the HIV/AIDS Committee in Enterprises and Establishments and the Prevention of HIV/AIDS in the Workplace) was undertaken during this workshop. New guidelines on HIV/AIDS in the workplace were subsequently developed with the involvement and input of all partners including representatives from MoLVT, and employer and worker organizations with support from ILO. Topics covered in the guidelines include: why HIV/AIDS is a workplace issue and how an enterprise can respond to it; how to develop a functioning HIV/AIDS Committee or integrate HIV/AIDS issues into an existing Occupational Safety and Health (OSH) programme, and how to develop an HIV/AIDS workplace policy and its role. The guidelines became the national guidelines in addition to Prakas 086 in June 2010, after endorsement from the Minister of MoLVT and were officially launched in July 2010. 4,000 copies of the Guidelines have since been printed.

Group discussion taking place as part of the training of trainers on the response to HIV/AIDS in the workplace with representatives of the private sector
(ILO Archives)

SUPPLY MANAGEMENT

The thematic area of supply management covers blood safety, universal precautions, condom supply management, ARVs and other HIV supplies. Regarding blood management, UN JSP activities seek to improve technical capacity for the development and maintenance of appropriate blood safety systems.

WHO provided technical assistance to increase government commitment and support to the National Blood Transfusion Centre (NBTC) through the development of legislation, which is currently in draft form and will be finalised in 2011.

WHO also supported the recruitment and retention of voluntary blood donors (VBD) through the strengthening of voluntary donor blood collection systems, which resulted in an increased number of voluntary blood collection sessions held by the NBTS. Blood donations from VBD reached 31% in 2009. 2010 figures will be made available in early 2011. WHO also continued to support the establishment of Quality Management Systems through the expansion of the External Quality Assurance Scheme (EQAS) and Continuing Professional education (CPE) system to NBTC and regional BTC in 2010.

Regarding universal precautions, UN JSP activities aim to improve organisational and technical capacity available for the coverage and quality of universal precautions. National policies and guidelines on injection safety, waste management and infection control were revisited and finalised with support from WHO during the reporting year. Development is also underway for a strengthened monitoring system on accidental exposure to blood, which will be applied in selected provinces upon completion.

In relation to condom supply and management, UNFPA has taken the lead on introducing and scaling up female condom (FC) usage and distribution. The FC was distributed to 5 districts following the initial introduction in 2008. The FC has been registered and integrated as birth spacing and STD prevention methods. Information on female condoms is currently available at health centres and in the community through community based distribution of contraceptive agents. Despite the active promotion of FC, acceptance and utilization is still low.

A woman discusses her ARV treatment regime with a physician (UNAIDS Archives)

CARE AND SUPPORT

In 2010, UN JSP activities in this area, led by WHO and UNICEF, sought to improve evidence-based quality care and support within the Continuum of Care.

UNICEF supported the integration of HIV paediatric care into all existing Continuum of Care (CoC) sites, as well as strengthening paediatric services for all children. 18 paediatric ART sites received direct supervision and monitoring of service delivery by national and provincial HIV teams. As well as supporting existing facilities, UNICEF supported the development of 2 new paediatric HIV care sites (inpatient and outpatient services) in Pailin and Preah Vihear Royal hospitals. As of March 2010, a total of 40,039 patients[8] (36,158 adults and 3,881 children) were receiving ART.[9] Increasing treatment coverage and decreasing prevalence have resulted in fewer AIDS-related deaths each year.

15 paediatric wards are currently providing nutritional support to malnourished children, including children living with HIV/AIDS. UNICEF has also supported NCHADS to update the National Paediatric ART/OI Guidelines in order to provide more efficacious care

WHO has monitored at least 80% of ART sites for quality in order to support the development and maintenance of quality assurance for CoC services. Support for the integration of positive prevention activities (including SRH/FP, reproductive choice and safe pregnancy counselling) into CoC activities was also provided by WHO through the development of an SOP for Positive Prevention, which will soon be finalized and disseminated. NCHADS adopted WHO guidance on increasing CD4 threshold (350) for access to ART. Cambodia has also agreed to introduce WHO recommendations for the introduction of a more robust, less toxic first line ART regimen in 2013.

Box 4: Most at Risk Young People Study (MARYP)

This year, the 'Most at Risk Young People' study was finalised by Ministry of Education, Youth and Sports, in support from UNAIDS, UNESCO, UNFPA, UNICEF and WHO. The survey provides valuable age and sex disaggregated data to inform national policies, strategies and programmes. In 'hot spot' locations, the survey assessed young people's behaviours related to sexual, drug and alcohol use, and their preferences and experiences with health services.

The survey found high rates of sexual activity with 83% of sexually active males reporting paying for sex with women in the past year. While condom use was high with commercial sex workers, it was low with sweethearts. Sexually active MARYP were more likely to use alcohol and illicit drugs and one-third of the 12% of females who reported having been pregnant opted for an induced abortion. Use of health services was low; 43% of females and 30% of males who had an STI reported they did not seek treatment. The rates for VCCT were also low among MARYP, with only 21% of females and 17% of males reporting ever having an HIV test.

The survey found that those most at risk are often socially excluded, highlighting the need for a more protective environment which allows and encourages most at risk to access information, services and support, in order to help prevent HIV infection, while ensuring that young PLHIV enjoy the same rights as any other young person.

[8] The number of people on ART at the end of 2010 was 42,799 (NCHADS).
[9] NCHADS (2010) First Quarterly Comprehensive Report.

PMTCT AND VCCT

In 2009, an estimated 2,475 HIV-infected pregnant women were at risk of transmitting HIV to their babies in Cambodia[10]. Without any interventions, the risk of mother-to-child transmission is approximately 20 – 45% across breastfeeding populations[11]. In 2010, UN JSP activities led by UNICEF and WHO, aimed to improve the technical capacity available for the supply of quality PMTCT and VCCT services.

UNICEF provided support to NCHADS and NMCHC to revisit the National PMTCT Guidelines, which were subsequently updated to reflect the new WHO recommendations on the use of ARVs among HIV-infected pregnant women. These new guidelines have the potential to reduce mother-to-child transmission to less than 5%, even among breastfeeding populations. The 2010 version of the National PMTCT Guidelines were translated into Khmer and disseminated in December 2010.

Support was also provided to MoH to achieve country wide scale up of PMTCT using the Linked Response, in order to greatly improve coverage and move towards the achievement of UA targets. The availability of services for prevention of the mother-to-child transmission of HIV has expanded from 18 ODs in 2005 to 67 ODs in 2009, surpassing the 2010 Universal Access target of 59 ODs. UNICEF directly supported the expansion of PMTCT Linked Response in 6 operational districts, as well as supporting NMCHC and NCHADS to implement PMTCT in 76 health facilities in 13 provinces

UN JSP activities also sought to improve the technical capacity available for the coverage and quality of VCCT service. 33 VCCT centres across 13 provinces were supported through the provision of counsellors and lab technicians, adequate supplies of HIV test kits and lab equipment and other consumables from UNICEF. Two new VCCT centres were also established at Meanchey health centre in Kampong Thom and Chak health centre in Svay Rieng.

Box 5: UNDAF 2011-2015

In January 2010, the UN System and the Government of Cambodia jointly signed the UN Development Assistance Framework for 2011-2015 (UNDAF), after a year long consultative and participatory process of planning involving partners, civil society and the Government.

The UNDAF 2011-2015 comprises five outcome areas: Economic Growth and Sustainable Development; Gender; Governance; Health and Education; and Social Protection, with cross cutting issues of Gender, Youth, HIV/AIDS and Human Rights. The UNDAF provides a framework for coordinated UN development assistance in keeping with the UN reform process and the commitments laid out in the Paris Declaration on Aid Effectiveness. The five strategic priority areas of the UNDAF represent areas of significant collaboration and comparative advantage across the UN System in Cambodia and are aligned with the Government's Rectangular Strategy Phase II and the National Strategic Development Plan 2009-2013.

[10] PMTCT Annual Report, NMCHC 2009

[11] De Cock, K.M., *et. al*., Prevention of mother-to-child HIV transmission in resource-poor countries: translating research into policy and practice. JAMA, 2000. 283(9): p. 1175-82.

ENABLING ENVIRONMENT

UN JSP activities in this area encourage parliamentarians to undertake effective advocacy with peers, civil society and other sectors on key issues related to a comprehensive response to HIV/AIDS. This thematic area was lead by UNDP, UNAIDS and UNIFEM.

In 2010, UNDP's Legislative Assistance Project (LEAP) continued to provide important space for dialogue and learning with parliamentarians on a range of HIV issues. A Parliamentary Handbook on HIV/AIDS was produced through LEAP in collaboration with UNAIDS, and launched by the First Lady Lok Chumteav Bun Rany Hun Sen in early 2010. The handbook is a user-friendly resource which presents concise information about the epidemic, its causes, and responses. Aiming to facilitate more insightful engagement across policy, advocacy, and legal areas, the handbook provides guidance for parliamentarians on becoming further engaged in the national response

UNAIDS supported the engagement of The First Lady as National Champion on AIDS. In this role, the First Lady and APLF Champion advocated on the integration of HIV issues across all sectors. 4797 HIV affected families in seven provinces benefited with daily living materials and moral support provided through the first Lady. The First Lady was also engaged as the National Champion for the Secretary General's 4+1 Initiative on Maternal Health.

In December 2010, a dialogue was held with members of Parliament, NCHADS and NAA to discuss the outcomes and implications of the Aids 2031 financing study, as well as to discuss the implementation of the Law on the Prevention and Control of HIV. This was made possible through support provided through UNDP LEAP and UNAIDS. For the first time in Cambodia, representatives of SW, IDU, MSM and PLHIV have directly spoken to parliamentarians and advocated to protect their rights through improvements in the legal framework and law enforcement. Parliamentarians were informed about the legal barriers for service provision encountered by the key affected populations and expressed their commitment to address legal and policy barriers to effective access and utilisation of HIV services.

Another outcome of UN JSP activities in this area is the increased involvement of people living with HIV in the response. UNAIDS provided technical and financial support to the Cambodian Network of People living with HIV (CPN+) to strengthen management and governance to allow effective representation of PLHIV. PLHIV involvement in and CPN+ management of the Stigma Index study (see box 6 for further details) has helped increase their self esteem and confidence, as well as achieving its primary goal of providing evidence of stigma faced by PLHIV. Coaching, mentoring and guidance provided by UNAIDS has enabled CPN+ to analyse and identify needs for improved planning, leadership and communication in the context of the Functional Task Analysis (FTA) completed earlier in 2010. An FTA Reference Group was established with representatives from government, development partners and CSOs to oversee actions on the 20 recommendations of the report to improve organizational leadership and management. The FTA recommendations have been taken forward through the development of a work plan. CPN+ has already developed its financial policy manual and a HR policy is at the stage of finalization.

As a means to support greater involvement and participation of HIV-positive women's organizations, UNIFEM (now UN Women) provided support to the Cambodia Community of Women Living with HIV/AIDS (CCW). The resignation of the CCW's National Coordinator and of various members of the HIV-positive women's network aggravated internal management issues that required increased technical support and backstopping. Recognizing the need for support to restructure the organization, UNIFEM provided a short term technical consultant to assist in the selection of the new CCW National coordinator, develop a restructuring framework, finalize the organization's 2010 Annual Work plan and complete a capacity needs assessment and plan. UNIFEM and UNAIDS also support an institutional strengthening workshop for members

of CCW Steering Committee and SHG focal points. Gaps were identified in the institutional and human capacity through a facilitated internal assessment, such as the need to engage and support sex/entertainment workers living with HIV. UNAIDS will facilitate a technical support partnership to assist CCW develop its next strategic plan, which will include intensified efforts to work with women living with HIV from MARPS communities (EW/SW, IDU and TG).

Box 3: MDG Award

At a ceremony held in New York on the eve of the Millennium Development Goals (MDG) Summit, the Kingdom of Cambodia was presented with an MDG Award for its outstanding national leadership, commitment and progress towards achievement of Goal 6 and particularly in working towards halting and reversing the spread of HIV.

Honoured within the 'Government' category of the annual Awards initiative, Cambodia is recognized for efforts on HIV that have contributed to a decline in HIV prevalence from an estimated 2% (among adults aged 15-49) in 1998 to 0.8% in 2008. The country has also achieved the universal access target for antiretroviral treatment, with over 90% of adults and children in need receiving treatment.

In selecting Cambodia, the MDG Awards Committee was particularly impressed with Cambodia's successful scale-up of programmes, grounded in strong national leadership on HIV, the solid National Strategic Plan and collaborative partnerships, and adhering closely to the 'Three Ones' principles.

Innovative HIV prevention programming in Cambodia over the last ten years has included the introduction of the 100% Condom Use Policy, and targeted education programmes for key affected populations have reached an estimated 90% of sex and entertainment workers and men who have sex with men.

Progress has also led to impact on the other health-related MDGs of reducing child mortality and improving maternal health. Scale-up of HIV services has contributed to a nearly 50% decrease in HIV prevalence among pregnant women at antenatal clinics. In 2009, over 32% of HIV-infected pregnant women received treatment to reduce the risk of mother-to-child transmission of HIV – an increase from 11.2% in 2007.

IMPACT MITIGATION AND ORPHANS AND VULNERABLE CHILDREN

UN JSP activities under the thematic area of Impact Mitigation are categorised under three separate outputs: socioeconomic studies, impact mitigation programmes, and faith based responses.

In 2010, UN JSP activities aimed to carry out socio economic studies at community and household levels were completed to inform impact mitigation programmes, and were led by UNICEF. A National Situational Analysis was conducted as part of the Socio Economic Impact study, which provided the most current size estimation of HIV orphans and vulnerable children (OVC) of 85,921. This figure includes children under 18 who have lost a parent to HIV, children who have a HIV-positive head of household or sibling, or are HIV + themselves.

A National Standard for the Care, Support and Protection of Orphans and Vulnerable Children 2011-2015 has been developed with support from UNICEF and outlines 51 national standards on the level and quality of care provided to OVC. The standards provide guidance about how to ensure that the needs of children are met, and replace former Minimum Package of Support.

UNICEF also supported MoSAVY in the preparation of the National Plan of Action for Orphans and Vulnerable Children 2011-2015. A log frame was drafted in 2010 through consultation with key stakeholders. Once completed, this log frame will form the basis of the National Plan of Action for 2011-2015, expected by late 2011.

Regarding national coordination mechanisms, a National OVC task force (NOVCT) and 4 Provincial OVCT are currently functional, with one additional POVCT under development. These tasks forces seek to enhance coordination and integrated service delivery that strengthens family and community capacity to support OVC. This year, three quarterly meetings were carried out at national level, and two quarterly meetings were held in provinces. Three quarters of activities included in national and sub national work plans were carried out.

UNICEF, with support from UNAIDS, assisted MoSAVY to develop a monitoring and evaluation (M&E) reporting system on OVC, which was piloted in the province of Kampong Speu. This framework allows routine data collection, analysis and reporting of essential services to OVCs. The results of the pilot will be shared in January 2011 with national and sub-national stakeholders and the tools finalised and adjusted accordingly. A focus for UNICEF and MoSAVY in 2011 will be supporting the incremental roll-out of the M&E system to other provinces. Capacity building assessments and training will be an integral part of this process.

In terms of Impact Mitigation, UN JSP activities, led by UNICEF and WFP, aimed to improve the coverage and quality of services which reduce the impact of HIV/AIDS on children and families. UNICEF provided care and support to families and children affected by AIDS through family/community based care programmes. 2100 OVCs were able to access essential services, 2500 adults affected by AIDS received capacity building strengthening and 350 communes in 12 provinces received support activities for children affected by AIDS and/or their families

Food assistance was provided by WFP as part of a package of home-based care services, which are implemented at the community level by a variety of local and international NGOs. A monthly household ration of rice, iodized salt and vegetable oil acts as an income transfer to stabilise household food intake during times of crisis, to protect productive assets and help mitigate negative coping strategies that lead to further impoverishment of OVC, PLHIV and their families. 5100 metric tonnes of food were provided to approximately 17,000 target beneficiaries in 16 of 24 provinces which provided HBC support to PLHIV and OVC households. The Good Food Toolkit, designed by WFP, is being used by NGO partners and non-partners as IEC material to raise the awareness of OVC/PLHIV and HBC teams on food and nutrition.

Support was also provided by WFP to the National TB control programme in 24 provinces by providing quarterly food rations totalling 1424 metric tonnes to 18,000 TB patients, to enable patients to adhere to the six month treatment regime (DOTS).

UN JSP activities have sought to improve the technical capacity of faith-based groups to deliver effective impact mitigation services. To this end, UNICEF supported the Ministry of Cults and Religion and its Provincial Departments of Cults and Religion (PDCR) to manage the Buddhist Leadership Initiative, a large initiative with religious clergy in 10 provinces providing compassion, cash and material support to affected families and children. In 2010, UNICEF focused on providing capacity building to over 400 monks using a cascade training process. In 2011, follow-up support will be needed to evaluate the impact of this training and to provide ongoing on-the-job support to help build monks skills in providing psychosocial support to foster resilience of children affected by HIV and other vulnerable children. UNICEF and UNAIDS provided technical input for the draft National Social Protection Policy to reflect an “AIDS Sensitive” family and community-based systems approach to addressing impact mitigation with OVC and PLHIV.

An Orphan and Vulnerable Child receives WFP food assistance through the HBC teams (WFP Archives)

INSTITUTIONAL SUPPORT FOR EXPANDED RESPONSES

Supported in chief by UNAIDS and UNIFEM, UN JSP activities regarding institutional support seek to increase the capacity of the NAA to lead Cambodia's HIV/AIDS response.

Technical assistance was provided by UNAIDS to NAA's Technical Advisory Board and Policy Board for the development of policies, guidelines and technical standards throughout the reporting year. UNAIDS also provided input into the strategies and objectives of the NSPIII and the Functional Task Analysis of the National Response. A Second National Policy Audit was conducted by NAA with support from UNAIDS to improve the development, implementation and enforcement of all HIV/AIDS related policy and to identify gaps and facilitate the development of new policy.

UNAIDS provided technical assistance for the Coordinating AIDS Technical Support database (CoATS), which is responsible for the tracking and monitoring of technical support delivery. CoATS is a practical tool for countries to monitor technical support, which encourages coordination of technical support between providers and users and facilitates collaboration and exchange of information on technical support activities as well as providing access by country partners to timely and quality assured technical support, in line with the costed technical support plan of the NSPII. UNAIDS supported staff in NAA's Planning, M&E and Research (PMER) Department through regular mentoring and on the job training throughout the NSP III development process, and in preparation of the 2010 Annual Report and 2011 Annual Operational Plan. Technical advice and ongoing support from UNAIDS to NAA and key national partners resulted in NAA successfully leading and coordinating the development and production of the Situational Response analysis on HIV/AIDS epidemic in Cambodia 2008-2010 (SRA), The National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS III 2011-2015 (NSP III) and the financial resources for the Comprehensive and Multi-sectoral Response to HIV/AIDS IIII 2015 – 2015, through an inclusive and highly participatory processes. These documents were finalised and disseminated in late 2010. A National Communications Framework and costed Strategic Plan (2011-2015) that operationalises communications objectives of the NSPIII was developed with technical support and financing from UNAIDS and the South-East Asia Technical Support Facility (TSF). The TSF supported the NAA to develop National Strategic Framework 2010-2014 & Operational Plan for Mobile & Migrant Populations & HIV/AIDS 2010-2012.

UNIFEM supported the placement of a Gender Equality and HIV technical expert within NAA to promote human rights and gender equality in the HIV response. UNIFEM also supported a Gender Audit of NAA to ensure that policies, strategies and programmes adhere to agreed global commitments to promote gender equality, and to provide baseline information on the gender mainstreaming capacity and the capacity needs of NAA and MoWA in the context of HIV response. The finalised Gender Audit will be launched in early 2011.

UNAIDS has also worked to increase the capacity of civil society to support Cambodia's HIV/AIDS response. Through UNAIDS support, HIV/AIDS Coordinating Committee (HACC) effectively coordinated the participation of civil society at a sub-national and national level to provide inputs into NSP III and UNGASS report.

To articulate UN support to the NSP III UNAIDS commenced development of the UN Joint Support Programme and Operational Plan and Budget on HIV/AIDS for 2011-2015 (UN JSP-OPB III) that aligns UN activities to the strategies and objectives determined in the NSP III. Consultations and key stakeholder dialogues were held with government, CSOs, NGOS, DPFA, MARPs, and UN JUTH in late 2010. Feedback and input provided during these consultations will inform the development of the new UN JSP 2011-2015 in early 2011.

MULTI-SECTORAL COOPERATION AND COORDINATION

The complex nature of Cambodia's HIV epidemic requires a national, multi-sectoral response which is well coordinated and aligned to government priorities. UN JSP activities listed under this thematic area in the UN JSP are categorised into three separate outputs: support to line ministries, mainstreaming, and media and communications. Activities under the first output seek to increase the capacity of relevant ministries to design and implement effective HIV/AIDS programmes.

ILO assisted MoLVT in the implementation of the first Occupational Safety and Health (OSH) Master Plan of Cambodia (2009-2013). This enforces the creation of HIV/AIDS committee in enterprises and establishments (as per Prakas 086) and addresses the prevention of HIV/AIDS in the workplace for all private sector businesses with eight or more employees.

UNIFEM supported MOWA to develop the National Plan of Action on Women, the Girl Child and HIV/AIDS in Cambodia through the development of guidelines on the prevention of HIV in intimate partner relationships. These guidelines are scheduled for completion and dissemination in mid-2011.

UNFPA and UNESCO have supported MoEYS to develop, implement and update strategies related to HIV/AIDS. During the reporting year, the School Health policy was completed and disseminated, the 2011 Annual Operational Plan for HIV of ICHAD was developed, and a midterm review of the strategic plan for HIV/AIDS was conducted.

Other activities under this area seek to support the mainstreaming of HIV/AIDS into development planning. In 2010, UNFPA worked with key institutions and stakeholders in local level government, such as commune councils, commune committees for women and children, district and provincial facilitation teams, and other local decision makers in 14 provinces through the Royal Government of Cambodia's Decentralisation and Deconcentration ("sub-national democratic development") framework. The stakeholders were sensitized on key social sector issues, particularly RH, gender, population and youth, and given support on how to incorporate and take action on these issues via the local development planning process.

UNFPA also contributed to the increased availability and access to reproductive health services, particularly for the poor, in 5 ODs through Health Equity Funds. The number and percentage of ODs with equity funds or other financial protection systems, such as community based health insurance increased from 38 to 52 out of 77. Within the country, the number of Health Centres offering the full Minimum Package of Activities increased from 447 to 700 by the end of 2010, and the number of referral hospitals offering the complementary package of activities increased to 58 out of 74.

UNFPA was involved in the capacity building of midwives in reproductive and sexual health, and HIV/AIDS. By the end of the year all 1,010 health centres included at least one trained midwife in their staff. Six midwifery instructors were trained to improve their capacity, as recommended in the Regional Training Centres Assessment. 16 of 24 midwifery teachers benefited from in-service training on life saving skills which focused on antenatal, peri-natal, postnatal and neonatal care.

In response to the activities listed under the media and communication output, UNFPA worked with media organization Cambodian Health Education Services (CHEMS) to develop and broadcast media programmes for major events including Water Festival, 16 Day Campaign to Reduce Violence against Women, World AIDS Day and Human Rights Day. A campaign featuring 3 radio and 3 video spots on behaviour change of partners and society was aired on several TV and radio stations. The campaign also included a TV talk show which was organized

and broadcast over the 16 Day Campaign. An educational comic book was developed and 3,000 copies were printed and distributed to target groups. Advocacy and outreach events were also promoted during the annual Water Festival.

UNFPA also carried out TOT training for 37 selected master trainers from 7 provinces on how to use the training guide on women/girls and HIV/AIDS. 92 community forums were subsequently held in 7 provinces on reducing HIV/AIDS transmission among women/girls. In total 3,085 people participated, 957 of which were men.

UNAIDS, UNICEF and UNFPA supported the NAA to undertake a Functional Task Analysis of the National Response, that provides key recommendations for reform of the institutional and coordination architecture at national and sub-national levels to ensure a cost-effective, harmonised and aligned response to a concentrated epidemic.

Box 6: Stigma Index

In 2010 UNDP and UNAIDS, along with development partners, finalised the PLHIV Stigma Index survey. The PLHIV Stigma Index documents the nature and extent of stigma and discrimination experienced by PLHIV in order to inform policy and programme development.

The study was carried out in May 2010 in five selected provinces of Cambodia. A qualitative method was used to explore issues and get a greater insight into challenges related to stigma and discrimination. A total of 399 PLHIV were reached by trained interviewers. Five focus group discussions and 10 key informant interviews were conducted by the research team to garner insight on experiences not captured in the quantitative survey.

Preliminary findings indicate people living with HIV continue to experience social exclusion as a result of their status, while many experience verbal and physical abuse. In addition, the study found that stigma and discrimination continue to prevent some PLHIV from accessing education, employment and health services. For example:

- 25% of PLHIV had been verbally insulted, harassed or threatened while 10% were physically harassed or threatened in the past 12 months.
- About 50% lost their jobs because of HIV status and/or poor health.
- 9.2% of men and 14.3% of women were refused employment or job opportunities because of HIV in the past 12 months
- 7.6% were denied family planning, and 8.4% were denied SRH because of their HIV status.
- 9% of PLHIV reported that their children were dismissed, suspended and prevented from school because of their status.
- 19% PLHIV were strongly advised by health staff to use tubal ligation or sterilization as part of the family planning
- 6% of women were strongly advised to terminate their pregnancy in the past 12 months.

Such findings are consistent with those of the recent study on the Socioeconomic Impact of HIV at the Household Level in Cambodia, which also found significant numbers of respondents had experienced low self-esteem and suicidal thoughts.

Such findings clearly highlight the need for strengthened mental health and psychosocial support services for people living with HIV, as well as targeted interventions to address stigma and discrimination at the community level. In addition, the process of implementing the Stigma Index in Cambodia has provided important lessons with respect to the meaningful involvement of PLHIV throughout all stages of project implementation.

STRATEGIC INFORMATION

UN JSP activities under this thematic area aim to support the achievement of NSP II Strategy 6 'Ensuring availability and use of strategic information for decision making through monitoring, evaluation and research', through the provision of technical assistance for the development of a national M&E system for a multi-sectoral response to HIV/AIDS.

To achieve this aim, UNAIDS provided technical assistance to NAA in order to build its capacity to develop and strengthen the national M&E system. As a result, the National M&E System Strengthening Plan (M&E SS 2010-2015) was developed, printed and disseminated during the reporting year. This document provides costed and timed sets of activities for the next five years strengthen the national M&E system and guide stakeholders in order to coordinate M&E activities and fully operationalise the existing M&E framework.

UNICEF has assisted MoSAVY to develop a national M&E framework for the collection of data on OVC, including indicators lists, definitions, methods of measurement and tools. This framework was piloted in Kampong Speu province during 2010. The results of the pilot will be shared in January 2011 with national and sub-national stakeholders, and the tools adjusted and finalised accordingly. UNICEF will support the incremental roll out of the finalised system in other provinces commencing April 2011.

Assistance has also been provided by UNAIDS to the NAA to develop and implement a national multi-sectoral M&E framework and guidelines which compliments and sets new targets for the NSP III. Improvements have been made in the indicators and their measurement to ensure alignment with international standards. The M&E and Surveillance TWG, who act as a steering committee for NSP III M&E, held regular meetings throughout the year, and contributed to the development of the M&E framework. The final M&E framework is expected in early 2011.

A server was been procured and installed as network server at NAA in order to strengthen the utilisation of Country Response Information System (CRIS) as the national multi-sectoral HIV/AIDS data base. UNAIDS delivered CRIS presentations and trainings with NAA staff throughout the year. The data management functions and abilities of the NAA have been strengthened through ongoing mentoring of staff and trainings.

UNAIDS held National AIDS Spending Assessment (NASA) trainings in Battambang in November 2010 to revise existing tools and kick-start NASA III, and in Hanoi to introduce 5 senior management representatives from NAA to new data collection tools. New tools and survey methods for the NASA III have been developed and staff has been trained in their use. The tools have been field tested and Khmer translation of the tools and NASA classification documents is underway. An international consultant has also been hired by UNAIDS to assist with the NASA report for 2009-2010.

The UNGASS report for 2010 was completed and submitted on time, demonstrating the increased availability, quality and use of data for planning and policy development and reporting. WHO provided support on the monitoring of Universal Access indicators in Cambodia. The collected data formed the basis for the 2010 Universal Access Aide Mémoire, which was included in the finalised UNGASS report.

In regard to surveillance, UN JSP activities seek to strengthen surveillance systems which are responsive to information needs. This was led by UNAIDS and WHO. WHO continued to support data management teams through Continued Quality Improvement Initiative, a strategy which sees health teams at the district level measuring patient outcomes and adjusting programmes for better patient care. Up to 20 provinces now have operational data management teams. 4 operational districts continued with CQI this year. WHO also continued to support

surveillance and monitoring of HIV drug resistance, with 41 sites monitoring OI/ART early warning indicators.

2010 has also seen a number of important studies completed, in line with the UN JSP activities which seek to conduct research that informs new HIV/AIDS programme and policy development. UNICEF supported MoEYS to complete the Most at Risk Young People Study (MARYP) study, which assessed national adolescent sexual behaviour and drug use and was launched in November (see Box 4 for further details). The Socioeconomic Impact of HIV at the Household Level in Cambodia was also completed by UNAIDS and UNDP (see Box 2 for further details). The Stigma Index, supported by UNDP and UNAIDS, is currently in final draft stages and is expected to be disseminated in early 2011 (see Box 6 for preliminary findings). The Aide Memoire on Universal Access to HIV Prevention, Treatment, Care and Support, and the Cambodia Country Profile on HIV/AIDS 2009-2010 were also produced with UNAIDS support.

Finally, WHO and UNAIDS provided support to NCHADS to host the Third Phnom Penh Symposium on HIV/AIDS, under the theme of "Universal Commitment for Universal Access'' in December.

WHO and UNAIDS worked with NCHADS and key development partners to reach consensus on moving to Integrated Behavioural and Biological Surveillance with key population groups, moving away from the present stand-alone system of HSS, BSS, SSS.

Box 7: NSP III

In 2010, the NAA developed the third National HIV Multisectoral Strategic Plan 2011-2015 (NSPIII). To complement the NSP III, a National Communication Strategy and Strategic Plan-2011-2015 has also been developed. Both of these documents support intensifying intervention for MARPs by detailing the key activities required and the messages that need to be communicated to reduce infections, reduce stigma, and improve knowledge for these populations.

The specific goals of the NSP III are:

1. To reduce the number of new HIV infections through scaled up targeted prevention
2. To provide care and support to people living with and affected by HIV/AIDS
3. To alleviate the socioeconomic and human impact of AIDS on the individual, family, community and society.

The strategies to achieve these goals are:

1. Increase coverage, quality and effectiveness of prevention interventions
2. Increase coverage and quality of comprehensive and integrated treatment, care and support services, addressing the needs of a concentrated epidemic
3. Increase coverage, quality and effectiveness of interventions to mitigate the impact of HIV/AIDS
4. Ensure effective leadership and management by government and other actors for implementation of the national response to HIV and AIDS, at national and sub-national levels
5. Ensure a supportive legal and public policy environment for the national response to HIV and AIDS
6. Ensure availability and use of strategic information for decision making through monitoring, evaluation and research
7. Ensure sustained, predictable financing and cost effective resource allocation for the national response

UNAIDS has begun facilitating the development of a new UN Joint Support Programme - Operational Plan and Budget for the period 2011 – 2015 to align UN response to the new objectives of the NSP III and will be completed by early 2011.

Annex- Table of Financial Support from Development Partners 2010

Financial Analysis: 2010 Development Partners Support								
Organisation/ Agency	**HIV Prevention**	**Treatment & Care**	**Impact Mitigation**	**Program Management (Including M&E and admin)**	**Social Protection and Social Services**	**Enabling Environment**	**Other Contributions made to HIV/AIDS**	**Total**
ILO	$57,710.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$57,710.00
UNAIDS	$99,988.48	$0.00	$0.00	$206,048.05	$0.00	$153,020.78	$72,275.38	$531,332.69
UNDP	$0.00	$0.00	$0.00	$229,687.16	$0.00	$12,862.86	$0.00	$242,550.02
UNESCO	$53,309.00	$0.00	$0.00	$15,542.00	$0.00	$0.00	$0.00	$68,851.00
UNFPA	$548,405.00	$0.00	$0.00	$0.00	$0.00	$334,246.00	$0.00	$882,651.00
UNICEF	$614,780.00	$280, 508.00	$539,689.00	$209,999.80	$0.00	$661,957.20	$0.00	$2,026,426.00
UNODC	$11,000.00	$4,000.00	$0.00	$3,000.00	$3,000.00	$12,539.00	$0.00	$33,539.00
WB (HSSP2)	$20,641.00	$0.00	$2,806,033.00	$0.00	$0.00	$0.00	$0.00	$2,826,674.00
WFP	$0.00	$0.00	$4,203,765.49	$0.00	$0.00	$0.00	$0.00	$4,203,765.49
WHO	$228,554.00	$47,884.00	$0.00	$0.00	$0.00	$4,680.00	$0.00	$281,118.00
TOTAL	**$1,634,387.48**	**$51,884.00**	**$7,549,487.49**	**$664,277.01**	**$3,000.00**	**$1,179,305.84**	**$72,275.38**	**$11,154,617.20**