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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Asia and Pacific

Cambodia

COUNTRY:

Cambodia

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Date of submission:

1/31/2008

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:	Name/Position	Dr. Hor Bun Leng, Deputy Secretary General
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The National AIDS Authority (NAA)
:	Name/Position	Dr. Ngin Lina, Director of Planning Monitoring Evaluation and Research Department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The National AIDS Authority (NAA)

:	Name/Position	Dr. Ly Chanravuth, Deputy Director of Planning Monitoring Evaluation and Research Department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The National AIDS Authority (NAA)
:	Name/Position	Dr. Lim Kalay, Deputy Director of Planning Monitoring Evaluation and Research Department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The National AIDS Authority (NAA)
:	Name/Position	Dr. Sou Sophy, Deputy Director of Planning Monitoring Evaluation and Research Department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The National AIDS Authority (NAA)
:	Name/Position	Mr. Cheng Tha, Planning officer
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The National AIDS Authority (NAA)
:	Name/Position	Mr. Sok Serey, M&E Specialist
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The National Blood Transfusion Center (NBTC)
:	Name/Position	Dr. Hok Kim Cheng, Deputy Director
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Planning
:	Name/Position	Mr. Ky Long, Chief Office
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Cambodian Red Cross
:	Name/Position	Mr. Mom Chanthy, Technical Team Leader
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Rural Development

:	Name/Position	Mr. Lun Say Teng, Chief of HIV/AIDS Office
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Interior
:	Name/Position	Dr. Hy Someth, Chief of HIV/AIDS Bureau
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Education Youth and Sports
:	Name/Position	Mr. Yong Kuntharith, Chief of Technical Bureau, School Health Department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Public Work and Transports
:	Name/Position	Mr. Chav Dam, Technical Board
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National Center for HIV/AIDS Dermatology and STIs
:	Name/Position	Mrs. Kao Chantha, Surveillance officer
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	HIV/AIDS Coordination Committee (HACC)
:	Name/Position	Dr. Kem Ley, Secretary General
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNAIDS
:	Name/Position	Savina Ammassari-ME Advisor
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	RACHA
:	Name/Position	Seang Lon-APC
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	FHI
:	Name/Position	Virginia S.Toledo-Program Coordinator

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	KHANA
:	Name/Position	Ney Chanthy-PRO
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	CPN+
:	Name/Position	Heng Sokrithy-Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	CARE
:	Name/Position	Paula Cheeson-Chief at party
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Maryknoll
:	Name/Position	Edwards J. Mac.Loveen-Co-Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Friends
:	Name/Position	Man Phally-Program Manager
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	WHO
:	Name/Position	Dr. Nicole Seguy, Medical officer- HIV/AIDS and STIs
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	CHRHAN
:	Name/Position	Ly Chansopheak-PM
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNDP
:	Name/Position	Chan Vuthy
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	FRANCE
:	Name/Position	Stephanie Bertrand-Multi coordinator

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	CCW
:	Name/Position	Prom Dalice-Assistant
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	BTB-CPN+
:	Name/Position	San Sokhat-Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Director of Department, overall control of work
Position:	Full time/Part time	Full time
Position:	Since when?	2003
Position:		Deputy Director in charge of database
Position:	Full time/Part time	Full time
Position:	Since when?	2003
Position:		Deputy Director in charge of planning
Position:	Full time/Part time	Full time
Position:	Since when?	2001
Position:		Deputy Director in charge of M&E
Position:	Full time/Part time	Full time
Position:	Since when?	2002
Position:		Junior Researcher
Position:	Full time/Part time	Full time
Position:	Since when?	2002

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2006-2010

1.1 How long has the country had a multisectoral strategy/action framework?

7

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

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	Yes
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	Yes
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	Yes
Agriculture:	Earmarked budget	Yes
Finance:	Strategy/Action framework	No
Human Resources:	Strategy/Action framework	No
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	Yes
Minerals and Energy:	Strategy/Action framework	No
Planning:	Strategy/Action framework	No
Public Works:	Strategy/Action framework	Yes
Public Works:	Earmarked budget	Yes
Tourism:	Strategy/Action framework	No
Trade and Industry:	Strategy/Action framework	No

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2005

1.5 What are the target populations in the country?

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

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	No
d. Indications of funding sources?:	No
e. Monitoring and Evaluation framework? :	Yes

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

Civil Society represented in TWGs, CG, consultation meetings
Civil Society: CS Networks, PLHIV networks, MARP networks

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, some partners

IF SOME or NO, briefly explain

Some partners have their own mandates and priorities, which are sometimes not in line with the priorities set out in the strategic plan

2. Has the country integrated HIV and AIDS into its general development plans such as:

- a) National Development Plans,
- b) Common Country Assessments/United Nations Development Assistance Framework,
- c) Poverty Reduction Strategy Papers,
- d) Sector Wide Approach?

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / b)
Treatment for opportunistic infections:	Development Plans	a)
Antiretroviral therapy:	Development Plans	a)
Care and support (including social security or other schemes):	Development Plans	a)
AIDS impact alleviation:	Development Plans	a)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a)
Reduction of stigma and discrimination:	Development Plans	a)
Women’s economic empowerment (e.g. access to credit, access to land, training):	Development Plans	a)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

1

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication: Yes

Condom provision : Yes

HIV testing and counselling(*): Yes

STI services : Yes

Treatment: Yes

Care and support : Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

Voluntary testing

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

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

Yes

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

Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

Yes

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

Yes

IF YES, which population sub-groups?

Factory workers, construction workers,

(c) IF YES, is coverage monitored by geographical area?

Yes

IF YES, at which levels (provincial, district, other)?

Provincial, Districts and communes level

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

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007:	9
2005:	6

Comments on progress made in strategy planning efforts since 2005:

1. Coordination mechanism strengthened
2. More understanding on the multi-sectoral response from partners
3. More participation from partners, especially civil society

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

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

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1998

2.2 IF YES, who is the Chair?

Name:	Princess Norodom Marie Ranariddh
Title/Function:	Senior Minister

2.3 IF YES, does it:

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

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	No
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

Every three months

IF YES, What are the main achievements?

The Government-Donor Joint Technical Working Group for resource mobilization and monitoring and evaluation achievements.

IF YES, What are the main challenges for the work of this body?

- 1.Coordination for priority setting
2. Resource mobilization
3. Monitor implementation

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

51%

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services : Yes

Technical guidance/materials: Yes

Drugs/supplies procurement and distribution : Yes

Coordination with other implementing partners : Yes

Capacity-building : Yes

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

Yes

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

Yes

6.2 IF YES, which policies and legislation were amended and when?

:	Policy/Law	Policy on VCCT
:	Year	2005

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007: 9

2005: 8

Comments on progress made in political support since 2005:

More and more political leadership, political commitment, political participation

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

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

Yes

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

Yes

2.1 Is HIV education part of the curriculum in

primary schools? : Yes

secondary schools? : Yes

teacher training? : Yes

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

Yes

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

Yes

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

Yes

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

Targeted information on risk reduction and HIV education: IDU

Targeted information on risk reduction and HIV education: MSM

Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Vulnerability reduction (e.g. income generation):	IDU
Vulnerability reduction (e.g. income generation):	MSM
Vulnerability reduction (e.g. income generation):	Sex workers
Vulnerability reduction (e.g. income generation):	Clients of sex workers
Vulnerability reduction (e.g. income generation):	Prison inmates
Drug substitution therapy:	IDU
Needle & syringe exchange:	IDU

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007: 7
2005: 5

Comments on progress made in policy efforts in support of HIV prevention since 2005:

1. More policy development, particularly towards vulnerable group
2. The existing policy has been reviewed and updated

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	most districts* in need
Universal precautions in health care settings:	The activity is available in	some districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	some districts* in need
IEC on risk reduction:	The activity is available in	all districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	some districts* in need
Risk reduction for men who have sex with men:	The activity is available in	some districts* in need
Risk reduction for sex workers:	The activity is available in	all districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	most districts* in need
Programmes for out-of-school young people:	The activity is available in	some districts* in need
HIV prevention in the workplace:	The activity is available in	some districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007: 8
2005: 6
2007: 7
2005: 6

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Scaling up the effective preventive intervention

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

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

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

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

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

Yes

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

No

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 8

2005: 5

Comments on progress made since 2005:

Scaling up the effective care and treatment intervention.

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

Yes

5.1 IF YES, is there an operational definition for OVC in the country?

Yes

5.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

20%

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 5

2005: 3

Comments on progress made in efforts to meet the needs of OVC since 2005:

- Task force on OVC established
- National Operational workplan for OVC developed
- Resource is mobilized through GFATM

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

Yes

IF YES, Years covered:

2007

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

Yes

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

Yes

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

Yes, most partners

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

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

In progress

4. Is there a functional M&E Unit or Department?

Yes

4.1 IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)? : Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

**

Number of permanent staff:

6

Number of temporary staff:

2

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

The National Guideline for Monitoring and Evaluation:

1.Strengthening the system and the flow of data

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

3

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly

IF YES, Date last meeting:

4 December 2007

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

To provide technical inputs and share their feedback on M&E

6. Does the M&E Unit/Department manage a central national database?

Yes

6.1 IF YES, what type is it?

Country Respose Information System (CRIS)

6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes

6.3 Is there a functional Health Information System (HIS)?

National level : Yes

Sub-national level (*): Yes

(*If there is a functional sub-national HIS, at what level(s) does it function?

Provincial level

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

Yes

7. To what extent are M&E data used in planning and implementation?

4

What are examples of data use?

HSS, BSS, SSS, VCCT, COC, Home based care, STI, OI/ARV, Out reach, Peer education information etc...

What are the main challenges to data use?

Regular analyse, interpret, publish and disseminate the information

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

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 20

At sub-national level? : Yes

At sub-national level? : IF YES, Number of individuals trained: 4

Including civil society? : Yes

Including civil society? : IF YES, Number of individuals trained: 1

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007: 8

2005: 6

Comments on progress made in M&E since 2005:

The development the National Monitoring and Evaluation Guidelines with training to develop the M&E capacity

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

Yes

1.1 IF YES, specify:

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

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	No
IDU:	No
MSM:	No
Sex Workers :	No
Prison inmates :	No
Migrants/mobile populations :	No
Other::	No
Other::	No
Other::	No

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

Cambodia is a signatory to the Convention on Elimination of All forms of Discrimination against Women (CEDAW) and has ratified the Convention. The second thing, Royal Government of Cambodia was passed the Law on Prevention of Domestic Violence and Protection of Victims in 2005 and Ministry of Women Affairs (MoWA) has played a greater roles in following up the implementation of this Law including the CEDAW.

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

There are laws such as the Law on Prevention of Domestic Violence and Protection of Victims which was passed in 2005 and in the Law on Prevention and Control of HIV/AIDS 2002, with Article 6 which provides for special education programmes on HIV/AIDS targeting teenage girls and women headed households. Cambodia is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and has also ratified the convention.

The Implementing Guidelines on the HIV/AIDS Law were released by NAA in 2005.

During the NSP review process in 2007, the implementation of activities was reviewed.

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

Yes

3.1 IF YES, for which sub-populations?

Women :	No
Young people :	No
IDU:	Yes
MSM:	No
Sex Workers:	Yes
Prison inmates :	Yes
Migrants/mobile populations :	No
Other::	No
Other::	No
Other::	No

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

It is illegal to be an injecting drug user and it is also illegal to be a Sex Worker which makes it difficult to reach these groups. The difficulties are limited services for MARP, confidentiality and counselling is also an issue for MARP.

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

No

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

No

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

No

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

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	No

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

Cambodia HIV/AIDS law indicates that PLHAs can access free of charge: care, support and treatment. However, in practice some health care providers still require PLHAs to pay for the services.

Although there is a 100% condom use program in place the condoms are not available for several MARPs such as non-brothel based entertainment service workers.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

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

No

9.1 Are there differences in approaches for different most-at-risk populations?

No

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

Yes

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

Yes

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

No

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

IF YES, on any of the above questions, describe some examples:

Performance indicators or benchmarks for the reduction of HIV-related stigma and discrimination: More PLHAs are exposed to health and support services and involved in HIV/AIDS program/projects/income generating activities as indicated in the home based care evaluation of 2005, some reports of research have been done by civil society and government such as evaluation of income generation 2006, Continuum of Care quality assessment 2007 etc. PLHIV receive support in terms of food, transport, and spiritual (psycho-social). Finally, the NSPII and PEPFAR indicators are supportive of addressing Human Rights abuses.

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

No

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework: No

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

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

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes
Other::	No

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007:	7
2005:	5

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

A HIV/AIDS workplace based policy was implemental in many institutions and discrimination and is also addressed in NGO personnel policy. There is also an increase the number of NGOs involved in the HIV/AIDS sector. Some care studies on PLHAs discrimination have been conducted.

The implementation of the 2005 HIV/AIDS law has been conducted to a limited extend but the dissemination has improved (e.g. through the establishment of a board, mass media). The first lady Mrs. Bun Rany Hun Sen has taken leadership in addressing HIV/AIDS and stakeholder are now better informed about the HIV/AIDS Law and other related to policies, which are implemented within the private sector to greater extent.

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007:	4
2005:	2

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

Information on Policies, Laws, and Regulations do not always reach to the grassroots level and the enforcement at the local level is still limited. Provincial health authorities lack funding for awareness activities to inform about the law etc. Only some NGOs understand the HIV/AIDS law and some large employers who know about the law do not implement it fully. There have been increased activities such as the creation of Networks at different levels; technical working groups; coalition on AIDS; and religious leaders' involvement. Moreover, some NGOs have provided support to military hospital in some provinces, increasing the access to ARV treatment services. The MoH has showed commitment in implementing the law and other policies but other ministries have not been as successful. It is recommended that strategies, plans etc. Should be used to inform future interventions.

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

4

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

4

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

- a. in both the National Strategic plans and national reports?: 4
- b. in the national budget?: 2

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2007

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

3

List the types of organizations representing civil society in HIV and AIDS efforts:

International NGOs, LNGOs and a few CBOs and FBOs but there was no representation from the MSM network, SW network and IDU/DU network in the review of the NSP and SRA.

6. To what extent is civil society able to access

- a. adequate financial support to implement its HIV activities?: 1
- b. adequate technical support to implement its HIV activities?: 3

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

- 2007: 7
- 2005: 6

Comments on progress made in increasing civil society participation since 2005:

Some progress made since 2005, especially the increased advocacy in particular at the national level. Several working groups have been established and the private sector and NGOs are participating to a greater extent in national events and meetings. There has also been an increase in community education and home based care. The access to funds and the economic status of PLHAs improved according to some studies and researches conducted by government institutions and CSOs. PLHA at the community levels are also actively involve in implementations of activities and Provincial Health Department (PHD) invited NGOs to jointly develop Annual Operational Plans.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	most districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	most districts* in need
IEC on risk reduction:	The service is available in	most districts* in need
IEC on stigma and discrimination reduction:	The service is available in	some districts* in need
Condom promotion:	The service is available in	most districts* in need
HIV testing & counselling:	The service is available in	most districts* in need
Harm reduction for injecting drug users:	The service is available in	some districts* in need
Risk reduction for men who have sex with men:	The service is available in	some districts* in need
Risk reduction for sex workers:	The service is available in	some districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	some districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	all districts* in need
School-based AIDS education for young people:	The service is available in	some districts* in need
Programmes for out-of-school young people:	The service is available in	some districts* in need
HIV prevention in the workplace:	The service is available in	some districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	6
2005:	5

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

Care and support at Hospitals are limited and coverage areas are not yet nation wide. Mainly due to activities carried out by CSOs, there is a steady increase of VCCT; the coverage through home based care programs has increased; and the number of ARV site increased. PMTCT increased but is still inadequate and Paediatric care units are still limited for children affected by, and infected with HIV/AIDS. There is poor health care quality and some health care staff is still asking for money when providing services. It is recommended that the Government should take over the support of referral cost, training and follow up (from NGOs).

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

Prevention for youth :	51-75%
Prevention for IDU :	51-75%
Prevention for MSM :	51-75%
Prevention for sex workers :	51-75%
Counselling and Testing :	25-50%
Clinical services (OI/ART)* :	25-50%
Home-based care :	>75%
Programmes for OVC** :	>75%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007:	5
2005:	3

Comments on progress made since 2005:

Since 2005 more OVC get treatment and care support services and more OVC dare to access the health services and livelihoods activities. Treatment has improved but they have limited support from the government

Note: the 2005 UNGASS report indicates the rate for 2005 of being a "4". The methodology for collecting this data was different in 2005 and 2007. Thus the above rating in the 2008 UNGASS report is based on the perception of the participants.